

GUIDE FOR INFORMING MATERIALS

Some of the links work better when opened in Google Chrome.

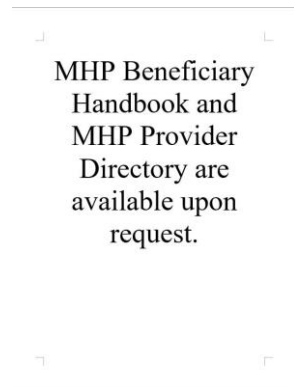
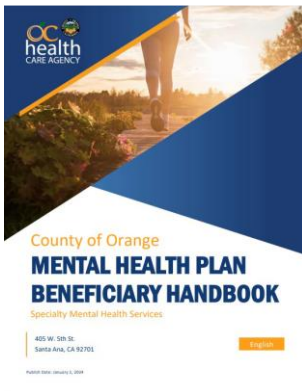
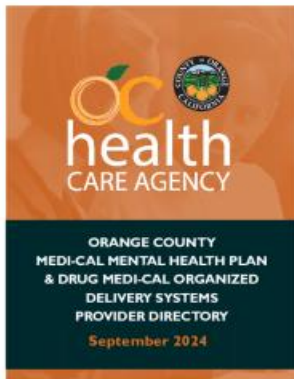
This is a description of what is on the Medi-Cal Certification Protocol (rev.2019).

Please use Protocol as your main guide.

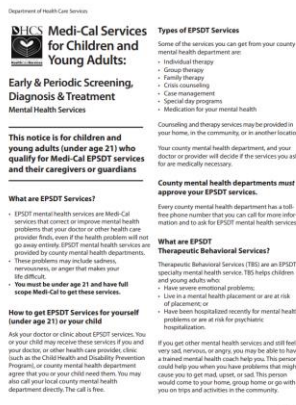
Threshold Languages = English, Spanish, Vietnamese, Farsi, Korean, Arabic, Simplified Chinese and Russian.

Category 1 A)

- **MHP Beneficiary Handbook *2025 edition***
 - o **Link:** http://ochealthinfo.com/bhs/about/medi_cal
 - o **Must be clearly labeled and displayed in all threshold languages in the lobby for County and Contract MC Providers.**
 - o MC Providers and front office staff must have hard copies of the MHP handbook and the MHP Provider Directory available. **Please ensure that a sign in large font is prominently Posted Stating: "MHP Beneficiary Handbook and MHP Provider Directory are available upon request."**



- **TBS Brochures –**
 - o **Link:** <https://www.ochealthinfo.com/about-hca/behavioral-health-services/more-bhs/children-youth-behavioral-health-cybh/agis-cybh-2>
 - o **Must be clearly labeled and displayed in all threshold languages in the lobby for County and Contract MC Providers who are authorized to Provide TBS Services.**



- **Notice of Privacy Practice (NPP)**

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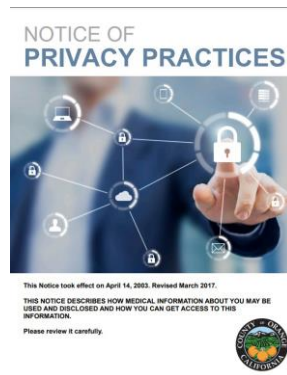
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- **Must be clearly labeled and displayed in all threshold languages in the lobby for County and Contract MC Providers.**
- **County Providers:** Must have hardcopies of County NPP Revised March 2017 – Picture below
 - **Link:** <https://ochealthinfo.com/providers-partners/policies-procedures/hipaa-privacy/notice-privacy-practices-npp>
- **Contract Providers** are required to display their own NPP in their lobby. Additionally, their intake packet should include both the County's and Contract NPP.



- **MHP Beneficiary Handbook Specialty Mental Health Services & Provider Director Lobby Notice**
 - **Link:** http://ochealthinfo.com/bhs/about/medi_cal
 - **Must be posted in Lobby for County and Contract MC Provider.**
 - Languages include:
 - English, Spanish, Vietnamese, Farsi, Korean, Arabic, Simplified Chinese and Russian


Medi-Cal Mental Health Plan Handbook and Provider Directory
Available upon request or at
http://ochealthinfo.com/bhs/about/medi_cal
Plan de Salud Mental de Medi-Cal Guía de Proveedores
Si necesita una copia de la Guía de Proveedores, favor de solicitarla al
http://ochealthinfo.com/bhs/about/medi_cal
CHƯƠNG TRÌNH SỨC KHỎE TÂM THẦN MEDI-CAL
DANH MỤC NHÀ CUNG CẤP
Cung cấp theo yêu cầu hoặc tại địa chỉ trang nhà
http://ochealthinfo.com/bhs/about/medi_cal
گهت و گاهه راهبای اراده دهده خدمات سلامت روان و رفاهت سیکال
با درخواست شما در دسترس قرار می گیرد
و با این وبسایت
http://ochealthinfo.com/bhs/about/medi_cal
메디칼 정신 건강 계획 - 안내 책자 및 제공자 디렉토리
요청시 제공 가능 또는 다음 링크에서 접근 가능:
http://ochealthinfo.com/bhs/about/medi_cal
الخدمة النفسية بخدا MEDI-CAL دليل الموفر او مكتب
مناخ عدد الطلب او في الرابط
http://ochealthinfo.com/bhs/about/medi_cal
《MEDI-CAL 心理健康计划手册》以及《提供者目录》可以应要求获取，或在
http://ochealthinfo.com/bhs/about/medi_cal
Справочник по плану психического здоровья Medi-Cal и перечень
поставщиков услуг доступны по запросу или по адресу
http://ochealthinfo.com/bhs/about/medi_cal
1) English 2) Spanish 3) Vietnamese 4) Farsi 5) Korean 6) Arabic
7) Simplified Chinese 8) Russian
MC MHP Handbook and Provider Directory Lobby Notice 07/28/25 AP

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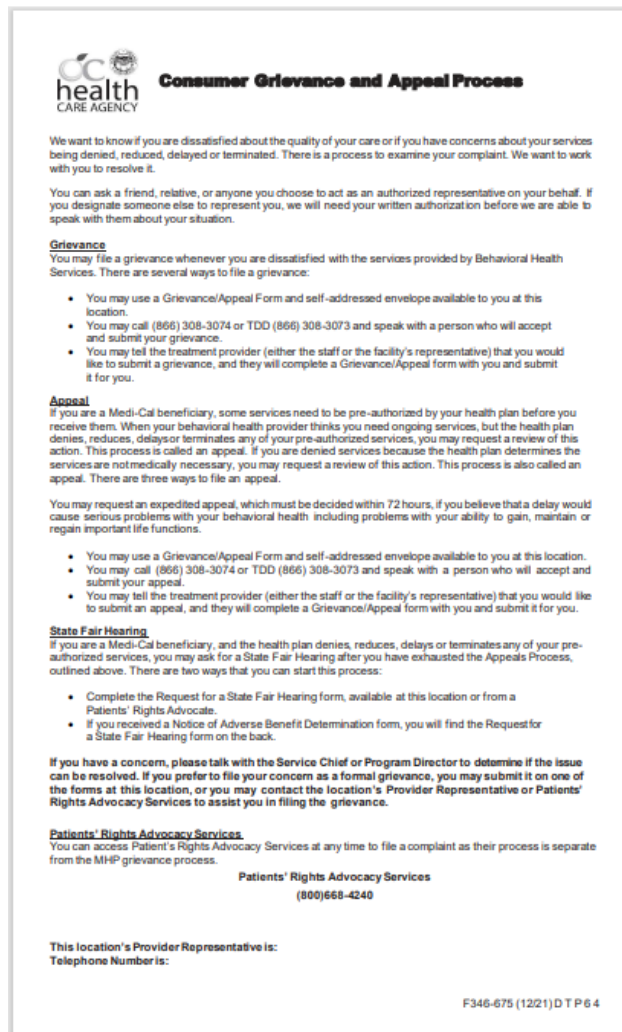
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Category C & D: Note - It is Recommended that grievance posters, forms and envelopes be posted and clearly displayed near each other within the lobby to provide appropriate and ease access for beneficiaries.

- Consumer Grievance, Appeal & Expedited Appeal Process *** UPDATED***

- Link: http://ochealthinfo.com/bhs/about/medi_cal
- **Must be posted in Lobby for County and Contract MC Provider on a Legal Size or 8 1/2/ X 14 inches paper, 12 Font, in all threshold languages.**
- Each Consumer Grievance Posted Poster must have a Provider Representative's Name & Phone Number. **Keep in mind that each poster may have a different revised date. To update informing materials please go to the link and print the documents that are currently posted on website.**



The poster is titled "Consumer Grievance and Appeal Process" and is from the "OC health CARE AGENCY". It provides information on how to file a grievance, appeal, or request an expedited appeal. It also includes contact information for Patients' Rights Advocacy Services and a section for the Provider Representative's contact information.

Consumer Grievance and Appeal Process

We want to know if you are dissatisfied about the quality of your care or if you have concerns about your services being denied, reduced, delayed or terminated. There is a process to examine your complaint. We want to work with you to resolve it.

You can ask a friend, relative, or anyone you choose to act as an authorized representative on your behalf. If you designate someone else to represent you, we will need your written authorization before we are able to speak with them about your situation.

Grievance
You may file a grievance whenever you are dissatisfied with the services provided by Behavioral Health Services. There are several ways to file a grievance:

- You may use a Grievance/Appeal Form and self-addressed envelope available to you at this location.
- You may call (866) 308-3074 or TDD (866) 308-3073 and speak with a person who will accept and submit your grievance.
- You may tell the treatment provider (either the staff or the facility's representative) that you would like to submit a grievance, and they will complete a Grievance/Appeal form with you and submit it for you.

Appeal
If you are a Medi-Cal beneficiary, some services need to be pre-authorized by your health plan before you receive them. When your behavioral health provider thinks you need ongoing services, but the health plan denies, reduces, delays or terminates any of your pre-authorized services, you may request a review of this action. This process is called an appeal. If you are denied services because the health plan determines the services are not medically necessary, you may request a review of this action. This process is also called an appeal. There are three ways to file an appeal.

You may request an expedited appeal, which must be decided within 72 hours, if you believe that a delay would cause serious problems with your behavioral health including problems with your ability to gain, maintain or regain important life functions.

- You may use a Grievance/Appeal Form and self-addressed envelope available to you at this location.
- You may call (866) 308-3074 or TDD (866) 308-3073 and speak with a person who will accept and submit your appeal.
- You may tell the treatment provider (either the staff or the facility's representative) that you would like to submit an appeal, and they will complete a Grievance/Appeal form with you and submit it for you.

State Fair Hearing
If you are a Medi-Cal beneficiary, and the health plan denies, reduces, delays or terminates any of your pre-authorized services, you may ask for a State Fair Hearing after you have exhausted the Appeals Process, outlined above. There are two ways that you can start this process:

- Complete the Request for a State Fair Hearing form, available at this location or from a Patients' Rights Advocate.
- If you received a Notice of Adverse Benefit Determination form, you will find the Request for a State Fair Hearing form on the back.

If you have a concern, please talk with the Service Chief or Program Director to determine if the issue can be resolved. If you prefer to file your concern as a formal grievance, you may submit it on one of the forms at this location, or you may contact the location's Provider Representative or Patients' Rights Advocacy Services to assist you in filing the grievance.

Patients' Rights Advocacy Services
You can access Patient's Rights Advocacy Services at any time to file a complaint as their process is separate from the MHP grievance process.

Patients' Rights Advocacy Services
(800)668-4240

This location's Provider Representative is:
Telephone Number is:

F346-675 (12/21) D T P 6 4

- Grievance & Appeal Forms

Updated on 7/28/2025

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- **Link:** http://ochealthinfo.com/bhs/about/medi_cal
- **Must be clearly Labeled and display in all threshold languages in the lobby for County and Contract MC Providers**
- **And Self Addressed Stamped Envelopes** Must be Accessible in Lobby next to the Grievance Forms. Please note, providers may have envelopes from TURN (OC Patient's Rights Advocacy Services), in addition Providers **MUST** have HCA QMS self-addressed stamped envelopes that has the HCA address:

HCA QMS Managed Care Support Team
400 W. Civic Center Dr., 4th Floor
Santa Ana, CA 92701

	Health Care Agency, Behavioral Health Services Authority and Quality Improvement Services	Confidential Patient Information W&I 5328 42 CFR Part 2
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GRIEVANCE OR APPEAL FORM

Use this form if you:

1) Wish to express dissatisfaction with any aspect of your treatment from Behavioral Health Services. This is called a **grievance**. 2) Wish to appeal a decision denying, delaying, reducing services and/or limiting your pre-authorized services. This is called an **appeal**.

You may use the pre-addressed envelopes next to this form to submit your appeal/grievance. To express your dissatisfaction without completing and submitting a form, you may speak to the provider representative, the Service Chief or Program Director at this location, or you may call Authority and Quality Improvement Services at (866) 308-3074 or (866) 308-3073 TDD.

Client information:

Client's Name: _____ DOB: _____
Street Address _____
City, State, Zip: _____
Phone: (____) _____ - _____ Social Security#: _____ - _____ - _____

Program information:

Name of program where client is receiving services? _____
Street address of program: _____ City, State, Zip of program: _____

If you are completing this form to file a grievance, please briefly describe your concern or dissatisfaction.

If you are completing this form to file an appeal, please answer the following:

Have you received a Notice of Adverse Benefit Determination (NABD)? ☐ NO ☐ YES DATE _____

You may request an expedited appeal, which must be decided within 72 hours, if you believe that a delay would cause serious problems with your behavioral health including problems with your ability to gain, maintain or regain important life functions. Would you like to request an expedited appeal? ☐ NO ☐ YES

Please specify reason:

If you are completing this form, but you are not the client receiving services, what is your relationship to the client?

Relationship _____ Your name _____

Your phone number _____

Signature of client or authorized representative

Date

F346-706 10/17 DTP318

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Additional Postings:

- **Interpreter Services Available Poster (taglines) (rev.12-16)**

- **Link:** https://www.ochealthinfo.com/sites/hca/files/2021-03/Interpretation_Services_Poster.pdf
- **Must be Posted in lobby for County and Contract MC Providers on a Legal-Size paper.**

INTERPRETATION SERVICES AVAILABLE	
You have the right to an interpreter at no cost to you. Ask at the front desk.	
Arabic	أنت لديك الحق في المترجم فوري مجاني في مكتبنا. اسأل في مكتب الاستقبال.
American	Вы имеете право на бесплатного переводчика в нашем офисе. Обратитесь к администратору.
Cambodian	ប្រសិនបើអ្នកចង់បានការបកប្រែឥតគិតថ្លៃនៅទីនេះ សូមសួរមន្ត្រីជំនាញ។
Chinese	您有權免費獲得一名中文翻譯人員。請在前臺接洽。
French	Vous avez le droit d'avoir un interprète gratuit. Demandez à la réception.
Hindi	आपको निशुल्क हिंदी में बातचीत करने का अधिकार है। हमारे फ्रंट डेस्क पर पूछें।
Japanese	貴方が無料で日本語の通訳を受ける権利があります。フロントデスクにお願いします。
Korean	당신은 무료로 한국어 통역 서비스를 받을 권리가 있습니다. Reception에 문의하십시오.
Latvian	Ārpusiņā ir bezmaksas interpretācijas pakalpojums. Lūdzam informēties.
Polish	Ma prawo do bezpłatnego tłumacza. Proszę o informację.
Russian	Вы имеете право на бесплатного переводчика в нашем офисе. Обратитесь к администратору.
Spanish	Usted tiene el derecho a un intérprete gratuito en nuestro idioma. Pregunte en la recepción.
Tagalog	Mayon karapatan kang magkaroon ng libreng tagapagkataling sa ating wika. Magtanong sa reception.
Thai	คุณมีสิทธิที่จะได้รับการแปลภาษาฟรีที่สำนักงานของเรา
Vietnamese	Ông có quyền yêu cầu chúng tôi cung cấp miễn phí. Xin hỏi ban tiếp

**Translation services are also available in other languages, free of charge.
If another language is needed, please inquire at the front desk.

- Notice of Nondiscrimination UPDATED 2023

- **Link to County Notice of Nondiscrimination:** <https://intranet.ochca.com/forms/>
- **County MC Providers:** Must have posted in Lobby the County Notice of Nondiscrimination UPDATED 2023 version found in the link (picture below), on a **Legal Size or 8 1/2" X 14 inches paper, 12 Font, in all threshold languages.**
- **Contract MC Providers:** Must have their own Notice of Nondiscrimination clearly posted in the lobby in all threshold languages. They may use the County Notice as a template. However, they must change the contents to point to their organization's Civil Rights Coordinator.

[illegible]

- **Mental Health Patient's Rights Poster (Mosaic)**

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- **Link:** [Orange County Patients' Rights Advocacy | Posters - MHS/TURN](#)
- **Must be Posted in Lobby for County and Contract MC Providers in all threshold languages.**
- **Note:** It is a requirement of the MHP to have a patient's rights process for both inpatient and outpatient providers. These posters are part of that requirement that are monitored by patient rights. Medi-Cal Certification **does not mandate** for these posters to be present. However, since it is a requirement of the MHP, we have included it in our Guide for Informing Materials.

MENTAL HEALTH PATIENTS' RIGHTS



Mental health patients have the same legal rights guaranteed to everyone by the Constitution and laws of the United States and California.

YOU HAVE THE RIGHT:

- To dignity, privacy and humane care
- To be free from harm including unnecessary or excessive physical restraint, medication, isolation, abuse and neglect
- To receive information about your treatment and to participate in planning your treatment
- To consent or refuse to consent to treatment, unless there is a legally defined emergency or a legal determination of incapacity
- To client-centered services designed to meet your individual goals, diverse needs, concerns, strengths, motivations and disabilities
- To treatment services which increase your ability to be more independent
- To prompt medical care and treatment
- To services and information in a language you can understand and that is sensitive to cultural diversity and special needs
- To keep and use your own personal possessions including toilet articles
- To have access to individual storage space for your private use
- To keep and spend a reasonable sum of your own money for small purchases
- To have reasonable access to telephones—both to make and to receive confidential calls or have such calls made for you
- To have access to letter-writing material and stamps—to mail and to receive unopened correspondence
- To wear your own clothes
- To social interaction, participation in community activities, physical exercise and recreational opportunities
- To see visitors every day
- To see and receive the services of a patient-advocate who has no direct or indirect clinical or administrative responsibility for the person receiving mental health services
- To religious freedom and practice
- To participate in appropriate programs of publicly supported education
- To be free from hazardous procedures
- And all other rights as provided by law or regulation

FOR MORE INFORMATION, CONTACT YOUR LOCAL COUNTY PATIENTS' RIGHTS ADVOCATE:
MHS Patients' Rights Advocacy Services
800 W. Santa Ana Blvd., Suite 805
Santa Ana, CA 92701
Phone: (714) 276-8145
Toll Free: (800) 668-4240



IF YOU ARE UNABLE TO CONTACT YOUR LOCAL COUNTY PATIENTS' RIGHTS ADVOCATE, YOU MAY CONTACT:
Office of Patients' Rights (916) 504-5800
Office of Human Rights (916) 654-2327