

**County of San Diego Mental Health Program and  
Drug Medi-Cal Organized Delivery System Member Handbook  
Summary of Changes – December 2024**

SECTION	REVISION	WHAT HAS CHANGED FOR SMH & DMC-ODS
Cover Page	Updated	<ul style="list-style-type: none"> <li>Updated to be titled “Behavioral Health Member Handbook”</li> <li>Updated to integrate “Specialty Mental Health Services and Drug Medi-Cal Organized Delivery System”</li> </ul>
Table of Contents	Added	<ul style="list-style-type: none"> <li>Added “County Contact Information” section</li> <li>Added “Purpose of This Handbook” section</li> <li>Added “Behavioral Health Services” section</li> <li>Added “Available Services by Telephone or Telehealth” section</li> <li>Added “Additional Information About Your County” section</li> </ul>
County Contact Information	Added	<ul style="list-style-type: none"> <li>Added section to provide County of San Diego contact information</li> </ul>
Purpose of This Handbook	Updated	<ul style="list-style-type: none"> <li>Updated to be titled “General Information”</li> </ul>
Behavioral Health Services Information	Added	<ul style="list-style-type: none"> <li>“Members Under the Age of 21” information</li> <li>Minor Consent information</li> </ul>
Your Right to Access Behavioral Health Records and Provider Directory Information Using Smart Devices	Updated	<ul style="list-style-type: none"> <li>Updated to integrate all Behavioral Health Services Electronic Health Record (EHR) through SmartCare</li> <li>Renamed from Your Right to Access Medical Records and Provider Directory Information Using</li> <li>Removed information about county secure systems, replaced a notification about how to access health records and where to find the information</li> </ul>
Scope of Services	Added	<ul style="list-style-type: none"> <li>Added information about “Justice-Involved Reentry”</li> </ul>
Available Services by Telephone or Telehealth	Added	<ul style="list-style-type: none"> <li>Added section to provide specific information regarding Telephone or Telehealth</li> </ul>
The Problem Resolution Process: To File a Grievance, Appeal, or Request a State Fair Hearing	Added & Updated	<ul style="list-style-type: none"> <li>Removed Individual sections for Grievance, Appeal, and requesting a state hearing and combined into one section.</li> <li>Added More details to the Standard Appeal Process</li> <li>Added Additional Information Regarding Expedited Appeals: subsection</li> <li>Added State Fair Hearings section</li> </ul>
When Will My Grievance Be Decided? (sub-section under “Grievances” section)	Updated	<ul style="list-style-type: none"> <li>Updated sub-section to state that the County must make a decision about a grievance within 30 calendar days from date of filing</li> <li>Removed 14-day extension to make a decision</li> </ul>
When Will a Decision Be Made About My Appeal? (sub-section under “Appeals” section)	Updated	<ul style="list-style-type: none"> <li>Removed 14-day extension to make a decision</li> </ul>
Member Responsibilities (sub-section under “Rights and Responsibilities” section)	Updated	<ul style="list-style-type: none"> <li>Updated sub-section to integrate that it is for both “Specialty Mental Health Services and Drug Medi-Cal Organized Delivery System”</li> </ul>

**County of San Diego Mental Health Program and  
Drug Medi-Cal Organized Delivery System Member Handbook  
Summary of Changes – December 2024**

SECTION	REVISION	WHAT HAS CHANGED FOR SMH
Accessing Behavioral Health Services	Added & Updated	<ul style="list-style-type: none"> <li>• This section integrates “How to Get Drug Medi-Cal Organized Delivery System Services” and “How to Get Mental Health Services”</li> <li>• Updated to include Substance Use Disorder Services</li> </ul>
Selecting a Provider	Added & Updated	<ul style="list-style-type: none"> <li>• Additional information added for Substance Use Disorder Services</li> </ul>
Scope of Services	Updated	<ul style="list-style-type: none"> <li>• Removed locations Mental Health Services can be provided (42 C.F.R. § 438.10(g)(2)(iii)).</li> </ul>
Rights and Responsibilities	Added & Updated	<ul style="list-style-type: none"> <li>• Added a County Responsibilities subsection</li> <li>• Added Information on Adverse Benefit Determinations</li> </ul>

SECTION	REVISION	WHAT HAS CHANGED FOR DMC-ODS
Behavioral Health Services Information	Added	<ul style="list-style-type: none"> <li>• Added information to include all Behavioral Health Services</li> </ul>
Accessing Behavioral Health Services	Updated	<ul style="list-style-type: none"> <li>• This section integrates “How to Get Drug Medi-Cal Organized Delivery System Services” and “How to Get Mental Health Services”</li> <li>• Updated to include how to get Specialty Mental Health Services</li> </ul>
Scope of Services	Added & Updated	<ul style="list-style-type: none"> <li>• This section replaces the “Services” section from past handbooks</li> <li>• Added information about “American Society of Addiction Medicine (ASAM)” and the corresponding ASAM level added to each level of care</li> </ul>

## LANGUAGE TAGLINES

### English Tagline

ATTENTION: If you need help in your language call (888) 724-7240 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call (888) 724-7240 (TTY: 711). These services are free of charge.

### الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ (888) 724-7240 (TTY: 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ (888) 724-7240 (TTY: 711). هذه الخدمات مجانية.

### Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք (888) 724-7240 (TTY: 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Չանգահարեք (888) 724-7240 (TTY: 711): Այդ ծառայություններն անվճար են:

### ប្រាសាទកម្ពុជា (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ (888) 724-7240 (TTY: 711)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ (888) 724-7240 (TTY: 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

### 简体中文标语 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 (888) 724-7240 (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 (888) 724-7240 (TTY: 711)。这些服务都是免费的。

### مطلب به زبان فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با (888) 724-7240 (TTY: 711) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با (888) 724-7240 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

### हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो (888) 724-7240 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। (888) 724-7240 (TTY: 711) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

### **Nqe Lus Hmoob Cob (Hmong)**

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau (888) 724-7240 (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 (888) 724-7240 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

### **日本語表記 (Japanese)**

注意日本語での対応が必要な場合は (888) 724-7240 (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。(888) 724-7240 (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 태그라인 (Korean)**

유의사항: 귀하의 언어로 도움을 받고 싶으시면 (888) 724-7240 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. (888) 724-7240 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

### **ແທກໄລພາສາລາວ (Laotian)**

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໃຫ້ທາດປີ (888) 724-7240 (TTY: 711). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມິໂຕຣິມໃຫຍ່ ໃຫ້ໃຫ້ທາດປີ (888) 724-7240 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

### **Mien Tagline (Mien)**

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiex longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux (888) 724-7240 (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 hlou mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx (888) 724-7240 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

### **ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)**

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ (888) 724-7240 (TTY: 711). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ (888) 724-7240 (TTY: 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

### **Русский слоган (Russian)**

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру (888) 724-7240 (линия ТТТ: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру (888) 724-7240 (линия ТТТ: 711). Такие услуги предоставляются бесплатно.

### **Mensaje en español (Spanish)**

ATENCIÓN: Si necesita ayuda en su idioma, llame al (888) 724-7240 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al (888) 724-7240 (TTY: 711). Estos servicios son gratuitos.

### **Tagalog Tagline (Tagalog)**

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa (888) 724-7240 (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 (888) 724-7240 (TTY: 711). Libre ang mga serbisyong ito.

### **แท็กไลน์ภาษาไทย (Thai)**

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข (888) 724-7240 (TTY: 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข (888) 724-7240 (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

### **Примітка українською (Ukrainian)**

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер (888) 724-7240 (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 (888) 724-7240 (TTY: 711). Ці послуги безкоштовні.

### **Khẩu hiệu tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số (888) 724-7240 (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 (888) 724-7240 (TTY: 711). Các dịch vụ này đều miễn phí.

## **NONDISCRIMINATION NOTICE**

Discrimination is against the law. The County of San Diego follows State and Federal civil rights laws. The County of San Diego 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.

The County of San Diego 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 the Access and Crisis Line 24 hours a day, 7 days a week by calling (888) 724-7240. Or, if you cannot hear or speak well, please call 711. 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 the County of San Diego 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 the following advocacy agencies. You can file a grievance by phone, in writing, in person, or electronically:

- By phone:
  - For help with filing regarding **inpatient and/or residential services**, you may call the **Jewish Family Service (JFS) Patient's Advocacy Program** at 619-282-1134 or 1-800-479-2233.
  - For help with filing regarding **outpatient services**, you may call the **Consumer Center for Health Education and Advocacy (CCHEA)** at their toll-free number (877) 734-3258 (TTY 1-800-735-2929).
  - Or, if you cannot hear or speak well, please call 711.
- In writing: Fill out a complaint form or write a letter and send it to:
  - **For Inpatient and/or Residential Services:**  
 Jewish Family Service of San Diego  
 Joan & Irwin Jacobs Campus  
 Turk Family Center Community Services Building  
 8804 Balboa Avenue  
 San Diego, CA 92123
  - **For Outpatient Services:**  
 Consumer Center for Health Education and Advocacy (CCHEA)  
 1764 San Diego Avenue, Suite 100  
 San Diego, CA 92110
- In person: Visit your doctor's office or any County of San Diego-contracted provider site and say you want to file a grievance.
- Electronically: Visit the following websites below:
  - **For Inpatient and/or Residential Services:**  
 Jewish Family Service of San Diego at <https://www.ifssd.org/our-services/adults-families/patient-advocacy/>
  - **For Outpatient Services:**  
 Consumer Center for Health Education and Advocacy (CCHEA) at <https://www.lassd.org/mental-health-and-substance-abuse-patients-rights/>

**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 [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov).

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## **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, SW**  
**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>