



If you have a concern about your behavioral health services, **help is available!**

**For help with Inpatient or Residential Services call:
JFS PATIENT ADVOCACY 619-282-1134 or 1-800-479-2233**

**For help with Outpatient Services call:
CCHEA (Consumer Center for Health Education & Advocacy) 1-877-734-3258**

Grievance and Appeal forms with stamped envelopes are available at your treatment provider office

WAYS TO RESOLVE YOUR CONCERNS

As a member, you have the right to receive quality behavioral health services and the right to voice concerns about any part of your treatment services.

- The easiest and quickest way to handle an issue is to talk to your provider or the program manager.
- If you are not satisfied with your treatment or medication, you can ask for a second opinion from another clinician at your treatment program or by calling the **Access and Crisis Line at 1- 888-724-7240 (TTY: 711)**.
- You can use the Plan's Problem Resolution Process to:
 - a. File a **Grievance** at any time if you are not satisfied with services or feel your rights are being denied.
 - b. Receive a written letter to let you know your grievance has been received within 5 calendar days of receipt.
 - c. Receive a decision on your grievance within 30 calendar days from the date it was filed.
 - d. Authorize another person to act on your behalf regarding your grievance or appeal (including a provider or an advocate).
 - If you agree to have another person act on your behalf, you may be asked to sign an authorization form, authorizing the county to release information to that person.
 - e. File an **Appeal** orally or in writing within 60 calendar days if your services are terminated, reduced, or denied.
 - f. Receive a written letter to let you know your appeal has been received within 5 calendar days of receipt.
 - g. File an expedited appeal, when the standard process could seriously jeopardize life, health, or ability to attain, maintain or regain maximum function.
 - h. Receive a decision on your appeal within 30 calendar days for a standard appeal or within 72 hours for an expedited appeal.
 - i. Request to continue receiving services while you are waiting for an appeal decision (within 10 days from the date your Notice of Adverse Benefit Determination was mailed or personally given to you). You will not be required to pay for continued services while your appeal is pending or if the appeal decision is in favor of the county's adverse benefit determination.
 - j. File a **State Fair Hearing** within 120 days of decision if you are not satisfied with the results of your appeal or have completed the Plan's Grievance and Appeal process.
 - You can call the Department of Social Services directly at 1-800-743-8525 OR visit <https://www.cdss.ca.gov/hearing-requests>
 - k. Request to continue receiving services while you are waiting for a State Fair Hearing decision (within 10 days from the date of your appeal decision). You will not be required to pay for continued services while your State Fair Hearing is pending or if the final decision is in favor of the county's adverse benefit determination.

YOUR RIGHTS

- To be treated with respect and to receive treatment in the language that you prefer.
- To receive a second opinion on your treatment or medication.
- To choose someone to act on your behalf. With written consent, you may elect a provider or authorized representative to act on your behalf.
- To bring someone with you to meetings and hearings.
- To be free of discrimination or penalty because of filing a grievance or appeal.
- To have your privacy protected by law.

For more information on the Problem Resolution Process and your rights, you may:

1. Ask your provider for a copy of the County of San Diego Behavioral Health Member Handbook or find a copy online at <http://www.optumsandiego.com> on the [Beneficiary & Families page](#).
2. Visit [Behavioral Health Services' Your Rights page](#) at https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/bhs_your_rights.html