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| To: | Mental Health Plan and Drug Medi-Cal Organized Delivery System Beneficiaries |
| From: | Behavioral Health Services |
| Date: | January 1, 2026 |
| Title | Behavioral Health Member Handbook – Notice of Significant Changes |

When you first started receiving services at our program, you were offered a copy of a Member Handbook which explained your benefits, how to get care, and answered questions about the County of San Diego’s Behavioral Health Services system.

In compliance with [BHIN 25-042](#), the County of San Diego Behavioral Health Member Handbook has been updated to align with the DHCS policies released between September 2024 through December 2025.

The updated member handbook will be effective on **February 1, 2026**.

Attached to this notification is the Summary of Changes for the Member Handbook, which is also available on the Optum – Beneficiary & Families page:

https://www.optumsandiego.com/content/SanDiego/sandiego/en/beneficiary_and_families.html

For More Information:

- Contact QIMatters.HHSA@sdcounty.ca.gov

County of San Diego Behavioral Health Member Handbook

Summary of Changes – Effective February 1, 2026

| SECTION | REVISION | WHAT HAS CHANGED FOR SMH & DMC-ODS |
|---|----------|--|
| Notice of Availability of Language Assistance Services and Auxiliary Aids and Services | Updated | <ul style="list-style-type: none"> Previously called “Language Taglines” Updated TTY number to “1-800-855-7100” |
| Table of Contents | Added | <ul style="list-style-type: none"> Added “Notice of Privacy Practices” section Added “Words to Know” section |
| Other Languages and Formats | Added | <ul style="list-style-type: none"> Under Interpreter Services: “The county can also provide auxiliary aids and services to a family member, friend, or anyone else with who it is appropriate to communicate with on your behalf.” |
| Behavioral Health Services Information | Updated | <ul style="list-style-type: none"> Updated “Teenager” to “Person under the Age of 21” |
| What Is a Grievance? (sub-section under “The Problem Resolution Process: To File a Grievance, Appeal, or Request a State Fair Hearing” section) | Added | <ul style="list-style-type: none"> Added more information about what type of concerns may be addressed with examples. |
| Can I Keep Getting My Services While I Wait for an Appeal Decision? (sub-section under “Adverse Benefit Determinations” section) | Added | <ul style="list-style-type: none"> Added new sub-section and information “Yes, you might be able to keep getting your services while you wait for a decision. This means you can keep seeing your provider and getting the care you need.” |
| What Do I Have to Do to Keep Getting My Services? (sub-section under “Adverse Benefit Determinations” section) | Added | <ul style="list-style-type: none"> Added sub-section and information to on how to request continuance of services while pending an appeal decision to clarify “You must meet the following conditions: <ul style="list-style-type: none"> You ask to keep getting the service within 10 calendar days of the county sending the Notice of Adverse Benefit Determination or before the date the county said the service would stop, whichever date is later. You filed an appeal within 60 calendar days of the date on the Notice of Adverse Benefit Determination. The appeal is about stopping, reducing, or suspending a service you were already getting. Your provider agreed that you need the service. The time period the county already approved for the service has not ended yet.” |
| What If the County Decides I Do Not Need the Service After the Appeal? (sub-section under “Adverse Benefit Determinations” section) | Added | <ul style="list-style-type: none"> Added new sub-section and information “You will not be required to pay for the services you received while the appeal was pending.” |
| Notice of Privacy Practices | Added | <ul style="list-style-type: none"> New section informing members of their right to know how their protected health information may be used and disclosed, and what their privacy rights are. |
| Words to Know | Added | <ul style="list-style-type: none"> New section that includes definitions of terms (in alphabetical order) found throughout the Member Handbook |

| SECTION | REVISION | WHAT HAS CHANGED FOR SMH |
|--------------------------------------|----------|---|
| Accessing Behavioral Health Services | Updated | <ul style="list-style-type: none"> DHCS updated counties must offer an appointment for urgent mental health services: <ul style="list-style-type: none"> within 48 hours of request if prior authorization is required within 96 hours of request if prior authorization is not required |
| Scope of Services | Added | <ul style="list-style-type: none"> Added under Specialty Mental Health Services: <ul style="list-style-type: none"> Parent-Child Interaction Therapy (PCIT) Functional Family Therapy (FFT) Multisystemic Therapy (MST) Assertive Community Treatment (ACT) Forensic Assertive Community Treatment (FACT) Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP) Clubhouse Services Enhanced Community Health Worker (CHW) Services (added locally April 2025) Supported Employment In-Reach Services |

| SECTION | REVISION | WHAT HAS CHANGED FOR DMC-ODS |
|--------------------------------------|----------|---|
| Accessing Behavioral Health Services | Updated | <ul style="list-style-type: none"> DHCS updated counties must offer an appointment for urgent SUD services: <ul style="list-style-type: none"> within 48 hours of request if prior authorization is required within 96 hours of request if prior authorization is not required DHCS changed the authorization standard from 14 calendar days to 5 business days, but no impact to members as the local San Diego BHP SUD residential authorization timeline is shorter than the new DHCS standard. |
| Scope of Services | Added | <ul style="list-style-type: none"> Added under Substance Use Disorder Services: <ul style="list-style-type: none"> Traditional Health Care Practices (added locally July 2025) Enhanced Community Health Worker (CHW) Services (added locally April 2025) Supported Employment |

NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICES

English

ATTENTION: If you need help in your language call (888) 724-7240 (TTY: 1-800-855-7100). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call (888) 724-7240 (TTY: 1-800-855-7100). These services are free of charge.

العربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ (888) 724-724 (TTY: 1-800-855-7100). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ (888) 724-724 (TTY: 1-800-855-7100). هذه الخدمات مجانية.

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք (888) 724-7240 (TTY: 1-800-855-7100): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված կյութեր: Չանգահարեք (888) 724-7240 (TTY: 1-800-855-7100): Այդ ծառայություններն անվճար են:

ខ្មែរ (Cambodian)

ចំណាំ: បើអ្នក ស្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ (888) 724-7240 (TTY: 1-800-855-7100) ។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរព្រមព្រៀង ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ (888) 724-7240 (TTY: 1-800-855-7100) ។ 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 (888) 724-7240 (TTY: 1-800-855-7100)。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: 1-800-855-7100)。这些服务都是免费的。

فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با (888) 724-724 (TTY: 1-800-855-7100) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با (888) 724-724 (TTY: 1-800-855-7100) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो (888) 724-7240 (TTY: 1-800-855-7100) 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: 1-800-855-7100) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Hmoob (Hmong)

CEEb TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau (888) 724-7240 (TTY: 1-800-855-7100). 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: 1-800-855-7100). 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 (888) 724-7240 (TTY: 1-800-855-7100) 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: 1-800-855-7100) 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 (888) 724-7240 (TTY: 1-800-855-7100) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. (888) 724-7240 (TTY: 1-800-855-7100) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ (888) 724-7240 (TTY: 1-800-855-7100). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນລົບກວນ ແລະ ຄົນເຈັບຕາ ທີ່ເປັນອັກສອນນູນແລະມີໂຕເລັກໃຫຍ່ ໃຫ້ໂທຫາເບີ (888) 724-7240 (TTY: 1-800-855-7100). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux (888) 724-7240 (TTY: 1-800-855-7100). 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: 1-800-855-7100). 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 (888) 724-7240 (TTY: 1-800-855-7100). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ (888) 724-7240 (TTY: 1-800-855-7100)। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру (888) 724-7240 (линия ТТТ: 1-800-855-7100). 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: 1-800-855-7100). Такие услуги предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al (888) 724-7240 (TTY: 1-800-855-7200). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al (888) 724-7240 (TTY: 1-800-855-7200). Estos servicios son gratuitos.

Tagalog (Filipino)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa (888) 724-7240 (TTY: 1-800-855-7100). 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: 1-800-855-7100). Libre ang mga serbisyonang ito.

ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข (888) 724-7240 (TTY: 1-800-855-7100) นอกจากนี้ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข (888) 724-7240 (TTY: 1-800-855-7100) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер (888) 724-7240 (TTY: 1-800-855-7100). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайлля та великим шрифтом. Телефонуйте на номер (888) 724-7240 (TTY: 1-800-855-7100). Ці послуги безкоштовні.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số (888) 724-7240 (TTY: 1-800-855-7100). 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: 1-800-855-7100). 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.jfssd.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.

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>