County of Santa Cruz

HEALTH SERVICES AGENCY
Behavioral Health Division
Substance Use Department
1400 Emeline Ave. Building K, Santa Cruz, CA 95060
Phone: (831) 454-7519 Fax: (831) 454-4770

Beneficiary Rights

As a person eligible for Medi-Cal and residing in a Drug Medi-Cal Organized Delivery System (DMC-ODS) County, you have a right to receive medically necessary substance use disorder treatment services from the DMC-ODS County.

You have the right to:

- Be treated with respect, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information.
- Receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand.
- Participate in decisions regarding your substance use disorder (SUD) care, including the right to refuse treatment.
- Receive timely access to care, including services available 24 hours a day, 7 days a week, when medically necessary to treat an emergency condition or an urgent or crisis condition.
- Receive a copy of the DMC-ODS Beneficiary handbook that contains information about the SUD treatment services covered by the DMC-ODS County, other obligations of the DMC-ODS County and your rights as described here.
- Have your confidential health information protected as provided for HIPPA and Title 42, Code of Federal regulations.
- Request and receive a copy of your medical records, and request that they be amended or corrected.
- Receive written materials in alternative formats (including Braille, large size print and audio format) upon request and in a timely fashion appropriate for the format being requested.

- Receive written materials in the languages used by at least five percent or 3,000 of your DMC-ODS county's beneficiaries, whichever is less.
- Receive oral interpretation services in your preferred language.
- Receive SUD treatment services from a DMC-ODS county that follows the requirements of its contract with the State in the areas of availability of services, assurances of adequate capacity and services, coordination and continuity of care, and coverage and authorization of services.
- Access Minor Consent Services, if you are a minor.
- Access medically necessary services out-of-network in a timely manner, if the plan doesn't have an employee or contract provider who can deliver the services. "Out-of-network provider" means a provider who is not on the DMC-ODS county's list of providers. The County must assure you don't pay extra for seeing an out-of-network provider.
- Request a second opinion from a qualified health care professional within the County network, or one outside the network, at no additional cost to you.
- Be informed of the procedure to file a grievance and the right to file a grievance either verbally or in writing, about the organization or the care received.
- Be informed of the procedure for appealing a discharge and the right to request an appeal, either verbally or in writing, upon receipt of a notice of Adverse Benefit Determination, including information on the circumstances under which an expedited appeal is possible.
- Request a State Medi-Cal fair hearing after exhausting County appeal process, including information on the circumstances under which an expedited fair hearing is possible.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- To take medications prescribed by a licensed medical professional for medical, mental health, or substance use disorders.
- To be accorded dignity in contact with staff, volunteers, board members and other persons.
- To be free from verbal, emotional, physical abuse and/or inappropriate sexual behavior.

- To be free from discrimination based on ethnic group identification, religion, age, gender, race, sexual orientation, or disability.

- Be free from discrimination to exercise these rights without adversely affecting how you are treated by the DMC-ODS county, providers, or the State.

Complaint Information

In accordance with Title 42, Code of Federal Regulations, Section 438.10 and the Drug Medi-Cal Provider agreement, any beneficiary may file a complaint (grievance) with Santa Cruz County Behavioral Health; and/or appeal an action by requesting a State level fair hearing. Each Drug-Medical Provider is required to inform each beneficiary of these rights and provide available process information.

Grievances

A beneficiary can file a grievance by using the "Grievance Resolution Request" brochure or by calling Santa Cruz County Behavioral Health Quality Improvement at (800) 952-2335.

State Fair Hearing

A beneficiary can appeal an action by requesting a "State Fair Hearing" by contacting the State Hearing Division. A request can be submitted online at: https://acms.dss.ca.gov/acms/login.request.do or by calling the below phone numbers or by sending written request to the below address or fax numbers.

Department of Social Services
State Hearing Division
PO BOX 944243, MS 9-17-37
Sacramento, CA 94244-2430
Phone (toll-free): State Hearing Division 1(800) 743-8525, or Public Inquiry and Response Line 1 (800) 952-5253 (TDD: 1 800-952-8349)
Fax: 1(916)-651-5210 or 1(916)-651-2789

Client Name: _____ Client ID: _____

Complaints

In accordance with Title 9, Chapter 4, Section 10541(a), of the California Code of Regulations, any individual may request an inspection of a substance use treatment facility. Complaints should be directed to:

Department of Health Care Services
Licensing and Certification Branch, MS 2600
PO Box 997413 MS 2600
Sacramento, CA 95899-7413
Attention: Complaint Coordinator
(877) 685-8333; TDD: (916) 445-1942
FAX: (916) 322-2658

- I have been offered a copy of my beneficiary (client) rights _____ (initial)
- I have been provided with procedures for filing a grievance and appeal _____(initial)

Client Name (Printed) _____

Client Signature_____ Date: _____