County of
Ventura

A GUIDE TO Medi-Cal Mental Health Services

Updated April 13, 2017
(Includes a List of Ventura County Behavioral Health Providers)

If you are having an emergency, please call 9-1-1 or visit the nearest hospital emergency room.

If you would like additional information to help you decide if this is an emergency, please see the information on State of California page 2 in this booklet.

Important Telephone Numbers

Emergency 911

Ventura County ..... Toll free (866)-998-2243
24 hours
Mental Health Plan
Patient's Right Advocate..... (805) 477-5731

How to Get a Provider List:

A list of Ventura County Mental Health Plan Medi-Cal providers is included in this booklet.
The list contains names, phone numbers and addresses of clinics, hospitals and other places where you may be able to get help. You may need to contact your MHP first, before you go to seek help. Call your MHP's 24-hour toll-free number above to request a provider directory and to ask if you need to contact the MHP before going to a service provider's office, clinic or hospital for help.

In What Other Languages And Formats Are These Materials Available?

Disponible en Español

Este folleto (o información) esta disponible en Español. Usted puede solicitarlo llamando al número de teléfono gratuito mencionado anteriormente.

Welcome to Medi-Cal Mental Health Services

Why Did I Get This Booklet And Why Is It Important?

You are getting this booklet because you are eligible for Medi-Cal and need to know about the mental health services that Ventura County offers and how to get these services if you need them.

If you are now getting services from Ventura County, this booklet just tells you more about how things work. This booklet tells you about mental health services, but does not change the services you are getting. You may want to keep this booklet so you can read it again.

If you are not getting services right now, you may want to keep this booklet in case you or someone you know needs to know about mental health services in the future.

If you have trouble understanding this booklet, please call the MHP at (866)998-2243 or (888)567- 2122- to ask for help or to find out about other ways you can get this important information

What Is A Mental Health Emergency?

An emergency is a serious mental or emotional problem such as:
When a person is a danger to himself, herself, or others because of what seems like a mental illness, or

When a person cannot get or use the food, shelter, or clothing they need because of what seems like a mental illness.

In an emergency, please call 9-1-1 or take the person to a hospital emergency room.

How Do I Use This Booklet?

This booklet will help you know what specialty mental health services are, who may receive them, and how you can get help from the Ventura County MHP.

This booklet has two sections. The first section tells you how to get help from the Ventura County MHP and how it works.

The second section is from the State of California and gives you more general information about specialty mental health services. It tells you how to get other services, how to resolve problems, and what your rights are under the program.

This booklet also tells you how to get information about the doctors, clinics and hospitals that the Ventura County MHP uses to provide services and where they are located.

What is My County's Mental Health Plan (MHP)?

Mental health services are available to people on Medi-Cal, including children, young people, adults and older adults in Ventura County.

Sometimes these services are available through your regular doctor. Sometimes they are provided by a specialist, and called 'specialty' mental health services. These specialty services are provided through the Ventura County "Mental Health Plan" or MHP, which is separate from your regular doctor. The Ventura County MHP operates under rules set by the State of California and the federal government. Each county in California has its own MHP.

If you feel you have a mental health problem, you may contact the Ventura County MHP directly at **(866)-998-2243**. This is the Ventura County Behavioral Health Screening, Triage, Assessment and Referral (STAR) Program's toll-free telephone number that is available 24-hours a day, seven days a week. Verbal and oral interpretation of your rights, benefits and treatments is available in your preferred language **without cost to you**. You do not need to see your regular doctor first or get permission or a referral before you call.

You may also request a State Fair Hearing. Please see page 26 in the State of California section of this booklet for more information.

If you believe you would benefit from specialty mental health services and are eligible for Medi-Cal, the Ventura County MHP will help you find out if you may get mental health treatments and services. If you would like more information about specific services, please see the sections on 'Services' on the State of California page 9 in this booklet.

What If I Have A Problem Getting Help?

If you have a problem getting help, please call the Ventura County MHP's 24-hour, toll-free phone number at **(866) 998-2243**. You may also call your county's Patient's Right Advocate at **(805) 477-5731** or the Ventura County Behavioral Health Grievance Line at **888-567-2122.**

If that does not solve your problem, you may call the State of California's Ombudsman for help:
(800) 896-4042 - CA Only
(916) 650-6610
TTY (800) 896-2512
or (916)653-3169
FAX: **(916) 440-7458**
Email: **MHOmbudsman@dhcs.ca.gov**

Medi-Cal Mental Health Services

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Welcome to the Ventura County Mental Health Plan

We welcome you to Ventura County Mental Health Services, and to the Medi-Cal Mental Health Plan. We provide specialty mental health services for people who live in Ventura County and are eligible for Medi-Cal. Please read this booklet carefully. It contains important information you need to know.

As Your Mental Health Services Plan We Will:

- Get answers to your questions about mental health treatment
- Tell you what mental health services are covered by Medi-Cal
- Determine what types of mental health services you need and help you get them
- Treat you with respect
- Ensure you receive services in a safe environment
- Help you get culturally competent care

As a Participant, You Also Have Specific Responsibilities:

- Give honest and complete information about your mental health needs
- Take an active part in your mental health treatment
- Keep your appointments as scheduled
- Call if you cannot keep your appointment
- Work on treatment goals with your provider

Important Telephone Numbers

Emergency	911
Ventura County STAR Program	(866) 998-2243 *24-hours*
Patient's Rights Advocate	(805) 477-5731
Grievance/Appeal Line	(888) 567-2122

How Do I Know If Someone Needs Help Right Away?

Even if there is no emergency, a person with mental health problems needs help right away if one or more of these things are true.

- Hearing or seeing things others believe are not there
- Extreme and frequent thoughts of, or talking about, death
- Giving away their things
- Threatening to kill themselves (suicide)
- Wanting to hurt themselves or others

If one or more of these things is true, call 911 or the Ventura County MHP at **(866) 998-2243** (24-hours toll free). Mental Health workers are on-call 24-hours a day.

The other services that are sometimes needed are included in the list on pages 9 (adults) and 12 (children) in the State of California section of this booklet.

What Specialty Mental Health Services Does Ventura County Provide?

- **Crisis/Emergency Services** - intervention, assessment, referral
- **Inpatient Psychiatric Services** - intensive short-term hospital treatment for people who cannot be safely treated at another level of care
- **Day Treatment** - to prevent or shorten hospital stays and provide a therapeutic environment
- **24-hour Residential Services** - in both short- and long-term supervised living settings
- **Outpatient Mental Health Services** - assessment, evaluation, psychological testing, individual, family, and group psychotherapy and rehabilitation
- **Outpatient Medication Services** - prescribing, administering, and monitoring of psychiatric medication and its effects
- **Case Management** - advocacy, linkage and monitoring of progress

The services listed above are the services that Ventura County MHP thinks are most likely to help people who need mental health services. Sometimes other services may be needed and these may be accessed by contacting the 24 hour STAR Program number.

How Do I Get These Services?

Please call the MHP STAR Program at **(866) 998-2243** to request service for a child, adult, or a senior with mental illness or emotional disturbance who has Medi-Cal. The Access Line is answered 24-hours a day, 7 days a week by designated mental health staff who do brief screenings over the phone. If your condition or that of your child meets the Medi-Cal requirements for mental health services, you will be referred to a County operated regional Assessment Center. If you or your child do not meet the Medi-Cal requirements for treatment, you will be given other referrals.

The amount, duration and scope of services provided is based on an assessment done by a licensed clinician both in the county operated programs and contract programs. These services may include individual therapy, group therapy, crisis intervention, rehabilitation, medication support and case management. These services may be provided as stand alone services or in combination depending on beneficiary need as determined by a licensed clinician.

Services authorized through the MHP are without cost to the Medi-Cal beneficiary with the exception of payment of the Share of Cost for those beneficiaries whose eligibility is determined to include a monthly share of cost. This amount is payable directly to the provider.

In What Other Languages And Formats Are These Materials Available?

Ventura County's threshold language is Spanish. We can provide interpretation in most languages either through the Language Line or through county providers fluent in non-English languages. The list of languages currently available through County providers includes Farsi, Tagalog, and Spanish. American Sign Language interpretation is available 24-hours per day through a contract with LifeSigns. In addition to written information, the client brochure and information on how to receive specialty mental health services is also available in CD format in both English and Spanish.

What Does It Mean To Be "Authorized" To Receive Mental Health Services And What Is The Amount, Duration And Scope Of Services Provided?

You, your provider and Ventura County MHP are all involved in deciding what services you need to receive through the MHP, including how often you will need services and for how long.

The Ventura County MHP may require your provider to ask the MHP to review the reasons the provider thinks you need services before they are provided. The Ventura County MHP uses a qualified mental health professional to do the review. This review process is called an MHP payment authorization process. The State requires the Ventura County MHP to have an authorization process for day treatment intensive, day rehabilitation, and therapeutic behavioral services (TBS).

The State requires the Ventura County MHP to have an authorization process for day treatment intensive, day rehabilitation, and therapeutic behavioral services (TBS). The Ventura County MHP follows state rules for our MHP payment authorization process, which are described on page 3 in the State of California section of this booklet. If you would like more information on how the Ventura County MHP does MHP payment authorizations or when we require your provider to request an MHP payment authorization for services, please contact the STAR Program at
(866) 998-2243 or the **Quality Management Division** at **888-567-2122.**

How Do I Get More Information About Ventura County's Mental Health Services Including Doctors, Therapists, Clinics And Hospitals?

If you would like additional information on the structure and operation of Ventura County MHP, please contact the Ventura County MHP STAR Program at **866-998-2243**.

What If I Want To Change Doctors, Therapists Or Clinics?

You may request a change of provider by calling **(888) 567-2122** or by requesting a change at your provider's office directly by talking with the Clinic Administrator.

How Do I Get A Provider List?

A list of contracted providers is contained in this booklet or you may contact **(866) 998-2243** or **(888)-567-2122**.

Can I Use The "Provider List" To Find Someone To Help Me?

Contact the Ventura County Behavioral Health STAR Program at **(866) 998-2243** to get help in finding the right services. Interpreter services are available at no cost.

Can I See Any Doctor, Therapist, Clinic Or Hospital On Ventura County's "Provider List"?

You may access the providers on the list by contacting the **STAR Program** at (866) 998-2243. Some providers may require a referral directly from the Ventura County Behavioral Health MHP.

What If I Want To See a Doctor, Clinic or Hospital That Is Not Listed On Ventura County's "Provider List"?

You may receive services from non-contracted providers for urgent or emergency services. The hospital or emergency provider will submit a treatment authorization request to the Ventura County Behavioral Health Authorization Unit **(888) 567-2122** for retroactive authorization once the emergency treatment has been completed.

If you live in another county and are requesting services on behalf a child or youth, authorization may be obtained by contacting the Ventura County Behavioral Health Authorization staff at **(888) 567-2122**.

What If I need Urgent-care Mental Health Services on a Weekend or at Night?

Call **(866) 998-2243**. You may go to any emergency room if you need emergency mental health services. You may also access these services by going directly to the assessment office of any of the three Ventura County Behavioral Health inpatient psychiatric service providers. If you are out of the county when needing emergency psychiatric services, you may also go to the nearest emergency room.

How Do I Get Mental Health Services That My Mental Health Provider Does Not Offer?

Requests for services not provided by your primary provider may be made to the STAR Program by calling **(866) 998-2243**. The STAR Program staff can identify a provider if the service is available.

What If I Need To See a Doctor for Something Other Than Mental Health Treatment? How Are People Referred To Medi-Cal Services Other Than Mental Health Care In Ventura County?

If you are receiving specialty mental health services and do not have primary medical providers you may contact the Gold Coast Health Plan (the local Medi-Cal Managed Care Plan) for a referral at (888)—301-1228.

Ventura County Behavioral Health and the Ventura County Health Care Agency Ambulatory Care clinics are both part of the Ventura County Health Care Agency. The ambulatory care clinics are part of the Gold Coast network.

What Can I Do If I Have A Problem Or Am Not Satisfied With My Mental Health Treatment?

If you have a concern or problem or are not satisfied with your mental health services, the MHP wants to be sure your concerns are resolved simply and quickly. You may contact the MHP **Grievance/Appeal Line** at **(888) 567-2122** to find out how to resolve your concerns.

There are three ways you can work with the MHP to resolve complaints about services or other problems. You can file a Grievance verbally or in writing with the MHP about any service related issue. You can file an Appeal verbally (and follow up in writing) or in writing if you are denied services or disagree with a decision made regarding your services. You can also file for a State Fair Hearing with the Department of Social Services if you are not happy with the decision or resolution of any action by the MHP or if the MHP fails to respond to your grievance or appeal in the timeframes required by regulations.

For more information about how the MHP Grievance and Appeal processes and the State Fair Hearing process work, please turn to the section about Grievances, Appeals and State Fair Hearings on page 22 in the State of California section of this booklet or by calling Ventura County Behavioral Health Quality Management Division at (888)-567-2122.

Your problem will be handled as quickly and simply as possible. It will be kept confidential. You will not be subject to discrimination or any other penalty for filing a Grievance or Appeal or State Fair Hearing. You may authorize another person to act on your behalf in the Grievance, Appeal, or State Fair Hearing process.

For more information on Grievances, Appeals and State Fair Hearings, please turn to the section about 'Problem Resolution Processes' in the State of California page 22 in this booklet.

Who Is Ventura County's Patient's Right Advocate, What Do They Do and How Do I Contact Them?

Ventura County Patient's Rights Advocate is available to assist you with any issues related to rights violations. If the issue is related to services being received either through a county operated or contracted program, you will be referred to the Quality Management Division.

Patient's Rights Advocate: **(805) 477-5731**
Ventura County Behavioral Health Grievance Line: **(888)-567-2122**
National Alliance for the Mentally Ill: **(805) 641-2426**

Does Ventura County Keep My Health Records Private?

By law, your mental health services and records will be handled with confidentiality. Your provider cannot tell anyone outside of the Ventura County Behavioral Health Department any clinical information you give Ventura County unless you supply written permission or a court deems it acceptable.

Ventura County Medi-Cal Providers*

4/13/2017

Please call **STAR Program** at toll free **(866)998-2243** if you have any questions about specialty mental health services or the network of contracted or County operated programs. The following provider list includes both County operated and contracted providers. **Providers have the ability to provide culturally and linguistically approriate treatment.**
Interpreter Services will be provided at no cost to you.

*** All Providers are accepting new beneficiaries.**

County Operated Facilities						
Clinic/Provider Name	**Clinic/Provider Address**	**Telephone Number**	**Population Served**	**Services Provided**	**Cultural Specific Services and Language Available**	**How to Access**
Emergency Services						
Crisis Team	Mobile	(866) 998-2243	All	Crisis Intervention	Bilingual Spanish	Self referral
Access to Services						
Screening, Triage, Assessment & Referral (STAR)	1911 Williams Dr., Oxnard CA 93036	(805) 981-4233	All	Screening, Triage, Assessment and Referral	Bilingual Spanish	Self referral
Rapid Integrated Support & Engagement (RISE)	1911 Williams Dr., Oxnard CA 93036	(805) 981-4233	All	Engagement, Outreach and Referral	Bilingual Spanish Homeless	Self referral
Ventura County Behavioral Health (VCBH)- Adult Outpatient Clinics						
Adults						
Conejo Valley Adult Clinic	125 W. Thousand Oaks Blvd. Suite 500, Thousand Oaks CA 91360	(805) 777-3500	Adults	Outpatient mental health services, case management, medication support services	Bilingual Spanish LGBTQ	Contact STAR
Adult Residential Services (ARS) provides outpatient mental health services	1911 Williams Dr., Suite 160, Oxnard CA 93036	(805) 981-9240	Adult	Outpatient mental health services, case management, medication support services to enrolled consumers residing in and out of county residential facilities and in specialized psychiatric treatment facilities.	Bilingual Spanish	By Referral only from the VCBH Adult Treatment Teams
Empowering Partners through Integrative Community Services (EPICS)	1911 Williams Dr., Suite 160, Oxnard CA 93036	(805) 981-9240	Adults	Comprehensive, intensive, "whatever it takes" services for VCBH adult consumers with intensive needs who most frequently utilize higher levels of care (inpatient hospitalization and other locked settings, or residential treatment placements), and who have been historically underserved in the mental health system due to a variety of barriers that make access to traditional services challenging.	Bilingual Spanish Homeless	By Referral only from the VCBH Adult Treatment Teams
Forensics Services	4258 Telegraph Rd., Ventura CA 93003	(805) 477-5775	Adults	Outpatient mental health services, case management, medication support services	Bilingual Spanish Homeless	Contact STAR
North Oxnard Adult Clinic	1911 Williams Dr., Suite 110, Oxnard CA 93036	(805) 981-4200	Adults	Outpatient mental health services, case management, medication support services	Bilingual Spanish LGBTQ Womens Group	Contact STAR
Older Adults Thousand Oaks	125 W. Thousand Oaks Blvd., Thousand Oaks CA 91360	(805) 289-3203	Adults	Outpatient mental health services, case management, medication support services	Bilingual Spanish Older Adults LGBTQ	Contact STAR
Older Adults Ventura	5740 Ralston St., Suite 200, Ventura CA 93003	(805) 289-3203	Adults	Outpatient mental health services, case management, medication support services	Bilingual Spanish Older Adults LGBTQ	Contact STAR

Ventura County Medi-Cal Providers*

Clinic/Provider Name	Clinic/Provider Address	Telephone Number	Population Served	Services Provided	Cultural Specific Services and Language Available	How to Access
Santa Paula Adult Clinic	725 E. Main St., 3rd Floor, Santa Paula CA 93060	(805) 933-8480	Adult	Outpatient mental health services, case management, medication support services	Bilingual Spanish LGBTQ Spanish Women's Group	Contact STAR
Simi Valley Adult Clinic	1227 E. Los Angeles Ave., Simi Valley CA 93065	(805) 582-4075	Adults	Outpatient mental health services, case management, medication support services	Bilingual Spanish LGBTQ	Contact STAR
South Oxnard Adult Clinic	2500 S. C St., Suite D, Oxnard CA 93033	(805) 385-9420	Adults	Outpatient mental health services, case management, medication support services	Bilingual Spanish LGBTQ Women's Group	Contact STAR
Transitional Age Youth, Thousand Oaks	125 W. Thousand Oaks Blvd., Thousand Oaks CA 91360	(805) 777-3500	Adults	Outpatient mental health services, case management, medication support services	Bilingual Spanish TAY/LGBTQ	Contact STAR
Transitional Age Youth, Oxnard	1911 Williams Dr., Suite 110, Oxnard CA 93036	(805) 981-9270	Adults	Outpatient mental health services, case management, medication support services	Bilingual Spanish TAY/LGBTQ	Contact STAR
Ventura Adult Clinic	4258 Telegraph Rd., Ventura CA 93003	(805) 477-5700	Adults	Outpatient mental health services, case management, medication support services	Bilingual Spanish TAY/LGBTQ	Contact STAR
Youth and Family						
Conejo Valley Youth & Family Clinic	125 W. Thousand Oaks Blvd. Suite 600, Thousand Oaks CA 91360	(805) 777-3505	Youth	Outpatient mental health services, case management, medication support services	Bilingual Spanish Indigenous Ages 0-5 LGBTQ	Contact STAR
Fillmore Youth & Family Clinic	828 W. Ventura St., Suite 240, Fillmore CA 93015	(805) 524-8660	Youth	Outpatient mental health services, case management, medication support services	Bilingual Spanish Indigenous Ages 0-5 LGBTQ	Contact STAR
North Oxnard Youth & Family Clinic	1911 Williams Dr., Suite 150, Oxnard CA 93036	(805) 981-8460	Youth	Outpatient mental health services, case management, medication support services	Bilingual Spanish Indigenous Ages 0-5 LGBTQ	Contact STAR
Santa Paula Youth & Family Clinic	725 E. Main St., 3rd Floor, Santa Paula CA 93060	(805) 933-8440	Youth	Outpatient mental health services, case management, medication support services	Bilingual Spanish Indigenous Ages 0-5 LGBTQ	Contact STAR
Simi Valley Youth & Family Clinic	1227 E. Los Angeles Ave., Simi Valley CA 93065	(805) 582-4080	Youth	Outpatient mental health services, case management, medication support services	Bilingual Spanish Indigenous Ages 0-5 LGBTQ	Contact STAR
South Oxnard Youth & Family Clinic	2500 South C St., Suite D, Oxnard CA 93033	(805) 385-9460	Youth	Outpatient mental health services, case management, medication support services	Bilingual Spanish Indigenous Ages 0-5 LGBTQ	Contact STAR
VCBH- Child Welfare Subsystem	5740 Ralston St., Suite 201, Ventura CA 93003	(805) 339-3753	Youth	Outpatient mental health services, case management, medication support services	Bilingual Spanish Indigenous Ages 0-5 LGBTQ	Contact STAR

Ventura County Medi-Cal Providers*

Clinic/Provider Name	Clinic/Provider Address	Telephone Number	Population Served	Services Provided	Cultural Specific Services and Language Available	How to Access
Ventura Youth & Family Clinic	5740 Ralston St., Suite 100, Ventura CA 93003	(805) 289-3100	Youth	Outpatient mental health services, case management, medication support services	Bilingual Spanish Indigenous Ages 0-5 LGBTQ	Contact STAR
Acute Inpatient Psychiatrict Services- County Operated						
Ventura County Medical Center Inpatient Psychiatric Unit	200 N. Hillmont Ave., Ventura CA 93003	(805) 652-6729	Adults needing emergency psychiatric treatment	Acute Psychiatric Inpatient Services	Bilingual Spanish	Crisis Team Emergency Dept.
Youth and Family Crisis Stabilization Unit-Contracted						
Seneca Family of Agencies (Crisis Stabilization Unit (CSU)	2130 N. Ventura Rd., Oxnard CA 93030	(805) 289-8000	Youth 6 - 17	Crisis Stablization, Multi-disciplinary assessment, mental health services, crisis intervention, case management, medication support, Rehabilitation services	Bilingual Spanish	By Referral only
Seneca Family of Agencies-COMPASS (Short Term Acute Residential Treatment Services)	2130 N. Ventura Rd., Oxnard CA 93030	(805) 289-8000	Youth 12-17	Acute Residential Treatment Services, assessment, mental health services, crisis intervention, case management, medication support, rehabilitation services	Bilingual Spanish	By Referral only from the CSU
Community Based Organizations- Contracted						
Adult-Outpatient Services						
Telecare Vips - West County	1746 S. Victoria Ave., Suites 220, 240, 260, Ventura CA 93001	(805) 477-9848	Adults, Transitional Age Youth	Outpatient mental health services, case management, medication support services and crisis interventions services	Bilingual Spanish Spanish Family Group	May call direct
Telecare AB 109 Voice	5810 Ralston St., 2nd Floor, Ventura CA 93003	(805) 642-7033	Adults	Outpatient mental health services and case management, medication support, and crisis intervention services	Bilingual Spanish	By referral only
Telecare Assist	5810 Ralston St., 2nd Floor, Ventura, CA 93003	(805) 981-4233	Adults	Outpatient mental health services and case management, medication support, and crisis intervention services	Bilingual Spanish Homeless	By referral only
Telecare Vips -East County	1919 Williams St., Suite 200, Simi Valley, CA 93065	(805) 526-3539	Adults, Transitional Age Youth	Outpatient mental health services, case management, medication support services	Bilingual Spanish	May call direct
Telecare XP Vista	5810 Ralston St., 2nd Floor, Ventura, CA 93003	(805) 642-7033	Adults	Outpatient mental health services and case management, medication support, and crisis intervention services	Bilingual Spanish	By referral only by VCBH clinics
Turning Point Foundation-New Visions Center	1065 East Main St., Ventura CA 93003	(805)652-0029	Adults	Outpatient rehabilitation and groups services	Bilingual Spanish	May call direct
Turning Point Foundation-Oxnard Clubhouse	426 W. 5TH St., Oxnard CA 93030	(805) 247-0750	Adults	Outpatient rehabilitation and groups services	Bilingual Spanish	By referral only
Pathpoint	501 Marin Street, Suite 100, Thousand Oaks, CA 91362	(805) 777-3523	Adults	Outpatient rehabilitation and case management	Bilingual Spanish	Contact Rise

Ventura County Medi-Cal Providers*

Clinic/Provider Name	Clinic/Provider Address	Telephone Number	Population Served	Services Provided	Cultural Specific Services and Language Available	How to Access
Youth and Family-Outpatient						
Interface Children and Family Services	4001 Mission Oaks Blvd., Suite I, Camarillo CA 93012	(805) 382-1155	Youth up to 21	Early and Periodic Screeing (EPSDT), Outpatient mental health services and case management	Bilingual Spanish Parenting & Therapy Groups-Spanish Ages 0-5	EPSDT, SCP, First 5 Referral
Kids & Families Together	856 E. Thompson Blvd., Ventura CA 93001	(805) 643-1446	Youth up to 21	Early and Periodic Screening (EPSDT),Outpatient mental health services and case management	Bilingual Spanish Ages 0-5	EPSDT Referral only
New Dawn Counseling and Consulting, Inc.	2200 Outlet Center Dr., Suite 430, Oxnard CA 93036	(805) 604-5437	Youth up to 21	Early and Periodic Screening (EPSDT), Outpatient mental health services, case management	Bilingual Spanish Parenting & Therapy Groups-Spanish Ages 0-5 Indigenous	Staff referral
Casa Pacifica Centers for Children and Families	1722 South Lewis Rd, Camarillo CA 93012	(805) 366-4040	Youth up to 21	Early and Periodic Screening (EPSDT), Residential and outpatient mental health services,Non Public School and Parent Child Interactive Therapy (PCIT) and case management and medication support	Bilingual Spanish TAY LGBTQ PCIT - Ages 18 mths to 8 years old	Staff referral
Casa Pacifica Centers for Children and Families	975 Flynn Road, Camarillo CA 93012	(805) 366-4040	Youth up to 21	Early and Periodic Screening (EPSDT), Wraparound, Therapeutic Behavioral Services (TBS), Intensive Home Based Services (IHBS)/Intensive Care Coordination (ICC), Early and Periodic Screening (EPSDT)	Bilingual Spanish LGBTQ Immigrant Spanish Parent Program	Referral only
AspiraNet	5284 Adolfo Rd, Camarillo CA 93012	(805) 289-0120	Youth up to 21	Early and Periodic Screening (EPSDT), Therapeutic Behavioral Services (TBS), Intensive Home Based Service (IHBS)/Intensive Care Coordination (ICC)	Bilingual Spanish Ages 0-5	Staff referral
AspiraNet	5284 Adolfo Rd, Camarillo CA 93012	(805) 289-0120	Youth up to 21	Early and Periodic Screening (EPSDT), and Collaborative Educational Services (COEDS) Outpatient mental health services and case management	Bilingual Spanish Ages 0-5	Staff referral
Acute Inpatient Psychiatrict Services - Contracted						
Aurora Behavioral Health: Vista Del Mar Hospital	801 Seneca St., Ventura CA 93001	(805) 653-6434	Acute Psychiatric Inpatient Services	Youth (age 12 and up) with no insurance and with Medi-Cal only but does treat Adult emergency psychiatric conditions for those with no insurance or with Medi-Cal.	Bilingual Spanish	Contact the 24/7 Hotline
Aurora Behavioral Health: BHC Alhambra Hospital	4619 N. Rosemead Blvd., Rosemead CA 91770	(626) 289-1191	Youth with Medi-Cal only, but does treat Adult emergency psychiatric conditions for those with Medicare and private insurance	Youth with no insurance or with Medi-Cal.	Bilingual Spanish	Contact the 24/7 Hotline

Ventura County Medi-Cal Providers*

Clinic/Provider Name	Clinic/Provider Address	Telephone Number	Population Served	Services Provided	Cultural Specific Services and Language Available	How to Access
Adult-Residential Programs- Contracted						
Anka Behavioral Health: Crisis Residential Treatment	350 Hillmont Ave. Ventura	(805) 233-7750	Adults Short Term residential (up to 30 days)	Crisis stabilization and mental health services- short term crisis residential services	Bilingual Spanish	Hospital and staff referred
Anka Behavioral Health: Hillmont House	1750A South Lewis Rd, Camarillo CA 93012	(805) 765-9050	Adults	Adult mental health services	Bilingual Spanish	By referal only
Anne Sippi LA Outpatient	2457 Endicott St., Los Angeles, CA 90032	(323) 221-5177	Adults	Adult mental health residential services	American Sign Language and Bilingual Spanish	By referal only
Anne Sippi Riverside Ranch Outpatient	18200 Highway 178, Bakersfield, CA 93306	(661) 871-9697	Adults	Adult mental health Residential Services	American Sign Language Bilingual Spanish	By referral only
California Psychiatric Transitions, Inc.	9234 Hinton Ave., Delhi, CA 95315	(209) 667-9304	Adults	Adult Mental Health Rehabilitation Center providing inpatient mental health services including anger management, medication awareness, and impulse control	Bilingual Spanish	By referral only
Crestwood Behavioral Health, Inc.	6700 Eucalyptus Dr., Bakersfield CA 933066	(661) 363-6711	Adults	Mental Health Rehabilitation Center residential mental health services	Bilingual Spanish	By referral only
Crestwood Behavioral Health, Inc. - The Bridge	6744 Eucalyptus Dr., Bakersfield, CA 93306	(661) 363-6711	Adults	Adult residential care facility services	Bilingual Spanish	By referral only
Metropolitan State Hospital	11401 Bloomfield Ave., Norwalk, CA 90650	(562) 863-7011	Adults	State psychiatric hospital providing adult inpatient mental health services for LPS conservatees	Bilingual Spanish	By referral only
Sylmar Health & Rehabilitation Center, Inc.	12220 Foothill Blvd., Sylmar, CA 91342	(818) 834-5082	Adults	Institution for Mental Disease mental health services in a locked setting	Bilingual Spanish	By referral only
Telecare Casa de Esperanza- CASA B (Brighter Tomorrows)	1750B South Lewis Rd., Camarillo CA 93012	(805) 383-3669	Adults	Adult and transitional youth residential social rehabilitation services	Bilingual Spanish TAY	By referral only
Telecare Casa de Esperanza- CASA C (House of Transition)	1750C South Lewis Rd., Camarillo CA 93012	(805) 383-3669	Adults	Adult and transitional youth residential social rehabilitation services	Bilingual Spanish TAY	By referral only
Telecare Casa de Esperanza- CASA D (Starship)	1750D South Lewis Rd., Camarillo CA 93012	(805) 383-3669	Adults	Adult and transitional youth residential social rehabilitation services	Bilingual Spanish TAY	By referal only
Telecare Casa de Esperanza- CASA E (Stonehenge)	1750E South Lewis Rd., Camarillo CA 93012	(805) 383-6969	Adults	Adult and transitional youth residential social rehabilitation services	Bilingual Spanish	By referal only
Telecare Horizon View	333 Skyway Dr., Camarillo CA 93010	(805) 383-1155	Adults	Adult Mental Health Rehabilitation Center providing inpatient mental health services in a locked setting	Bilingual Spanish	By referal only

General Statewide Information

Why Is It Important To Read This Booklet?

The first section of this booklet tells you how to get Medi-Cal mental health services through your county's Mental Health Plan.

This second section of the booklet tells you more about how the Medi-Cal program works, and about how Medi-Cal specialty mental health services work in all counties of the state.

If you don't read this section now, you may want to keep this booklet so you can read it later.

If you think you qualify for Medi-Cal and you think you need mental health services, call the Mental Health Plan in your county and say I want to find out about mental health services.

What Are Specialty Mental Health Services?

Specialty Mental health services are special health care services for people who have mental illness or emotional problems that the regular doctor cannot treat.

Some specialty mental health services include:

- Crisis counseling to help people who are having a serious emotional crisis
- Individual, group, or family therapy
- Rehabilitation or recovery services that help a person with mental illness to develop coping skills for daily living
- Special day programs for people with mental illnesses
- Prescriptions for medicines that help treat mental illness
- Help managing medicines that help treat mental illness
- Help to find the mental health services you need

Where Can I Get Mental Health Services?

You can get mental health services in the county where you live. Each county has a Mental Health Plan for children, teens, adults and older adults. Your county Mental Health Plan has mental health providers (doctors who are psychiatrists or psychologists, and others).

How Do I Get Services At My County Mental Health Plan?

Call your county Mental Health Plan and ask for services. You do not need to ask your regular doctor for permission, or get a referral. Just call the number for your county in the front of this booklet. The call is free.

You can also go to a federal qualified health center, a rural health center or an Indian health clinic in your area for Medi-Cal mental health services. (These are official names for different kinds of clinics in your area. If you are not sure about a clinic in your area, ask the clinic workers. These kinds of clinics generally serve people who do not have insurance of Medi-Cal.)

As part of providing mental health services for you, your county Mental Health Plan is responsible for:

- Figuring out if someone is eligible for specialty mental health services from the MHP.
- Providing a toll-free phone number that is answered 24-hours a day and 7 days a week that can tell you about how to get services from the MHP.
- Having enough providers to make sure that you can get the specialty mental health services covered by the MHP if you need them.
- Informing and educating you about services available from your county's MHP.
- Providing you services in the language of your choice or by an interpreter (if necessary) free of charge and letting you know that these interpreter services are available.
- Providing you with written information about what is available to you in other languages or forms, depending upon the needs in your county.

Important Information About Medi-Cal

Who Can Get Medi-Cal?

You may qualify for Medi-Cal if you are in one of these groups:

- 65 years old, or older
- Under 21 years of age
- An adult, between 21 and 65 with a minor child living with you (a child who is not married and who is under the age of 21)
- Blind or disabled
- Pregnant
- Certain refugees, or Cuban/Haitian immigrants
- Receiving care in a nursing home

If you are not in one of these groups, call your county social service agency to see if you qualify for a county-operated medical assistance program.

You must be living in California to qualify for Medi-Cal. Call or visit your local county social services office to ask for a Medi-Cal application, or get one on the Internet at **www.dhs.ca.gov/mcs/medi-calhome/MC210.htm**

Do I Have To Pay For Medi-Cal?

You may have to pay for Medi-Cal depending on the amount of money you get or earn each month.

- If your income is less than Medi-Cal limits for your family size, you will not have to pay for Medi-Cal services.
- If your income is more than Medi-Cal limits for your family size, you will have to pay some money for your medical or mental health services. The amount that you pay is called your 'share of cost.' Once you have paid your 'share of cost,' Medi-Cal will pay the rest of your covered medical bills for that month. In the months that you don't have medical expenses, you don't have to pay anything.
- You may have to pay a 'co-payment' for any treatment under Medi-Cal. You may have to pay $1.00 each time you get a medical or mental health service or a prescribed drug (medicine) and $5.00 if you go to a hospital emergency room for your regular services.

Your provider will tell you if you need to make a co-payment.

Always take your Beneficiary Identification Card and health plan card, if you have one, when you go to the doctor, clinic, or hospital.

How Do I Get Medi-Cal Services That Are Not Covered By The Mental Health Plan?

There are two ways to get Medi-Cal services:

1. By joining a Medi-Cal managed care health plan.

If you are a member of a Medi-Cal managed care health plan:

- Your health plan needs to find a provider for you if you need health care.
- You get your health care through a health plan, an HMO (health maintenance organization) or a primary care case manager.
- You must use the providers and clinics in the health plan, unless you need emergency care.
- You may use a provider outside your health plan for family planning services.
- You can only join a health plan if you do not pay a share of cost.

2. From individual health care providers or clinics that take Medi-Cal.

- You get health care from individual providers or clinics that take Medi-Cal
- You must tell your provider that you have Medi-Cal before you first get services. Otherwise, you may be billed for those services.
- Individual health care providers and clinics do not have to see Medi-Cal patients, or may only see a few Medi-Cal patients.
- Everyone who has a share of cost (see page 3, State of California section) will get health care this way.

If you need mental health services that are not covered by the Mental Health Plan:

- And you are in a health plan, you may be able to get services from your health plan. If you need mental health services the health plan doesn't cover, your primary care provider at the health plan may be able to help you find a provider or clinic that can help you.
- Except in San Mateo County, your health plan's pharmacies will fill prescriptions to treat your mental illness, even if the prescriptions were written by the mental health plan's psychiatrist or will tell you how to get your prescription filled from a regular Medi-Cal pharmacy. (In San Mateo County, the mental health plan will fill your prescription.)
- And you are not in a health plan, you may be able to get services from individual providers and clinics that take Medi-Cal. Except in San Mateo County, any pharmacy that accepts Medi-Cal can fill prescriptions to treat your mental illness, even if the prescriptions were written by the MHP's psychiatrist. (In San Mateo County, the mental health plan will fill your prescription.)
- The Mental Health Plan may be able to help you find a provider or clinic that can help you or give you some ideas on how to find a provider or clinic.

If you have trouble getting to your medical or mental health appointments, the Medi-Cal program can help you find transportation.

Transportation

If you have trouble getting to your medical appointments or mental health appointments, the Medi-Cal program can help you find transportation.

- For children, the county Child Health and Disability Prevention (CHDP) program can help. Or, you may wish to contact your county's social services office. These phone numbers can be found in your local telephone book in the 'County Government' pages. You can also get information online by visiting **www.dhcs.ca.gov**, then clicking on 'Services' and then 'Medi-Cal Information.'

- For adults, your county social services office can help. You can get information about your county's social services office by checking your local telephone book. Or you can get information online by visiting **www.dhcs.ca.gov**, then clicking on 'Services' and then 'Medi-Cal Information.'

What Is The Child Health And Disability Prevention (CHDP) Program?

The CHDP program is a preventive health program serving California's children and youth from birth to age 21. CHDP makes early health care available to children and youth with health problems as well as to those who seem well. Children and youth can receive regular preventive health assessments. Children and youth with suspected problems are then referred for diagnosis and treatment. Many health problems can be prevented or corrected, or the severity reduced, by early detection and prompt diagnosis and treatment.

CHDP works with a wide range of health care providers and organizations to ensure that eligible children and youth receive appropriate services. These may include private physicians, local health departments, schools, nurse practitioners, dentists, health educators, nutritionists, laboratories, community clinics, nonprofit health agencies, and social and community service agencies. CHDP can also assist families with medical appointment scheduling, transportation, and access to diagnostic and treatment services.

You can find out more about CHDP by contacting your local county health department or visiting **www.dhcs.ca.gov/pcfh/cms/chdp.**

Where Can I Get More Information?

You can get more information about mental health services by visiting the California Department of Health Care Services at www.dhcs.ca.gov. You can get more information about Medi-Cal by asking your county eligibility worker or by visiting **www.dhcs.ca.gov/mcs/medi-calhome**.

In case of an emergency medical or psychiatric condition, call 9-1-1 or go to any emergency room for help.

Are You Having An Emergency?

An emergency medical condition has symptoms so severe (possibly including severe pain) that an average person could expect the following might happen at any moment:

- The health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) could be in serious trouble.
- Serious problems with bodily functions.
- Serious problems with any bodily organ or part.

An emergency psychiatric condition occurs when an average person thinks that someone:

- Is a current danger to himself or herself or another person because of what seems like a mental illness.
- Is immediately unable to provide or eat food, or use clothing or shelter because of a mental illness.

In case of an emergency medical or psychiatric condition, call 9-1-1 or go to any emergency room for help.

The Medi-Cal program will cover emergency conditions, whether the condition is medical or psychiatric (emotional or mental). If you are on Medi-Cal, you will not receive a bill to pay for going to the emergency room, even if it turns out to not be an emergency.

If you aren't sure if the condition is truly an emergency or if you're not sure whether the condition is medical or psychiatric, you may still go to the emergency room and let qualified medical professionals make the decision about what is needed. If the emergency room professionals decide there is a psychiatric emergency, you will be admitted to the hospital to receive immediate help from a mental health professional. If the hospital doesn't have the kind of services necessary, the hospital will find a hospital that does have the services.

A person may be helped through a mental health crisis by services from your county's Mental Health Plan (MHP) in ways other than going into the hospital. If you think you need help but don't think you need to go into the hospital, you can call your county MHP's toll-free phone number and ask for help.

What Kind Of Emergency-Related Services Are Provided?

Emergency services are paid for by Medi-Cal when you go to a hospital or use outpatient services (with no overnight stay involved) furnished in a hospital emergency room by a qualified provider (doctor, psychiatrist, psychologist or other mental health provider). They are needed to evaluate or stabilize someone in an emergency.

Your county's Mental Health Plan (MHP) should provide specific information about how emergency services are administered in your County. The following state and federal rules apply to emergency services covered by the MHP:

- The hospital does not need to get advance approval from the MHP (sometimes called "prior authorization") or have a contract with your MHP to get paid for the emergency services the hospital provides to you.
- The MHP needs to tell you how to get emergency services, including the use of 9-1-1.
- The MHP needs to tell you the location of any places where providers and hospitals furnish emergency services and post-stabilization services
- You can go to a hospital for emergency care if you believe there is a psychiatric emergency
- Specialty mental health services to treat your urgent condition are available 24 hours a day, seven days per week. (An urgent condition means a mental health crisis that would turn into an emergency if you do not get help very quickly.)
- You can receive these inpatient hospital services from the MHP on a voluntary basis, if you can be properly served without being involuntarily held. The state laws that cover voluntary and involuntary admissions to the hospital for mental illness are not part of state or federal Medi-Cal rules, but it may be important for you to know a little bit about them:
    1. **Voluntary admission:** This means you give your OK to go into and/or stay in the hospital.
    2. **Involuntary admission:** This means the hospital keeps you in the hospital for up to 72 hours without your OK. The hospital can do this when the hospital thinks you are likely to harm yourself or someone else or that you are unable to take care of your own food, clothing and housing needs. The hospital will tell you in writing what the hospital is doing for you and what your rights are. If the doctors treating you think you need to stay longer than 72 hours, you have a right to a lawyer and a hearing before a judge and the hospital will tell you how to ask for this.

Your county's Mental Health Plan (MHP) should pay for post-stabilization care services obtained within the MHP's provider list or coverage area. Your MHP will pay for such services if they are pre-approved by an MHP provider or other MHP representative.

Post-stabilization care services are covered services that are needed after an emergency. These services are provided after the emergency is over to continue to improve or resolve the condition.

Your MHP is financially responsible for (will pay for) post-stabilization care services to maintain, improve, or resolve the stabilized condition if:

- The MHP does not respond to a request from the provider for pre-approval within 1 hour
- The MHP cannot be contacted by the provider
- The MHP representative and the treating physician cannot reach an agreement concerning your care and an MHP physician is not available for consultation. In this situation, the MHP must give the treating physician the opportunity to consult with an MHP physician. The treating physician may continue with care of the patient until one of the conditions for ending post-stabilization care is met. The MHP must make sure you don't pay anything extra for post-stabilization care.

When Does My County MHP's Responsibility For Covering Post-Stabilization Care End?

Your county's MHP is NOT required to pay for post-stabilization care services that are not pre-approved when:

- An MHP physician with privileges at the treating hospital assumes responsibility for your care.
- An MHP physician assumes responsibility for your care through transfer.
- An MHP representative and the treating physician reach an agreement concerning your care (the MHP and the physician will follow their agreement about the care you need).
- You are discharged (sent home from the facility by a doctor or other professional).

ADULTS AND OLDER ADULTS

How Do I Know When I Need Help?

Many people have difficult times in life and may experience mental health problems. While many think major mental and emotional disorders are rare, the truth is one in five individuals will have a mental (psychiatric) disorder at some point in their life. Like many other illnesses, mental illness can be caused by many things.

The most important thing to remember when asking yourself if you need professional help is to trust your feelings. If you are eligible for Medi-Cal and you feel you may need professional help, you should request an assessment from your county's MHP to find out for sure.

What Are Signs I May Need Help?

If you can answer 'yes' to one or more of the following AND these symptoms persist for several weeks AND they significantly interfere with your ability to function daily, AND the symptoms are not related to the abuse of alcohol or drugs. If this is the case, you should consider contacting your county's Mental Health Plan (MHP).

A professional from the MHP will determine if you need specialty mental health services from the MHP. If a professional decides you are not in need of specialty mental health services, you may still be treated by your regular medical doctor or primary care provider, or you may appeal that decision (see page 23).

You may need help if you have SEVERAL of the following feelings:

- Depressed (or feeling hopeless or helpless or worthless or very down) most of the day, nearly every day
- Loss of interest in pleasurable activities
- Weight loss or gain of more than 5% in one month
- Excessive sleep or lack of sleep
- Slowed or excessive physical movements
- Fatigue nearly every day
- Feelings of worthlessness or excessive guilt
- Difficulty thinking or concentrating or making a decision
- Decreased need for sleep – feeling 'rested' after only a few hours of sleep
- 'Racing' thoughts too fast for you to keep up with
- Talking very fast and can't stop talking
- Feel that people are 'out to get you'
- Hear voices and sounds others do not hear
- See things others do not see
- Unable to go to work or school

If you feel you have several of the signs listed, and feel this way for several weeks, you may want to be assessed by a professional. If you are not sure, you should ask your family doctor or other health care professional for their opinion.

- Do not care about personal hygiene (being clean)
- Have serious relationship problems
- Isolate or withdraw from other people
- Cry frequently and for 'no reason'
- Are often angry and 'blow up' for 'no reason'
- Have severe mood swings
- Feel anxious or worried most of the time
- Have what others call strange or bizarre behaviors

What Services Are Available?

As an adult on Medi-Cal, you may be eligible to receive specialty mental health services from the MHP. Your MHP is required to help you determine if you need these services. Some of the services your county's MHP is required to make available, if you need them, include:

Mental Health Services – These services include mental health treatment services, such as counseling and psychotherapy, provided by psychiatrists, psychologists, licensed clinical social workers, marriage and family therapists and psychiatric nurses. Mental health services may also be called rehabilitation or recovery services, and they help a person with mental illness to develop coping skills for daily living. Mental health services can be provided in a clinic or provider office, over the phone, or in the home or other community setting.

- These services may sometimes be provided to one person at a time (individual therapy or rehabilitation), two or more people at the same time (group therapy or group rehabilitation services), and to families (family therapy).

Medication Support Services – These services include the prescribing, administering, dispensing and monitoring of psychiatric medicines; medication management by psychiatrists, and education and monitoring related to psychiatric medicines. Medication support services can be provided in a clinic or provider office, over the phone, or in the home or other community setting.

Targeted Case Management – This service helps with getting medical, educational, social, prevocational, vocational, rehabilitative, or other community services when these services may be hard for people with mental illness to do on their own. Targeted case management includes plan development; communication, coordination, and referral; monitoring service delivery to ensure the person's access to service and the service delivery system; and monitoring of the person's progress.

Crisis Intervention and Crisis Stabilization – These services provide mental health treatment for people with a mental health problem that can't wait for a regular, scheduled appointment. Crisis intervention can last up to eight hours and can be provided in a clinic or provider office, over the phone, or in the home or other community setting. Crisis stabilization can last up to 20 hours and is provided in a clinic or other facility site.

Adult Residential Treatment Services – These services provide mental health treatment for people who are living in licensed facilities that provide residential services for people with mental illness. These services are available 24-hours a day, seven days a week. Medi-Cal doesn't cover the room and board cost to be in the facility that offers adult residential treatment services.

Crisis Residential Treatment Services – These services provide mental health treatment for people having a serious psychiatric episode or crisis, but who do not present medical complications requiring nursing care. Services are available 24-hours a day, seven days a week in licensed facilities that provide residential crisis services to people with mental illness. Medi-Cal doesn't cover the room and board cost to be in the facility that offers adult residential treatment services.

Day Treatment Intensive - This is a structured program of mental health treatment provided to a group of people who might otherwise need to be in the hospital or another 24-hour care facility. The program lasts at least three hours a day. People can go to their own homes at night. The program includes skill-building activities (life skills, socialization with other people, etc.) and therapies (art, recreation, music, dance, etc.), as well as psychotherapy.

Day Rehabilitation – This is a structured program of mental health treatment to improve, maintain or restore independence and functioning. The program is designed to help people with mental illness learn and develop skills. The program lasts at least three hours per day. People go to their own homes at night. The program includes skill-building activities (life skills, socialization with other people, etc.) and therapies (art, recreation, music, dance, etc.).

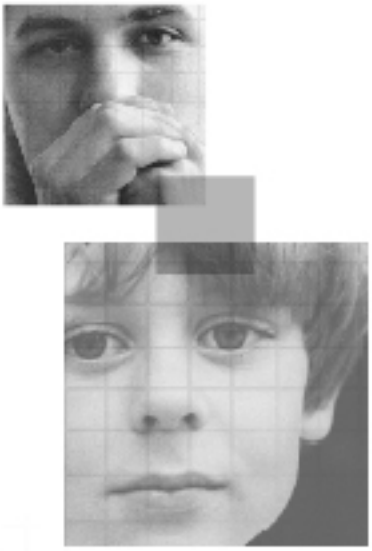
Each county's MHP may have slightly different ways of making these services available, so please consult the front section of this booklet for more information, or contact your MHP's toll-free phone number to ask for additional information.

Psychiatric Inpatient Hospital Services – These are services provided in a hospital where the person stays overnight either because there is a psychiatric emergency or because the person needs mental health treatment that can only be done in the hospital.

Psychiatric Health Facility Services – These services are provided in a hospital-like setting where the person stays overnight either because there is a psychiatric emergency or because the person needs mental health treatment that can only be done in a hospital-like setting. Psychiatric health facilities must have an arrangement with a nearby hospital or clinic to meet the physical health care needs of the people in the facility.

These services also include work that the provider does to help make the services work better for the person receiving the services. These kinds of things include assessments to see if you need the service and if the service is working; plan development to decide the goals of the person's mental health treatment and the specific services that will be provided; "collateral", which means working with family members and important people in the person's life (if the person gives permission) if it will help the person improve or maintain his or her mental health status.

How Do I Know When A Child Needs Help?



For children from birth to age 5, there are signs that may show a need for specialty mental health services. These include:

- Parents who feel overwhelmed by being a parent or who have mental health problems
- A major source of stress in the family, such as divorce or death of a family member
- Abuse of alcohol or other drugs by someone in the house
- Unusual or difficult behavior by the child
- Violence or disruption in the house

If one of the above conditions is present in a house where a child up to age 5 is living, specialty mental health services may be needed. You should contact your county's MHP to request additional information and an assessment for services to see if the MHP can help you.

For school-age children, the following checklist includes some signs that should help you decide if your child would benefit from mental health services. Your child:

- Displays unusual changes in emotions or behavior
- Has no friends or has difficulty getting along with other children
- Is doing poorly in school, misses school frequently or does not want to attend school
- Has many minor illnesses or accidents
- Is very fearful
- Is very aggressive
- Does not want to be away from you
- Has many disturbing dreams
- Has difficulty falling asleep, wakes up during the night, or insists on sleeping with you
- Suddenly refuses to be alone with a certain family member or friend or acts very disturbed when the family member or friend is present
- Displays affection inappropriately or makes abnormal sexual gestures or remarks
- Becomes suddenly withdrawn or angry
- Refuses to eat
- Is frequently tearful

You may contact your county's MHP for an assessment for your child if you feel he or she is showing any of the signs above. If your child qualifies for Medi-Cal and the MHP's assessment indicates that specialty mental health services covered by the MHP are needed, the MHP will arrange for the child to receive the services.

How Do I Know When An Adolescent Or Young Person Needs Help?

Adolescents (12-18 years of age) are under many pressures facing teens. Young people aged 18 to 21 are in a transitional age with their own unique pressures and, since they are legally adults, are able to seek services as adults.

Some unusual behavior by an adolescent or young person may be related to the physical and psychological changes taking place as they become an adult. Young adults are establishing a sense of self-identity and shifting from relying on parents to independence. A parent or concerned friend, or the young person may have difficulty deciding between what 'normal behavior' is and what may be signs of emotional or mental problems that require professional help.

Some mental illnesses can begin in the years between 12 and 21. The checklist below should help you decide if an adolescent requires help. If more than one sign is present or persists over a long period of time, it may indicate a more serious problem requiring professional help. If an adolescent:

- Pulls back from usual family, friend and/or normal activities
- Experiences an unexplained decline in school work
- Neglects their appearance
- Shows a marked change in weight
- Runs away from home
- Has violent or very rebellious behavior
- Has physical symptoms with no apparent illness
- Abuses drugs or alcohol

A young person aged 18 to 21 should look at the list to the right and at the list of issues for adults on page 9 and 10 to help decide if mental health services may be needed.

Parents or caregivers of adolescents or the adolescent may contact the county's MHP for an assessment to see if mental health services are needed. As an adult, a young person (age 18 to 20) may ask the MHP for an assessment. If the adolescent or young person qualifies for Medi-Cal and the MHP's assessment indicates that specialty mental health services covered by the MHP are needed, the MHP will arrange for the adolescent or young person to receive the services.

What Services Are Available?

The same services that are available for adults are also available for children, adolescents and young people. The services that are available are mental health services, medication support services, targeted case management, crisis intervention, crisis stabilization, day treatment intensive, day rehabilitation, adult residential treatment services, crisis residential treatment services, psychiatric inpatient hospital services, and psychiatric health facility services. MHPs also cover additional special services that are only available to children, adolescents and young people under age 21 and eligible for full-scope Medi-Cal (full-scope Medi-Cal means that Medi-Cal coverage isn't limited to a specific type of services, for example, emergency services only).

Each county's MHP may have slightly different ways of making these services available, so please consult the front section of this booklet for more information, or contact your MHP's toll-free phone number to ask for additional information.

Are There Special Services Available For Children, Adolescents And Young Adults?

There are special services available from the MHP for children, adolescents and young people called Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) supplemental specialty mental health services. These EPSDT services include a service called Therapeutic Behavioral Services or TBS, which is described in the next section, and also include new services as they are identified by experts in mental health treatment as services that really work. These services are available from the MHP if they are needed to correct or ameliorate (improve) the mental health for a person under the age of 21 who is eligible for full-scope Medi-Cal and has a mental illness covered by the MHP (see page 10 for information on the mental illnesses covered by the MHP).

The MHP is not required to provide these special services if the MHP decides that one of the regular services covered by the MHP is available and would meet the child, adolescent, or young person's needs. The MHP is also not required to provide these special services in home and community settings if the MHP determines the total cost of providing the special services at home or in the community is greater than the total cost of providing similar services in an otherwise appropriate institutional level of care.

What Are Therapeutic Behavioral Services (TBS)?

TBS are a type of specialty mental health service available through each county's MHP if you have serious emotional problems. You must be under 21 and have full-scope Medi-Cal to get TBS.

- If you are living at home, the TBS staff person can work one-to-one with you to reduce severe behavior problems to try to keep you from needing to go to a higher level of care, such as a group home for children, adolescents and young people with very serious emotional problems.
- If you are living in a group home for children, adolescents and young people with very serious emotional problems, a TBS staff person can work with you so you may be able to move to a lower level of care, such as a foster home or back home. TBS will help you and your family, caregiver or guardian learn new ways of controlling problem behavior and ways of increasing the kinds of behavior that will allow you to be successful. You, the TBS staff person, and your family, caregiver or guardian will work together very intensively for a short period of time, until you no longer need TBS. You will have a TBS plan that will say what you, your family, caregiver or guardian, and the TBS staff person will do during TBS, and when and where TBS will occur. The TBS staff person can work with you in most places where you are likely to need help with your problem behavior. This includes your home, foster home, group home, school, day treatment program and other areas in the community.

Who Can Get TBS?

You may be able to get TBS if you have full scope Medi-Cal, are under 21 years old, have serious emotional problems AND:

- Live in a group home for children, adolescents and young people with very serious emotional problems. [These group homes are sometimes called Rate Classification Level (RCL) 12, 13 or 14 group homes]; OR
- Live in a state mental health hospital, a nursing facility that specializes in mental health treatment or a Mental Health Rehabilitation Center (these places are also called institutions for mental diseases or IMDs); OR
- Are at risk of having to live in a group home (RCL 12, 13 or 14), a mental health hospital or IMD; OR
- Have been hospitalized, within the last 2 years, for emergency mental health problems.

Are There Other Things That Must Happen For Me To Get TBS?

Yes. You must be getting other specialty mental health services. TBS adds to other specialty mental health services. It doesn't take the place of them. Since TBS is short term, other specialty mental health services may be needed to keep problems from coming back or getting worse after TBS has ended.

TBS is NOT provided if the reason it is needed is:

- Only to help you follow a court order about probation
- Only to protect your physical safety or the safety of other people
- Only to make things easier for your family, caregiver, guardian or teachers
- Only to help with behaviors that are not part of your mental health problems

You cannot get TBS while you are in a mental health hospital, an IMD, or locked juvenile justice setting, such as a juvenile hall. If you are in a mental health hospital or an IMD, though, you may be able to leave the mental hospital or IMD sooner, because TBS can be added to other specialty mental health services to help you stay in a lower level of care (home, a foster home or a group home).

How Do I Get TBS?

If you think you may need TBS, ask your psychiatrist, therapist or case manager, if you already have one, or contact the MHP and request services. A family member, caregiver, guardian, doctor, psychologist, counselor or social worker may call and ask for information about TBS or other specialty mental health services for you. You may also call the MHP and ask about TBS.

Who Decides If I Need TBS And Where Can I Get Them?

The MHP decides if you need specialty mental health services, including TBS. Usually an MHP staff person will talk with you, your family, caregiver or guardian, and others who are important in your life and will make a plan for all the mental health services you need, including a TBS plan if TBS is needed. This may take one or two meetings face-to-face, sometimes more. If you need TBS, someone will be assigned as your TBS staff person.

What Should Be In My TBS Plan?

Your TBS plan will spell out the problem behaviors that need to change and what the TBS staff person, you and sometimes your family, caregiver or guardian will do when TBS happens. The TBS plan will say how many hours a day and the number of days a week the TBS staff person will work with you and your family, caregiver or guardian. The hours in the TBS plan may be during the day, early morning, evening or night. The days in the TBS plan may be on weekends as well as weekdays. The TBS plan will say how long you will receive TBS. The TBS plan will be reviewed regularly. TBS may go on for a longer period of time, if the review shows you are making progress but need more time.

What is "Medical Necessity" And Why Is It So Important? One of the conditions necessary for receiving specialty mental health services through your county's MHP is something called "medical necessity." This means a doctor or other mental health professional will talk with you to decide if there is a medical need for services, and if you can be helped by services if you receive them.

The term "medical necessity" is important because it will help decide what kind of services you may get and how you may get them. Deciding "medical necessity" is a very important part of the process of getting specialty mental health services.

What Are The "Medical Necessity" Criteria For Coverage Of Specialty Mental Health Services Except For Hospital Services?

As part of deciding if you need specialty mental health services, your county's MHP will work with you and your provider to decide if the services are a "medical necessity," as explained above. This section explains how your MHP will make that decision.

You don't need to know if you have a diagnosis, or a specific mental illness, to ask for help. Your county MHP will help you get this information with an "assessment." There are four conditions your MHP will look for to decide if your services are a 'medical necessity' and qualify for coverage by the MHP:

(1) You must be diagnosed by the MHP with one of the following mental illnesses as described in the Diagnostic and Statistical Manual, Fourth Edition, published by the American Psychiatric Association:

- Pervasive Developmental Disorders, except Autistic Disorders
- Disruptive Behavior and Attention Deficit Disorders
- Feeding and Eating Disorders of Infancy and Early Childhood
- Elimination Disorders
- Other Disorders of Infancy, Childhood, or Adolescence
- Schizophrenia and other Psychotic Disorders
- Mood Disorders
- Anxiety Disorders
- Somatoform Disorders
- Factitious Disorders
- Dissociative Disorders
- Paraphilias
- Gender Identity Disorder
- Eating Disorders
- Impulse Control Disorders Not Elsewhere Classified
- Adjustment Disorders
- Personality Disorders, excluding Antisocial Personality Disorder
- Medication-Induced Movement Disorders related to other included diagnoses

You don't need to know your diagnosis to ask the MHP for an assessment to see if you need specialty mental health services from the MHP.

AND

(2) You must have at least one of the following problems as a result of the diagnosis:

- A significant difficulty in an important area of life functioning
- A probability of significant deterioration in an important area of life functioning
- Except as provided in the section for people under 21 years of age, a probability that a child will not progress developmentally as individually appropriate

AND

(3) The expectation is that the proposed treatment will:

- Significantly reduce the problem
- Prevent significant deterioration in an important area of life-functioning
- Allow a child to progress developmentally as individually appropriate

AND

(4) The condition would not be responsive to physical health care based treatment.

If you do NOT meet these criteria, it does not mean that you cannot receive help. Help may be available from your regular Medi-Cal doctor, or through the standard Medi-Cal program.

When the requirements of this "medical necessity" section are met, you are eligible to receive specialty mental health services from the MHP.

What Are The "Medical Necessity" Criteria For Covering Specialty Mental Health Services For People Under 21 Years Of Age?

If you are under the age of 21, have full-scope Medi-Cal and have one of the diagnoses listed in (1) above, but don't meet the criteria in (2) and (3) above, the MHP would need to work with you and your provider to decide if mental health treatment would correct or ameliorate (improve) your mental health. If services covered by the MHP would correct or improve your mental health, the MHP will provide the services.

What Are The "Medical Necessity" Criteria For Reimbursement Of Psychiatric Inpatient Hospital Services?

One way that your MHP decides if you need to stay overnight in the hospital for mental health treatment is how "medically necessary" it is for your treatment. If it is medically necessary, as explained above, then your MHP will pay for your stay in the hospital. An assessment will be made to help make this determination.

When you and the MHP or your MHP provider plan for your admission to the hospital, the MHP will decide about medical necessity before you go to the hospital. More often, people go to the hospital in an emergency and the MHP and the hospital work together to decide about medical necessity. You don't need to worry about whether or not the services are medically necessary if you go to the hospital in an emergency (see State of California section page 6 for more information about how emergencies are covered).

If you need these hospital services, your MHP pays for an admission to the hospital, if you meet the conditions to the right, called medical necessity criteria.

If you have mental illness or symptoms of mental illness and you cannot be safely treated at a lower level of care, and, because of the mental illness or symptoms of mental illness, you:

- Represent a current danger to yourself or others, or significant property destruction
- Are prevented from providing for or using food, clothing or shelter
- Present a severe risk to the your physical health
- Have a recent, significant deterioration in ability to function, and
- Need psychiatric evaluation, medication treatment, or other treatment that can only be provided in the hospital.

Your county's MHP will pay for a longer stay in a psychiatric inpatient hospital if you have one of the following:

- The continued presence of the 'medical necessity' criteria as described above
- A serious and negative reaction to medications, procedures or therapies requiring continued hospitalization
- The presence of new problems which meet medical necessity criteria
- The need for continued medical evaluation or treatment that can only be provided in a psychiatric inpatient hospital

Your county's MHP can have you released from a psychiatric inpatient (overnight stay) hospital when your doctor says you are stable. This means when the doctor expects you would not get worse if you were transferred out of the hospital.

What Is A Notice Of Action?

A Notice of Action, sometimes called an NOA, is a form that your county's Mental Health Plan (MHP) uses to tell you when the MHP makes a decision about whether or not you will get Medi-Cal specialty mental health services. A Notice of Action is also used to tell you if your grievance, appeal, or expedited appeal was not resolved in time, or if you didn't get services within the MHP's timeline standards for providing services.

When Will I Get A Notice Of Action?

You will get a Notice of Action:

- If your MHP or one of the MHP's providers decides that you do not qualify to receive any Medi-Cal specialty mental health services because you do not meet the medical necessity criteria. See page 17 for information about medical necessity.
- If your provider thinks you need a specialty mental health service and asks the MHP for approval, but the MHP does not agree and says "no" to your provider's request, or changes the type or frequency of service. Most of the time you will receive a Notice of Action before you receive the service, but sometimes the Notice of Action will come after you already received the service, or while you are receiving the service. If you get a Notice of Action after you have already received the service you do not have to pay for the service.
- If your provider has asked the MHP for approval, but the MHP needs more information to make a decision and doesn't complete the approval process on time.
- If your MHP does not provide services to you based on the timelines the MHP has set up. Call your county's MHP to find out if the MHP has set up timeline standards.
- If you file a grievance with the MHP and the MHP does not get back to you with a written decision on your grievance within 60 days. See page 28 for more information on grievances.
- If you file an appeal with the MHP and the MHP does not get back to you with a written decision on your appeal within 45 days or, if you filed an expedited appeal, within three working days. See page 23 for more information on appeals.

Please see the next section in this booklet on the Problem Resolution Processes for more information on grievances, appeals and State Fair Hearings.

Will I Always Get A Notice Of Action When I Don't Get The Services I Want?

There are some cases where you may not receive a Notice of Action. If you and your provider do not agree on the services you need, you will not get a Notice of Action from the MHP. If you think the MHP is not providing services to you quickly enough, but the MHP hasn't set a timeline, you won't receive a Notice of Action.

You may still file an appeal with the MHP or if you have completed the Appeals process, you can request a state fair hearing when these things happen. Information on how to file an appeal or request a fair hearing is included in this booklet starting on page 22. Information should also be available in your provider's office.

What Will The Notice Of Action Tell Me?

The Notice of Action will tell you:

- What your county's MHP did that affects you and your ability to get services.
- The effective date of the decision and the reason the MHP made its decision.
- The state or federal rules the MHP was following when it made the decision.
- What your rights are if you do not agree with what the MHP did.
- How to file an appeal with the MHP.
- How to request a State Fair Hearing.
- How to request an expedited appeal or an expedited fair hearing.
- How to get help filing an appeal or requesting a State Fair Hearing.
- How long you have to file an appeal or request a State Fair Hearing.
- If you are eligible to continue to receive services while you wait for an Appeal or State Fair Hearing decision.
- When you have to file your Appeal or State Fair Hearing request if you want the services to continue.

You should decide if you agree with what the MHP says on the form. If you decide that you don't agree, you can file an Appeal with your MHP, or after completing the Appeal process, you can request a State Fair Hearing, being careful to file on time. Most of the time, you will have 90 days to request a State Fair Hearing or file an Appeal.

What Should I Do When I Get A Notice Of Action?

When you get a Notice of Action you should read all the information on the form carefully. If you don't understand the form, your MHP can help you. You may also ask another person to help you.

If the Notice of Action form tells you that you can continue services while you are waiting for a State Fair Hearing decision, you must request the state fair hearing within 10 days from the date the Notice of Action was mailed or personally given to you or, if the Notice of Action is sent more than 10 days before the effective date for the change in services, before the effective date of the change.

While the majority of counties may handle the Problem Resolution Process in the way stated, there may be some differences among counties in the way things are handled. See specific information on your county in the front of this booklet.

What If I Don't Get the Services I Want From My County MHP?

Your county's MHP has a way for you to work out a problem about any issue related to the specialty mental health services you are receiving. This is called the problem resolution process and it could involve either:

1. **The Grievance Process-** an expression of unhappiness about anything regarding your specialty mental health services that is not one of the problems covered by the Appeal and State Fair Hearing processes.
2. **The Appeal Process** - review of a decision (denial or changes to services) that was made about your specialty mental health services by the MHP or your provider.

Or, once you have completed the problem resolution process at the MHP you can file for:

3. **The State Fair Hearing Process-** review to make sure you receive the mental health services which you are entitled to under the Medi-Cal program.

Your MHP will provide grievance and appeal forms and self addressed envelopes for you at all provider sites, and you should not have to ask anyone to get one. Your county's MHP must post notices explaining the grievance and appeal process procedures in locations at all provider sites, and make language interpreting services available at no charge, along with toll-free numbers to help you during normal business hours.

The State's Beneficiary Support Unit can be reached at ***(800) 896-4042 (interpreter services are available) or TTY (800) 896-2512, by sending a fax to (916) 440-7458, or by e-mailing to MHOmbudsman@dhcs.ca.gov.***

Filing a grievance or appeal or a State Fair Hearing will not count against you. When your grievance or appeal is complete, your county's MHP will notify you and others involved of the final outcome. When your State Fair Hearing is complete, the State Hearing Office will notify you and others involved of the final outcome.

Can I Get Help To File An Appeal, Grievance Or State Fair Hearing?

Your county's MHP will have people available to explain these processes to you and to help you report a problem either as a Grievance, an Appeal, or as a request for State Fair Hearing. They may also help you know if you qualify for what's called an 'expedited' process, which means it will be reviewed more quickly because your health or stability are at risk. You may also authorize another person to act on your behalf, including your mental health care provider.

What If I Need Help To Solve A Problem With My MHP But Don't Want To File A Grievance Or Appeal?

You can get help from the State if you are having trouble finding the right people at the MHP to help you find your way through the MHP system. The State has a Mental Health Ombudsman Services program that can provide you with information on how the MHP system works, explain your rights and choices, help you solve problems with getting the services you need, and refer you to others at the MHP or in your community who may be of help.

Your MHP is responsible for allowing you to request a review of a decision that was made about your specialty mental health services by the MHP or your providers. There are two ways you can request a review. One way is using the standard Appeals process. The second way is by using the expedited Appeals process. These two forms of Appeals are similar; however, there are specific requirements to qualify for an expedited Appeal. The specific requirements are explained below.

What Is A Standard Appeal?

A Standard Appeal is a request for review of a problem you have with the MHP or your provider that involves denial or changes to services you think you need. If you request a standard Appeal, the MHP may take up to 45 days to review it. If you think waiting 45 days will put your health at risk, you should ask for an 'expedited Appeal.'

The standard appeals process will:

- Allow you to file an Appeal in person, on the phone, or in writing. If you submit your Appeal in person or on the phone, you must follow it up with a signed written Appeal. You can get help to write the Appeal. If you do not follow-up with a signed written Appeal, your Appeal will not be resolved. However, the date that you submitted of the oral Appeal is the filing date.
- Ensure filing an Appeal will not count against you or your provider in any way.
- Allow you to authorize another person to act on your behalf, including a provider. If you authorize another person to act on your behalf, the MHP might ask you to sign a form authorizing the MHP to release information to that person.
- Have your benefits continued upon request for an Appeal within the required timeframe, which is 10 days from the date your Notice of Action was mailed or personally given to you. You do not have to pay for continued services while the Appeal is pending.
- Ensure that the individuals making the decisions are qualified to do so and not involved in any previous level of review or decision-making.
- Allow you or your representative to examine your case file, including your medical record, and any other documents or records considered during the appeal process, before and during the appeal process.
- Allow you to have a reasonable opportunity to present evidence and allegations of fact or law, in person or in writing.
- Allow you, your representative, or the legal representative of a deceased beneficiary's estate to be included as parties to the appeal.
- Let you know your appeal is being reviewed by sending you written confirmation
- Inform you of your right to request a State Fair Hearing, following the completion of the Appeal process.

When Can I File An Appeal?

You can file an appeal with your county's MHP:

- If your MHP or one of the MHP's providers decides that you do not qualify to receive any Medi-Cal specialty mental health services because you do not meet the medical necessity criteria. (See page 17 for information about medical necessity.)
- If your provider thinks you need a specialty mental health service and asks the MHP for approval, but the MHP does not agree and says "no" to your provider's request, or changes the type or frequency of service.
- If your provider has asked the MHP for approval, but the MHP needs more information to make a decision and doesn't complete the approval process on time.
- If your MHP doesn't provide services to you based on the timelines the MHP has set up.
- If you don't think the MHP is providing services soon enough to meet your needs.
- If your grievance, appeal or expedited appeal wasn't resolved in time.
- If you and your provider do not agree on the services you need

How Can I File An Appeal?

See the front part of this booklet for information on how to file an appeal with your MHP. You may call your county MHP's toll-free telephone number (also included in the front part of this booklet) to get help with filing an appeal. The MHP will provide self-addressed envelopes at all provider sites for you to mail in your appeal.

How Do I Know If My Appeal Has Been Decided?

Your MHP will notify you or your representative in writing about their decision for your appeal. The notification will have the following information:

- The results of the appeal resolution process
- The date the appeal decision was made
- If the appeal is not resolved wholly in your favor, the notice will also contain information regarding your right to a state fair hearing and the procedure for filing a state fair hearing.

Is There A Deadline To File An Appeal?

You must file an appeal within 90 days of the date of the action you're appealing when you get a notice of action (see page 20). Keep in mind that you will not always get a notice of action. There are no deadlines for filing an appeal when you do not get a notice of action; so you may file at any time.

When Will A Decision Be Made About My Appeal?

The MHP must decide on your appeal within 45 calendar days from when the MHP receives your request for the appeal. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the MHP feels that there is a need for additional information and that the delay is for your benefit. An example of when a delay is for your benefit is when the MHP thinks it might be able to approve your appeal if the MHP had a little more time to get information from you or your provider.

What If I Can't Wait 45 Days For My Appeal Decision?

The appeal process may be faster if it qualifies for the expedited appeals process. (Please see the section on Expedited Appeals below.)

What Is An Expedited Appeal?

An expedited appeal is a faster way to decide an appeal. The expedited appeals process follows a similar process than the standard appeals process. However,

- Your appeal has to meet certain requirements (see below).
- The expedited appeals process also follows different deadlines than the standard appeals.
- You can make a verbal request for an expedited appeal. You do not have to put your expedited appeal request in writing.

When Can I File an Expedited Appeal?

If you think that waiting up to 45 days for a standard appeal decision will jeopardize your life, health or ability to attain, maintain or regain maximum function, you may request an expedited appeal. If the MHP agrees that your appeal meets the requirements for an expedited appeal, your MHP will resolve your expedited appeal within 3 working days after the MHP receives the expedited appeal. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the MHP feels that there is a need for additional information and that the delay is in your interest. If your MHP extends the timeframes, the MHP will give you a written explanation as to why the timeframes were extended.

If the MHP decides that your appeal does not qualify for an expedited appeal, your MHP will notify you right away orally and will notify you in writing within 2 calendar days. Your appeal will then follow the standard appeal timeframes outlined earlier in this section. If you disagree with the MHP's decision that your appeal doesn't meet the expedited appeal criteria, you may file a grievance (see the description of the grievance process below).

Once your MHP resolves your expedited appeal, the MHP will notify you and all affected parties orally and in writing.

THE State Fair Hearing PROCESSES
(Standard and Expedited)

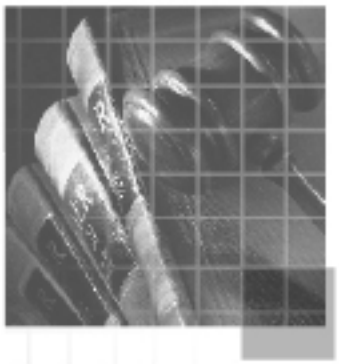
What Is A State Fair Hearing?

A State Fair Hearing is an independent review conducted by the California Department of Social Services to ensure you receive the specialty mental health services to which you are entitled under the Medi-Cal program.

What Are My State Fair Hearing Rights?

You have the right to:

- Have a hearing before the California Department of Social Services (also called a State Fair Hearing)
- Be told about how to ask for a State Fair Hearing
- Be told about the rules that govern representation at the State Fair Hearing
- Have your benefits continued upon your request during the State Fair Hearing process if you ask for a State Fair Hearing within the required timeframes



When Can I File For A State Fair Hearing?

You can file for a State Fair Hearing:

- If you have competed the MHP's Grievance and/or Appeals process.
- If your MHP or one of the MHP's providers decides that you do not qualify to receive any Medi-Cal specialty mental health services because you do not meet the medical necessity criteria. (See page 17 for information about medical necessity.)
- If your provider thinks you need a specialty mental health service and asks the MHP for approval, but the MHP does not agree and says "no" to your provider's request, or changes the type or frequency of service.
- If your provider has asked the MHP for approval, but the MHP needs more information to make a decision and doesn't complete the approval process on time.
- If your MHP doesn't provide services to you based on the timelines the MHP has set up.
- If you don't think the MHP is providing services soon enough to meet your needs.
- If your grievance, appeal or expedited appeal wasn't resolved in time.
- If you and your provider do not agree on the services you need

How Do I Request A State Fair Hearing?

You can request a State Fair Hearing directly from the California Department of Social Services. You can ask for a State Fair Hearing by writing to:

State Hearing Division
California Department of Social Services
P.O. Box 9424443, Mail Station 19-37
Sacramento, CA 94244-2430

To request a State Fair Hearing, you may also call **(800) 952-5253**, send a fax to **(916) 229-4110**, or write to the Department of Social Services/State Hearings Division, P.O. Box 944243, Mail Station 19-37, Sacramento, CA 94244-2430.

Is There a Deadline for Filing For A State Fair Hearing?

If you didn't receive a notice of action, you may file for a State Fair Hearing at any time.

Can I Continue Services While I'm Waiting For A State Fair Hearing Decision?

You can continue services while you're waiting for a State Fair Hearing decision if your provider thinks specialty mental health service you are already receiving needs to continue and asks the MHP for approval to continue, but the MHP does not agree and says "no" to your provider's request, or changes the type or frequency of service the provider requested. You will always receive a Notice of Action from the MHP when this happens. Additionally, you will not have to pay for services given while the State Fair Hearing is pending.

What Do I Need To Do if I Want to Continue Services While I'm Waiting For A State Fair Hearing Decision?

If you want services to continue during the State Fair Hearing process, you must request a State Fair Hearing within 10 days from the date your notice of action was mailed or personally given to you.

What If I Can't Wait 90 Days For My State Fair Hearing Decision?

You may ask for an expedited (quicker) State Fair Hearing if you think the normal 90-day time frame will cause serious problems with your mental health, including problems with your ability to gain, maintain, or regain important life functions. The Department of Social Services, State Hearings Division, will review your request for an expedited State Fair Hearing and decide if it qualifies. If your expedited hearing request is approved, a hearing will be held and a hearing decision will be issued within 3 working days of the date your request is received by the State Hearings Division.

In 2003, some of the words used to describe the MHP processes to help you solve problems with the MHP changed. You may no longer request a State Fair Hearing at any time during the Grievance or Appeals process.

What Is A Grievance?

A grievance is an expression of unhappiness about anything regarding your specialty mental health services that are not one of the problems covered by the Appeal and State Fair Hearing processes (see pages 23 and 26 for information on the Appeal and State Fair Hearing processes).

The grievance process will:

- Involve simple, and easily understood procedures that allow you to present your grievance orally or in writing.
- Not count against you or your provider in any way.
- Allow you to authorize another person to act on your behalf, including a provider. If you authorize another person to act on your behalf, the MHP might ask you to sign a form authorizing the MHP to release information to that person.
- Ensure that the individuals making the decisions are qualified to do so and not involved in any previous levels of review or decision-making.
- Identify the roles and responsibilities of you, your MHP and your provider
- Provide resolution for the grievance in the required timeframes.

When Can I File A Grievance?

You can file a grievance with the MHP if you are unhappy with the specialty mental health services you are receiving from the MHP or have another concern regarding the MHP.

How Can I File A Grievance?

You may call your county MHP's toll-free telephone number to get help with a grievance. The MHP will provide self-addressed envelopes at all the providers' sites for you to mail in your grievance. Grievances can be filed orally or in writing. Oral grievances do not have to be followed up in writing.

How Do I Know If The MHP Received My Grievance?

Your MHP will let you know that it received your grievance by sending you a written confirmation.

When Will My Grievance Be Decided?

The MHP must make a decision about your grievance within 60 calendar days from the date you filed your grievance. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the MHP feels that there is a need for additional information and that the delay is for your benefit. An example of when a delay might be for your benefit is when the MHP thinks it might be able to approve your grievance if the MHP had a little more time to get information from you or other people involved.

How Do I Know If The MHP Has Made a Decision About My Grievance?

When a decision has been made regarding your grievance, the MHP will notify you or your representative in writing of the decision. If your MHP fails to notify you or any affected parties of the grievance decision on time, then the MHP will provide you with a notice of action advising you of your right to request a State Fair Hearing. Your MHP will provide you with a notice of action on the date the timeframe expires.

Is There A Deadline To File To A Grievance?

You may file a grievance at any time.

What Are My Rights?

As a person eligible for Medi-Cal, you have a right to receive medically necessary specialty mental health services from the MHP. When accessing these services, you have the right to:

- Be treated with personal respect and respect for your dignity and privacy.
- Receive information on available treatment options and alternatives; and have them presented in a manner you can understand.
- Participate in decisions regarding your mental health care, including the right to refuse treatment.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, punishment or retaliation as specified in federal rules about the use of restraints and seclusion in facilities such as hospitals, nursing facilities and psychiatric residential treatment facilities where you stay overnight for treatment.
- Request and receive a copy of your medical records, and request that they be amended or corrected
- Receive the information in this booklet about the services covered by the MHP, other obligations of the MHP and your rights as described here. You also have the right to receive this information and other information provided to you by the MHP in a form that is easy to understand. This means, for example, that the MHP must make its written information available in the languages that are used by at least 5 percent or 3,000, which ever is less, of Medi-Cal eligible people in the MHP's county and make oral interpreter services available free of charge for people who speak other languages. This also means that the MHP must provide different materials for people with special needs, such as people who are blind or have limited vision or people who have trouble reading.
- Receive specialty mental health services from a MHP 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. The MHP is required to:
  - Employ or have written contracts with enough providers to make sure that all Medi-Cal eligible individuals who qualify for specialty mental health services can receive them in a timely manner.
  - Cover medically necessary services out-of-network for you in a timely manner, if the MHP 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 MHP's list of providers. The MHP must make sure you don't pay anything extra for seeing an out-of-network provider.

- Make sure providers are qualified to deliver the specialty mental health services that the providers agreed to cover.
- Make sure that the specialty mental health services the MHP covers are adequate in amount, duration and scope to meet the needs of the Medi-Cal eligible individuals it serves. This includes making sure the MHP's system for authorizing payment for services is based on medical necessity and uses processes that ensure fair application of the medical necessity criteria.
- Ensure that its providers perform adequate assessments of individuals who may receive services and work with the individuals who will receive services to develop a treatment plan that includes the goals of treatment and the services that will be delivered.
- Provide for a second opinion from a qualified health care professional within the MHP's network, or one outside the network, at no additional cost to you.
- Coordinate the services it provides with services being provided to an individual through a Medi-Cal managed care health plan or with your primary care provider, if necessary and, in the coordination process, to make sure the privacy of each individual receiving services is protected as specified in federal rules on the privacy of health information.
- Provide timely access to care, including making services available 24 hours a day, 7 days a week, when medically necessary to treat an emergency psychiatric condition or an urgent or crisis condition.
- Participate in the State's efforts to promote the delivery of services in a culturally competent manner to all enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds

Your MHP must ensure your treatment is not adversely affected as a result of you using your rights. Your Mental Health Plan is required to follow other applicable Federal and State laws (such as: Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80; the Age Discrimination Act of 1975 as implemented by regulations at 45 CFR part 91; the Rehabilitation Act of 1973; and Titles II and III of the Americans with Disabilities Act) as well as the rights described here. You may have additional rights under state laws about mental health treatment and may wish to contact your county's Patients' Rights Advocate (call your county mental health department listed in the local phone book and ask for the Patient's Rights Advocate) with specific questions.

What Is An Advance Directive?

You have the right to have an advance directive. An advance directive is a written instruction about your health care that is recognized under California law. It usually states how you would like health care provided, or says what decisions you would like to be made, if or when you are unable to speak for yourself. You may sometimes hear an advance directive described as a living will or durable power of attorney.

California law defines an advance directive as either an oral or written individual health care instruction or a power of attorney (a written document giving someone permission to make decisions for you). All MHPs are required to have advance directive policies in place. Your MHP is required to provide any adult who is Medi-Cal eligible with written information on the MHP's advance directive policies and a description of applicable state law, if the adult asks for the information. If you would like to request the information, you should call your MHP's toll-free phone number listed in the front part of this booklet for more information.

An advance directive is designed to allow people to have control over their own treatment, especially when they are unable to provide instructions about their own care. It is a legal document that allows people to say, in advance, what their wishes would be, if they become unable to make health care decisions. This may include such things as the right to accept or refuse medical treatment, surgery, or make other health care choices. In California, an advance directive consists of two parts:

1. Your appointment of an agent (a person) making decisions about your health care; and
2. Your individual health care instructions

If you have a complaint about advance directive requirements, you may contact the California Department of Health Services, Licensing and Certification Division, by calling **(800) 236-9747** or by mail at P.O. Box 997413, Sacramento, California 95899-1413.

Why Are Cultural Considerations And Language Access Important?

A culturally competent mental health system includes skills, attitudes and policies that make sure the needs of everyone are addressed in a society of diverse values, beliefs and orientations, and different races, religions and languages. It is a system that improves the quality of care for all of California's many different peoples and provides them with understanding and respect for those differences.

Your county's MHP is responsible to provide the people it serves with culturally and linguistically competent specialty mental health services. For example: non-English or limited English speaking persons have the right to receive services in their preferred language and the right to request an interpreter. If an interpreter is requested, one must be provided at no cost. People seeking services do not have to bring their own interpreters. Written and verbal interpretation of your rights, benefits and treatments are available in your preferred language. Information is also available in alternative formats if someone cannot read or has visual challenges. The front part of this booklet tells you how to obtain this information. Your county's MHP is required to:

- Provide specialty mental health services. in your preferred language.
- Provide culturally appropriate assessments and treatments.
- Provide a combination of culturally specific approaches to address various cultural needs that exist in the MHP's county to create a safe and culturally responsive system.
- Make efforts to reduce language barriers.
- Make efforts to address the cultural-specific needs of individuals receiving services.
- Provide services with sensitivity to culturally specific views of illness and\ wellness.
- Consider your world view in providing you specialty mental health services.
- Have a process for teaching MHP employees and contractors about what it means to live with mental illness from the point of view of people who are mentally ill.
- Provide a listing of cultural/linguistic services available through your MHP.
- Provide a listing of specialty mental health services and other MHP services available in your primary language (sorted by location and services provided.)
- Provide oral interpretation services free of charge. This applies to all non-English languages.
- Provide written information in threshold languages, alternative formats, and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually limited or have limited reading proficiency.

Non-English or limited English speaking persons have the right to receive services in their preferred language and the right to request an interpreter.

- Provide a statewide, toll-free telephone number available 24-hours a day and seven days a week, with language capability in your language to provide information to you about how to access specialty mental health services. This includes services needed to treat your urgent condition, and how to use the MHP problem resolution and State Fair Hearing processes.
- Find out at least once a year if people from culturally, ethnically and linguistically diverse communities see themselves as getting the same benefit from services as people in general.

How Do I Get Specialty Mental Health Services?

If you think you need specialty mental health services, you can get services by asking the MHP for them yourself. You can call your MHP's toll free phone number listed in the front section of this booklet. The front part of this booklet and the section called "Services" on page 9 of the booklet give you information about services and how to get them from the MHP.

You may also be referred to your MHP for specialty mental health services in other ways. Your MHP is required to accept referrals for specialty mental health services from doctors and other primary care providers who think you may need these services and from your Medi-Cal managed care health plan, if you are a member. Usually the provider or the Medi- Cal managed care health plan will need your permission or the permission of the parent or caregiver of a child to make the referral, unless there's an emergency. Other people and organizations may also make referrals to the MHP, including schools; county welfare or social services departments; conservators, guardians or family members; and law enforcement agencies.

Please see the provider directory following this section for more information about this topic, or the front section of this booklet with information about your MHP's specific approval or referral information.

How Do I Find A Provider For The Specialty Mental Health Services I Need?

Some MHPs require you to receive approval from your county's MHP before you contact a service provider. Some MHPs will refer you to a provider who is ready to see you. Other MHPs allow you to contact a provider directly.

The MHP may put some limits on your choice of providers. Your county's MHP must give you a chance to choose between at least two providers when you first start services, unless the MHP has a good reason why it can't provide a choice, for example, there is only one provider who can deliver the service you need. Your MHP must also allow you to change providers. When you ask to change providers, the MHP must allow you to choose between at least two providers, unless there is a good reason not to do so.

Sometimes MHP contract providers leave the MHP on their own or at the request of the MHP. When this happens, the MHP must make a good faith effort to give written notice of termination of a MHP contracted provider within 15 days after receipt or issuance of the termination notice, to each person who was receiving specialty mental health services from the provider.

Once I Find a Provider, Can the MHP Tell the Provider What Services I Get?

You, your provider and the MHP are all involved in deciding what services you need to receive through the MHP by following the medical necessity criteria and the list of covered services (see pages 17 and 10). Sometimes the MHP will leave the decision to you and the provider. Other times, the MHP may require your provider to ask the MHP to review the reasons the provider thinks you need a service before the services is provided. The MHP must use a qualified mental health professional to do the review. This review process is called an MHP payment authorization process. The State requires the MHP to have an authorization process for day treatment intensive, day rehabilitation, and therapeutic behavioral services (TBS).

The MHP's authorization process must follow specific timelines. For a standard authorization, the MHP must make a decision on your provider's request within 14 calendar days. If you or your provider request or if the MHP thinks it is in your interest to get more information from your provider, the timeline can be extended for up to another 14 calendar days. An example of when an extension might be in your interest is when the MHP thinks it might be able to approve your provider's request for authorization if the MHP had additional information from your provider and would have to deny the request without the information. If the MHP extends the timeline, the MHP will send you a written notice about the extension.

If you didn't get a list of providers with this booklet, you may ask the MHP to send you a list by calling the MHP's toll-free telephone number located in the front section of this booklet.

If your provider or the MHP thinks your life, health or ability to attain, maintain or regain maximum function will be jeopardized by the 14 day timeframe, the MHP must make a decision within 3 working days. If you or your provider request or if the MHP thinks it is in your interest to get more information from your provider, the timeline can be extended up to an additional 14 calendar days.

If the MHP doesn't make a decision within the timeline required for a standard or an expedited authorization request, the MHP must send you a Notice of Action telling you that the services are denied and that you may file an appeal or ask for a State Fair Hearing (see page 26).

You may ask the MHP for more information about its authorization process. Check the front section of this booklet to see how to request the information. If you don't agree with the MHP's decision on an authorization process, you may file an appeal with the MHP or ask for a State Fair Hearing (see page 26).

Which Providers Does My MHP Use?

Most MHPs use four different types of providers to provide specialty mental health services. These include:

Individual Providers: Mental health professionals, such as doctors, who have contracts with your county's MHP to provide specialty mental health services in an office and/or community setting.

Group Providers: These are groups of mental health professionals who, as a group of professionals, have contracts with your county's MHP to offer specialty mental health services in an office and/or community setting.

Organizational Providers: These are mental health clinics, agencies or facilities that are owned or run by the MHP or that have contracts with your county's MHP to provide services in a clinic and/or community setting.

Hospital Providers: You may receive care or services in a hospital. This may be as a part of emergency treatment, or because your MHP provides the services you need in this type of setting.

If you are new to the MHP, a complete list of providers in your county's MHP follows this section of the booklet and contains information about where providers are located, the specialty mental health services they provide, and other information to help you access care, including information about the cultural and language services that are available from the providers. If you have questions about providers, call your MHP's toll-free telephone number located in the front section of this booklet.

Notes

Web Links

State of California's Medi-Cal program: **http://www.dhs.ca.gov/mcs/medi-calhome**
State of California Department of Mental Health: **http://www.dmh.ca.gov**
State of California Department of Health Services: **http://www.dhs.ca.gov**
Online Health Resources: **http://www.dhs.ca.gov/home/hsites/**
U.S. Department of Health and Human Services: **http://www.os.dhhs.gov**
U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration: **http://www.samhsa.gov**