

Kings View Behavioral Health Systems, Kings County

Message to Consumers:

Please be advised that this packet is intended to guide you during your over the phone screening and assessment with our staff.

There is no need to fill this packet out as it will be for your reference.

Demographic Form

Shaded areas indicate a lookup table is available

INDEX CARD - ALL CAPS			
Client #:			
Sort Name:			
Last,		First	Middle
Legal Name:			
*Last Name:		*First Name:	
Middle:		Suffix:	
*DOB:		Soc Sec #:	
CLIENT IDENTIFYING INFORMATION - use sentence case			
Effective Date:		Admission Status: <input type="radio"/> Admit <input type="radio"/> Pre-Register	
*(6) Referral Source: Circle One		Referral Phone:	
(1) Self	(11) Hospital	(28) Primary Care Provider	
(2) Family	(13) Jail	(29) School/College	
(3) Friends	(21) Homeless Program	(33) MHSA	
(4) Employer	(24) Convalescent Hospital / SNF	(34) CALWORKS	
(5) Other	(25) DSS	(41) CPS	
(9) Psych Hospital	(26) Probation	(42) Parole	
	(27) Outside AOD	(99) Unknown/Not Reported	
*Birth Name (if different from above):			
Last Name:		First Name:	
Middle:		Suffix:	
*Physical Address:		Apt. #:	
*City/State/Zip:		*(21) County:	
*Home Phone:		Work Phone:	Ext.
Cell Phone:			
*Mailing Address:		Apt. #:	
*City/State/Zip:			
*Driver's License: <input type="radio"/> Yes <input type="radio"/> No		DL No.:	State:
*Social Security #: (If SSN not entered above)		(8) Reason SSN Not Provided: (*If SSN blank)	
*(7) Gender: Circle One (F) Female (M) Male (O) Other (T) Transgender		*Is DOB: <input type="radio"/> Actual? <input type="radio"/> Estimated?	
Born in US: <input type="radio"/> Yes <input type="radio"/> No			
Born in California: <input type="radio"/> Yes <input type="radio"/> No			
Place of Birth:	*(21) County:	*(22) State:	(23) Country:
*Mother's First Name			
*(9) Marital Status: Circle One (D) Divorced/Annulled (M) Married (N) Never Married (P) Domestic Partner (S) Separated (W) Widowed (U) Unknown			
*(10) Ethnicity: Circle One (1) Not Hispanic (2) Mexican / Mexican American (3) Cuban (4) Puerto Rican (5) Other Hispanic / Latino (7) Unknown / Not Reported			

Client Name: _____

Client #: _____

Demographic Form

Shaded areas indicate a lookup table is available

*(11) Race: Circle One			
(3) Mien	(F) Filipino	(N) Native American	(V) Vietnamese
(4) Other Pacific Islander	(G) Guamanian	(O) non-White – Other	(W) White
(A) Asian – Other	(H) Hawaiian Native	(P) Laotian	(Y) Hmong
(B) Black / African American	(I) Cambodian	(Q) SE Asian – Other	(U) Unknown / Not Reported
(C) Chinese	(J) Japanese	(R) Samoan	
(D) Asian Indian	(K) Korean	(T) Eskimo / Alaskan Native	
*(12) Primary Language: Circle One			
(1) American Sign	(C) Chinese Dialect	(K) Korean	(S) Spanish
(2) Other Sign	(D) Cambodian	(L) Lao	(T) Turkish
(3) Samoan	(E) English	(M) Mien	(V) Vietnamese
(4) Other Chinese	(F) French	(N) Thai	(W) Filipino Dialect
(5) Tagalog	(G) Cantonese	(O) Other non-English	(X) Hmong
(6) Mandarin	(H) Hebrew	(P) Polish	(Y) Ilocano
(A) Armenian	(I) Italian	(Q) Farsai	(Z) Portuguese
(B) Arabic	(J) Japanese	(R) Russian	(U) Unknown / Not Reported
*(13) Communication Method: Circle One			
(C) Communication Device	(S) Sign Language	(V) Verbal	
(H) Translator – Hmong	(T) Translator – Spanish	(X) Translator - Other	
*(12) Language Preferred (Individual): Indicate Code (from prim lang above) _____			
** (12) Language Preferred (Caretaker): Indicate Code (from prim lang above) _____			
*Interpreter Needed? <input type="radio"/> Yes <input type="radio"/> No			
*(14) Employment Status: Circle One			
(1) Comp Job 35+ hours/week	(8) Full Time Student	(F) Not in labor Force	
(2) Comp Job <20 hours/week/	(9) Job Training	(H) Resident / Inmate	
(3) Comp Job 20-35 hours/week	(A) PT School / Job Training	(I) Non-Comp Job 35+ hours/week	
(4) Homemaker	(B) Volunteer	(J) non-Comp Job < 35 hours/week	
(5) Rehab 35+ hours/week	(C) Unemployed, seeking work	(K) Other	
(6) Rehab < 20 hours/week	(D) Unemployed, not seeking work	(U) Unknown / Not Reported	
(7) Rehab 20-35 hours per week	(E) Retired		
*(15) Living Arrangement: Circle One			
(01) Family	(13) House or Apt w/ Supervision	(25) Temporary Assignment	
(02) Alone	(14) Supported Housing	(26) Homeless – In transit	
(03) Foster Home – Child	(15) Residential Treatment Center	(27) SNF / ICF / IMD for psych	
(04) SRO – hotel, motel, rooming house	(16) Comm. Treatment Facility	(28) Medical Facility – Hospital	
(05) GP Quarters – dorm, brks, mig camp	(17) Adult Residential / Social Rehab	(29) Correctional Facility – Adult	
(06) Group Home	(18) State Hospital	(30) Correctional Facility – Minor	
(07) CRTS L/T trn house	(19) VA Hospital	(31) Homeless – no county res	
(08) Satellite Housing	(20) SNF / ICF / NH Physical Health	(32) Other Institution	
(09)Alt Hospital 6 beds or less	(21) MH Rehab Center	(33) Friend / Other	
(10) Alt Hospital 7 beds or more	(22) PHF / Inpatient Psychiatric	(34) Board & Care	
(11)House or Apartment	(23) Sober Living	(99) Other	
(12) House or Apt w/ Support	(24) Specialty Transitional	(98) Unknown / Not Reported	
*Number of Children under age 18 the client cares for/responsible for 50% or more of the time?			
*Number of Dependents age 18 or older the client cares for/responsible for 50% or more of the time?			
*(16) Education (highest grade completed):		Special Education: <input type="radio"/>Yes <input type="radio"/>No	
District of Residence:			
*(18) Disability: Circle One			
(D) Developmentally Disabled	(H) Hearing	(O) Other Disability (not AOD)	(V) Vision
(E) Mental Health	(M) Mobility	(S) Speech	(N) None
*Veteran: <input type="radio"/> Yes <input type="radio"/> No		Branch:	

Client Name: _____

Client #: _____

Demographic Form

Shaded areas indicate a lookup table is available

Alias(es)/Maiden Name			
Last Name:	First:	Middle:	
Last Name:	First:	Middle:	
Last Name:	First:	Middle:	
Last Name:	First:	Middle:	

EMERGENCY NOTIFICATION INFORMATION	
*Name:	*(17) Relationship: See page 4
Address:	Home Phone:
City/State/Zip:	Work Phone:
Employment Place:	

LEGAL INFORMATION	
*(24) Legal Consent: See page 4	
**Responsible Person:	** (17) Relationship: See page 4
Address:	Phone:
City/State/Zip:	
Employment Phone:	Employment Place:
Responsible Party SSN:	

MEDICAL INFORMATION - okay to skip		
Personal Physician:	Phone:	FAX:
Address:		
City/State/Zip:		
Pharmacy:	Phone:	FAX:
Hospital Preference:		

ADVANCE DIRECTIVE INFORMATION	
Advance Directive Given? <input type="radio"/> Yes <input type="radio"/> No	

CLIENT CONTACT INFORMATION	
May we leave message at home? <input type="radio"/> Yes <input type="radio"/> No	
May we leave message at work? <input type="radio"/> Yes <input type="radio"/> No	
May we leave message via emergency contact? <input type="radio"/> Yes <input type="radio"/> No	
May we leave message on your cell? <input type="radio"/> Yes <input type="radio"/> No	
May we contact you by mail? <input type="radio"/> Yes <input type="radio"/> No	
NPP Given? <input type="radio"/> Yes <input type="radio"/> No	Form Signed Date:
BHA – Consent Form: <input type="radio"/> Yes <input type="radio"/> No	Form Signed Date:
Obtained By (Agency Name):	
If we cannot contact you by mail, then what is an alternative address or method of contact to send you clinical information such as letters and billing information?	

Client Name: _____

Client #: _____

Demographic Form

Shaded areas indicate a lookup table is available

Signature of Staff Obtaining Information: who filled out the form							
					<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
*Staff ID	*Staff Name	*Date	*Time				
Signature of Staff Entering Information (If Different from Above):							
					<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
Staff ID	Staff Name	*Date	*Time				
Key: *=Required Field **=Required if the 'Legal Status' selection is Adult with Guardian or Minor with Guardian							

<p>(17) Relationship Types</p> <table border="0"> <thead> <tr> <th><u>ID</u></th> <th><u>Description</u></th> </tr> </thead> <tbody> <tr><td>A</td><td>Aunt/Uncle</td></tr> <tr><td>B</td><td>Father</td></tr> <tr><td>C</td><td>Child</td></tr> <tr><td>D</td><td>Guardian</td></tr> <tr><td>E</td><td>Spouse</td></tr> <tr><td>F</td><td>Foster Parent</td></tr> <tr><td>G</td><td>Grandparent</td></tr> <tr><td>H</td><td>Cousin</td></tr> <tr><td>I</td><td>Caretaker</td></tr> <tr><td>J</td><td>Sibling</td></tr> <tr><td>L</td><td>Nephew/Niece</td></tr> <tr><td>M</td><td>Mother</td></tr> <tr><td>N</td><td>Friend</td></tr> <tr><td>O</td><td>Other Relation</td></tr> <tr><td>P</td><td>Self</td></tr> <tr><td>Q</td><td>Legal Representative</td></tr> <tr><td>S</td><td>Stepparent</td></tr> <tr><td>X</td><td>Domestic Partner</td></tr> <tr><td>R</td><td>Unknown / Not Reported</td></tr> </tbody> </table>	<u>ID</u>	<u>Description</u>	A	Aunt/Uncle	B	Father	C	Child	D	Guardian	E	Spouse	F	Foster Parent	G	Grandparent	H	Cousin	I	Caretaker	J	Sibling	L	Nephew/Niece	M	Mother	N	Friend	O	Other Relation	P	Self	Q	Legal Representative	S	Stepparent	X	Domestic Partner	R	Unknown / Not Reported	<p>(24) Legal Consent (CSI – Conservatorship/Court Status)</p> <table border="0"> <thead> <tr> <th><u>ID</u></th> <th><u>Description</u></th> </tr> </thead> <tbody> <tr><td>9</td><td>Not Applicable</td></tr> <tr><td>A</td><td>Temporary Conservatorship</td></tr> <tr><td>B</td><td>Lanterman–Petris–Short</td></tr> <tr><td>C</td><td>Murphy</td></tr> <tr><td>D</td><td>Probate</td></tr> <tr><td>E</td><td>PC 2974</td></tr> <tr><td>F</td><td>Representative Payee w/out Conservatorship</td></tr> <tr><td>G</td><td>Juvenile Crt0 Dependent of Crt</td></tr> <tr><td>H</td><td>Juvenile Crt, Ward Status Off</td></tr> <tr><td>I</td><td>Juvenile Crt, Ward Juv Off</td></tr> <tr><td>0</td><td>Unknown / Not Reported</td></tr> </tbody> </table>	<u>ID</u>	<u>Description</u>	9	Not Applicable	A	Temporary Conservatorship	B	Lanterman–Petris–Short	C	Murphy	D	Probate	E	PC 2974	F	Representative Payee w/out Conservatorship	G	Juvenile Crt0 Dependent of Crt	H	Juvenile Crt, Ward Status Off	I	Juvenile Crt, Ward Juv Off	0	Unknown / Not Reported
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Client Name: _____

Client #: _____



PRESCRIPTION DRUGS:

Please list prescriptions taken in last six (6) months

(Check here if NONE)

Drug-RX No., Name, Strength	Directions

Have you ever taken someone else's prescription medicine? Yes [] No [] If yes, give the name of the drug and reason it was taken : _____

Have you ever taken any drug that made you sick? Yes [] No [] If yes, explain _____

Have you ever had side effects or undesirable effects from drugs you have taken? Yes [] No [] If yes, specify: _____

NON-PRESCRIPTION DRUGS (Over The Counter):

Fill in the name of the drug(s) taken for following. Check the box which best describes frequency.

Problem	Name of Drug	Regular	Seldom	Never	Problem	Name of Drug	Regular	Seldom	Never
FOR COLDS & COUGHS					FOR INDIGESTION				
FOR ASTHMA					FOR SLEEP				
FOR CONSTIPATION					FOR SKIN PROBLEMS				
FOR DIARRHEA					FOR DIETING				
FOR HEADACHE/PAIN					FOR STAYING AWAKE				
FOR NERVOUSNESS/TENSION					VITAMINS/SUPPLEMENTS				
OTHER					HERBAL/HOMEOPATHIC				

ALLERGIES:

Are you allergic to:	No	Yes	If yes, name the specific substance(s) and describe reaction
ANY DRUG?			
ANY FOOD?			
ANYTHING ELSE?			

HAVE YOU EVER HAD HAY FEVER ASTHMA HIVES ECZEMA?
 DOES ANY MEMBER OF YOUR FAMILY HAVE ALLERGIES? MOTHER FATHER SISTER BROTHER

DRINKING HABITS:

DO YOU DRINK	No	Yes	Regular	Seldom	HOW MUCH? LAST USED?
COFFEE					
TEA					
COKE/PEPSI					
BEER					
WINE					
LIQUOR					

ARE YOU ON A SPECIAL DIET?

No Yes IF YES, DESCRIBE

SOCIAL/RECREATIONAL HABITS:

DO YOU OR HAVE YOU EVER?	No	Yes	If yes, identify specific substance, quantity, frequency, last used
Smoked cigarettes			
Smoked marijuana			
Taken hallucinogens: PCP or LSD			
Taken downers: sleepers, valium			
Taken uppers: amphetamines, cocaine, meth, crank			
Taken narcotics: heroin, codeine, oxycodone, vicodin			
OTHER			
Do you have reactions to any medications?			

Signature of Consumer: _____ Date _____

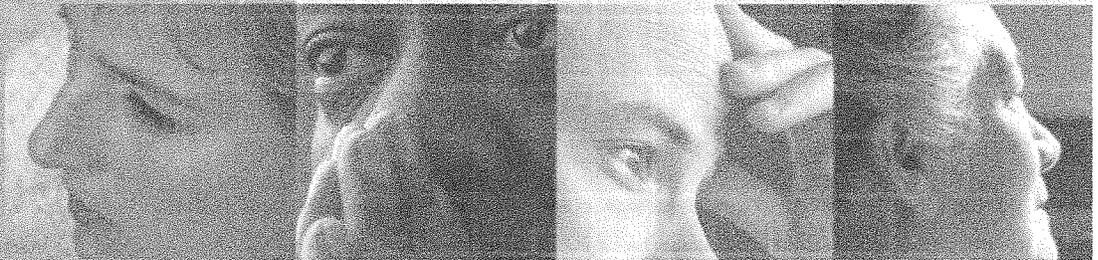
(Parent or Guardian Signature if Consumer is a child or youth)

LAST NAME:	FIRST NAME:	CHART NO.
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GUIDE TO

Medi-Cal Mental Health Services





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 6 in this booklet.



Important Telephone Numbers

Emergency 911 or 582-4484
Kings View Counseling (559) 582-4481
Services for Kings County
After-Hours Emergency (800) 655-2553 **24 hours**



How To Get A Provider List:

You may ask for, and your Mental Health Plan (MHP) should give to you, a directory of people, clinics and hospitals where you can get mental health services in your area. This is called a 'provider list' and contains names, phone numbers and addresses of doctors, therapists, 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 list 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?

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

Introduction 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 Kings County offers and how to get these services if you need them.

If you are now getting services from Kings 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, need to know about mental health services in the future.



If you have trouble with this booklet, please call the MHP at (800) 655-2553 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, if you may get them, and how you can get help from the Kings County MHP.

This booklet has two sections. The first section tells you how to get help from the Kings 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 Kings 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 Kings 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 Kings County "Mental Health Plan" or MHP, which is separate from your regular doctor. The Kings 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 Kings County MHP directly at **(800) 655-2553**. This is a toll-free telephone number that is available 24 hours a day, seven days a week. Written and verbal interpretation of your rights, benefits and treatments is available in your preferred language. 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 Kings 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 Kings County MHP's 24 hour, toll-free phone number at **(800) 655-2553**. You may also call your county's Patients' Rights Advocate at **(559) 309-9173**.

If that does not solve your problem, you may call the State of California's Ombudsman for help:

(800) 896-4042 - CA Only

(916) 654-3890

(800) 896-2512 TTY

FAX: (916) 653-9194

EMail: ombudsman@dmh.ca.gov

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State of California

**State of
California**

General Statewide Information

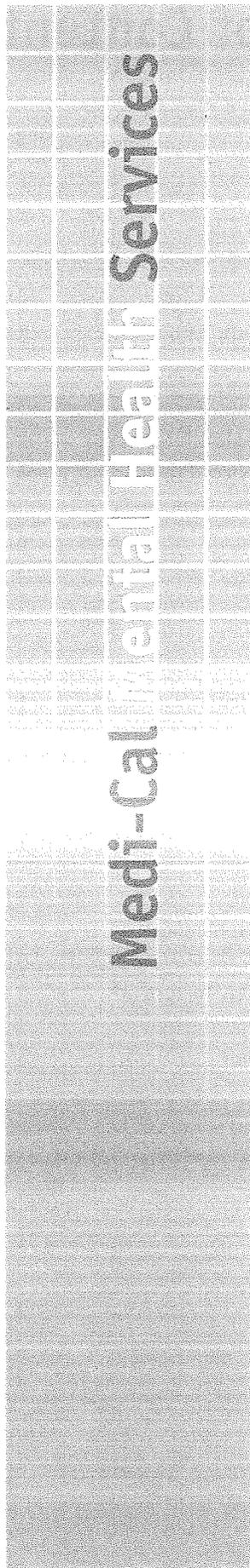
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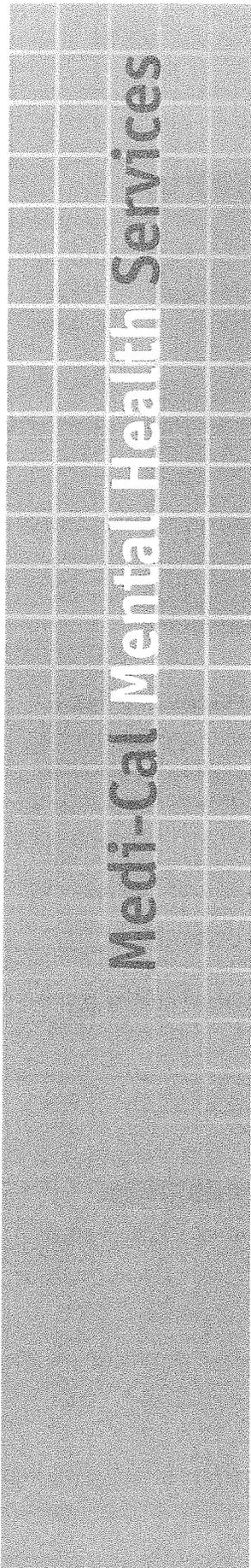
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Welcome to the Kings County Mental Health Plan



We welcome you to Kings View Counseling Services Services, and to the Medi-Cal Mental Health Plan. We provide specialty mental health services for people who live in Kings County and are eligible for Medi-Cal. Please read this brochure 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 or 582-4484
Kings View Counseling Services for Kings County	(559) 582-4481
After-Hours Emergency	(800) 655-2553 24 hours

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 is 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 Kings County MHP at **(800) 655-2553** (24 hours, toll-free). Mental Health workers are on-call 24 hours a day.

What Specialty Mental Health Services Does Kings County Provide?

The Children's Services Team provides the following mental health services to children, teens, and families:

- Counseling: individual, groups, families.
- Case Management: help in finding other resources, and in solving everyday living problems.
- Medication: to help stabilize moods or control harmful behaviors.
- Therapeutic Behavioral Services (TBS): short-term, time-limited, one-to-one contact with a behavioral specialist to help keep a child at home, or to maintain him/her in the least restrictive setting. (Certain criteria must be met in order to qualify for these services.)
- School-based counseling services for students referred by their teachers.
- Individual or Group Rehabilitation: help consumers re-learn skills necessary for daily functioning.

The Adult Services Team provides the following mental health services to adults:

- Individual and Group Counseling and Rehabilitation, Case Management and Medication.
- Dual Diagnosis Treatment Program: counseling for consumers who have alcohol or drug problems in addition to mental health disorders.
- DBT Emotion regulation/behavior modification skills groups.



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.

Our preferred mode of treatment is group. Therapy groups are open-ended; skills groups have defined curricula and end-dates. Individual therapy is provided as necessary.

How Do I Get These Services?

Call **(559) 582-4481** or **(800) 655-2553**. Walk-ins are admitted at our main clinic in Hanford. Appointments are necessary at our satellite clinics in Corcoran and Avenal because they are only open two days per week.

King View Counseling Clinic
1326 Patterson Ave.
Corcoran, CA 93212

Avenal Clinic
745 Skyline Blvd.
Avenal, CA 93204

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 Kings View Counseling Services 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 Kings View Counseling Services may require your provider to ask the MHP to review the reasons the provider thinks you need a service before the service is provided. Kings View Counseling Services uses a qualified mental health professional to do the review. This review process is called an MHP payment authorization process.

The state requires Kings View Counseling Services to have an authorization process for day treatment intensive, day rehabilitation, and therapeutic behavioral services (TBS). Kings View Counseling Services follows state rules for our MHP payment authorization process. If you would like more information on how Kings View Counseling Services does MHP payment authorizations, or on when we require your provider to request an MHP payment authorization for services, please contact Kings View Counseling Services at **(559) 582-4481** or **(800) 655-2553**.

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

If you would like additional information on the structure and operation of the Kings County MHP, please call **(559) 582-4481** or **(800) 655-2553**.

In What Other Languages And Formats Are These Materials Available?

They are available in Spanish (bilingual staff) and on audiotape for the visually impaired.

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

No. We require that you contact us first because we want to make sure that:

- 1) Your services are authorized and
- 2) The provider you choose is accepting new Medi-Cal beneficiaries.

We have no network providers except those outside Kings County. Kings View Counseling Services for Kings County is the only Medi-Cal provider of mental health services in Kings County.

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

Call (559) 582- 4481 or (800) 655-2553, or your provider can provide you with a referral. Kings View Counseling Services for Kings County is the only Medi-Cal provider of mental health services in Kings County.

How Do I Get A Copy Of The "Provider List"?

You can get a copy of the provider list from the front reception desk of the Kings County MHP or call (800) 655-2553.

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

Once you have completed an intake assessment, for which you do not need an appointment, you may request a specific in-house provider from our "Provider List." However, depending on staff caseloads, your request may not be granted immediately.

What If I Want To See A Doctor, Therapist, Clinic Or Hospital That Is Not Listed On Kings County's "Provider List?"

You can call the Kings View Counseling Services or the Kings County MHP at (800) 655-2553 and ask about the services you feel you need.

What If I Need Urgent-Care Mental Health Services On A Weekend Or At Night?

You can call the Kings County MHP at (800) 655-2553 (24 hours a day/ 7 days a week); go to the emergency room at Hanford Community Medical Center, Central Valley General Hospital, or Corcoran District Hospital, or call 911. Emergency or urgent care needs do not require prior authorization.

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

Call (559) 582- 4481 or (800) 655-2553 and Kings View Counseling Services for Kings County will assist you in connecting with other resources as necessary. In some cases, for example, psychological testing, Kings View contracts for services that they do not provide.



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

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 Kings County?

Kings View Counseling Services for Kings County provides only mental health services, and your provider will refer you to local hospitals, area physicians or the Kings County Health Department for your other health needs.

What Can I Do If I Have A Problem Or I 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. Please contact the MHP at **(800) 655-2553** to find out how to resolve your concerns.

There are three ways you can work with the MHP to resolve concerns about services or other problems. You can file a Grievance verbally or in writing with the MHP about any MHP-related issue. You can file an Appeal verbally (and follow up in writing) or in writing with the MHP. You can also file for a State Fair Hearing with the Department of Social Services.

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 of the State of California section of this booklet.

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, Appeal or State Fair Hearing. You may authorize another person to act on your behalf in the Grievance, Appeal, or State Fair Hearing Process.

Who Is Kings County's Patients' Rights Advocate, What Do They Do, And How Do I Contact Them?

The Patients' Rights Advocate is available to represent your interests and rights through direct assistance, monitoring and policy review.

The Patients' Rights Advocate can be reached at **(559) 309-9173**.

Does Kings County Keep My Mental Health Records Private?

By law, your mental health services and records are handled with confidentiality. Your records will only be released if you sign a release form as required by law.

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 a mental illness or emotional problems that a 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 federally 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.)

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) 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 prescriptions.)
- 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 prescriptions.)
- 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.dhs.ca.gov, then clicking on 'Services' and then on '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.dhs.ca.gov, then clicking on 'Services' and then on '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.dhs.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 Mental Health's website at www.dmh.ca.gov. You can get more information about Medi-Cal by asking your county eligibility worker or by visiting www.dhs.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 what seems like 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 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 that 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.).

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; and "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.

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.

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

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.



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

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.

■ 'Medical Necessity' Criteria

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 what kind of mental illness you have to ask the MHP for an assessment to see if you need specialty mental health services from the MHP.

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.

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.

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 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 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.

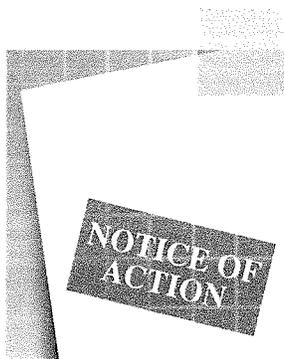
If you have a mental illness or symptoms of mental illness and you cannot be safely treated at a lower level of care, and, because of the mental illness or symptoms of mental illness, you:

- 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 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 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.

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.

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 State 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 State 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.

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.

The State's Mental Health Ombudsman Services can be reached at (800) 896-4042 (interpreter services are available) or TTY (800) 896-2512, by sending a fax to (916) 653-9194, or by e-mailing to ombudsmn@dmh.ca.gov.

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 a:

- 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.

Filing a Grievance, Appeal or 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 is 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 Appeals PROCESSES (Standard and Expedited)

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 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 your request for an Appeal within the required timeframe, which is 10 days from the date you Notice of Action was mailed or personally given to you. You do not have to pay for continued services while an 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 might be 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 process similar to 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 process.
- 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)

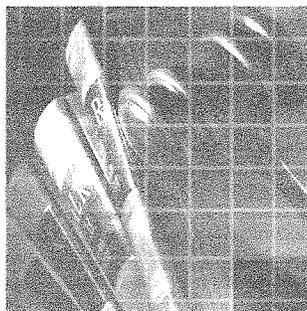
What Is A State Fair Hearing?

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 completed 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 944243, 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.

If you file an Appeal with the MHP and want to file for a State Fair Hearing after you get the MHP's decision on your Appeal, you must file for the State Fair Hearing within 90 days of the postmark date of the MHP's Appeal decision.

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 the 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 timeframe 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.

What Is A Grievance?

A Grievance is an expression of unhappiness about anything regarding your

THE Grievance PROCESS

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.

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 more time, or if the MHP feels there is a need for additional information and that the delay was 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, 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 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:



Photo: iStockphoto.com

- 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, whichever 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 Patients' Rights Advocate) with specific questions.

ADVANCE DIRECTIVES



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 to 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?

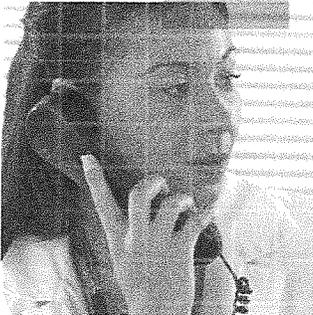
A culturally competent mental health system includes skills, attitudes and policies that make sure the needs of everyone are addressed in a society of diverse values, beliefs and orientations, and different races, religions and languages. It is a system that improves the quality of care for all of California's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



Your county's MHP is responsible for providing 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 treatment is 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 culturally 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 and alternative formats, 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.

- 7 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 Services May be Provided to You

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 service 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 information 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 information 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 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.



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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>





Medi-Cal Services for Children and Young Adults:

Early & Periodic Screening, Diagnosis & Treatment Mental Health Services

This notice is for children and young adults (under age 21) who qualify for Medi-Cal EPSDT services and their caregivers or guardians

What are EPSDT Services?

- EPSDT mental health services are Medi-Cal services that correct or improve mental health problems that your doctor or other health care provider finds, even if the health problem will not go away entirely. EPSDT mental health services are provided by county mental health departments.
- These problems may include sadness, nervousness, or anger that makes your life difficult.
- **You must be under age 21 and have full scope Medi-Cal to get these services.**

How to get EPSDT Services for yourself (under age 21) or your child

Ask your doctor or clinic about EPSDT services. You or your child may receive these services if you and your doctor, or other health care provider, clinic (such as the Child Health and Disability Prevention Program), or county mental health department agree that you or your child need them. You may also call your local county mental health department directly. The call is free.

Types of EPSDT Services

Some of the services you can get from your county mental health department are:

- Individual therapy
- Group therapy
- Family therapy
- Crisis counseling
- Case management
- Special day programs
- Medication for your mental health

Counseling and therapy services may be provided in your home, in the community, or in another location.

Your county mental health department, and your doctor or provider will decide if the services you ask for are medically necessary.

County mental health departments *must* approve your EPSDT services.

Every county mental health department has a toll-free phone number that you can call for more information and to ask for EPSDT mental health services.

What are EPSDT Therapeutic Behavioral Services?

Therapeutic Behavioral Services (TBS) are an EPSDT specialty mental health service. TBS helps children and young adults who:

- Have severe emotional problems;
- Live in a mental health placement or are at risk of placement; or
- Have been hospitalized recently for mental health problems or are at risk for psychiatric hospitalization.

If you get other mental health services and still feel very sad, nervous, or angry, you may be able to have a trained mental health coach help you. This person could help you when you have problems that might cause you to get mad, upset, or sad. This person would come to your home, group home or go with you on trips and activities in the community.

Your county mental health department can tell you how to ask for an assessment to see if you need mental health services including TBS.

Who can I talk to about EPSDT mental health services?

Your doctor, psychologist, counselor, social worker, or other health or social services provider can assist you with finding EPSDT mental health services. For children and young adults in a group home or residential facility, talk to the staff about getting additional EPSDT services.

For children in foster care, consult the child's court-appointed attorney. You can also call your county mental health department directly. (Look in your phone book for the toll-free telephone number, or call the Department of Health Care Services Mental Health Ombudsman's Office).

What if I don't get the services I want from my county mental health department?

You can file an appeal with your county mental health department if they deny the EPSDT services requested by your doctor or provider. You may also file an appeal if you think you need mental health services and your provider or county mental health department does not agree.

Call the county mental health department's toll-free number to talk to a Problem Resolution (grievance/appeal) coordinator for information and help. You may also call the county patients' rights advocate, or the Department of Health Care Services, Mental Health Ombudsman Office.

You can ask for a state hearing within 90 days after exhausting the county mental health department's appeal process by doing one of the following:

- **Call:** 1-800-952-5253, or for TTY 1-800-952-8349;
- **Fax:** 916-651-5210; or 916-651-2789
- **Write:** California Department of Social Services, State Hearings Division
P.O. Box 944243, Mail Station 9-17-37
Sacramento, CA 94244-2430.

Where can I get more information?

For more information please contact the following offices at the telephone numbers below.

County Mental Health Department toll-free access number

Look in your local phone book

Department of Health Care Services
Mental Health Ombudsman's Office
1-800-896-4042

Department of Health Care Services website

www.dhcs.ca.gov

For additional information about mental health and EPSDT, please go to the following webpages:

www.dhcs.ca.gov/services/mh

www.dhcs.ca.gov/services/mh/pages/EPSTDT.aspx

KINGS VIEW BEHAVIORAL HEALTH SYSTEMS, KINGS COUNTY

1393 Bailey Drive, Hanford, CA 93230

Phone: 559-582-4481

Fax: 582-6547

PROVIDERS

ACCESS & CRISIS SERVICES

Name	Other Language	Gender	Title	Credential	Location(s)	Phone/Extension
Binney, Jason		M	Case Manager - PATH		Hanford	559-582-4481 x2024
Carrico, Tracy		F	Intake/Crisis Specialist - After Hours	Licensed Marriage and Family Therapist	Hanford	559-582-4481
Cervantes, Sal	Spanish	M	Case Manager - Intensive		Hanford	559-582-4481 x2069
Contreras, Anita	Spanish	F	Intake/Crisis Specialist		Hanford	559-582-4481
Dyck, Chenda		F	Intake/Crisis Specialist	MFT Registered Associate	Hanford	559-582-4481 x2027
Garibay, Shavonne		F	Case Manager Clinical Supervisor - Intensive	Licensed Marriage and Family Therapist	Hanford	559-582-4481 x2071
Hille, Brenda		F	Intake/Crisis Specialist	MFT Registered Associate	Hanford	559-582-4481 x2015
Hipp-Renteria, Amanda		F	Intake/Crisis Specialist	MFT Registered Associate	Hanford	559-582-4481 x2030
Leger, Constance		F	Intake/Crisis Specialist-After Hours	Licensed Clinical Social Worker	Hanford	559-582-4481
Mendoza, Salena		F	Case Manager - PEI		Hanford	559-582-4481 x2062
Molinet, Oria	Spanish	F	Case Manager - Crisis		Hanford	559-582-4481
Orr, Rashidah		F	Intake Crisis Specialist - ER		Hanford	559-582-4481
Parrish, Alice	Spanish	F	Case Manager - Intensive		Hanford	559-582-4481 x2001
Rolfsema, David		M	Intake/Crisis Specialist	Licensed Clinical Social Worker	Hanford	559-582-4481 x2013
Saldivar, Edith	Spanish	F	Intake/Crisis Specialist	MFT Registered Associate	Hanford	559-582-4481 x2059
Schenley, Agnes		F	Intake/Crisis Specialist - After Hours	Licensed Marriage and Family Therapist	Hanford	559-582-4481
Thurman-Hatch, Amanda		F	Access/Crisis Clinical Manager	Licensed Marriage and Family Therapist	Hanford	559-582-4481 x2046
Torrez, Geneva		F	Case Manager - Intensive		Hanford	559-582-4481 x2022
Trujillo, Alfred		M	Case Manager - PEI		Hanford	559-582-4481 x2074
Williams, Jason		M	Intake/Crisis Specialist	MFT Registered Associate	Hanford	559-582-4481 x2009

CHILDREN'S SYSTEM OF CARE (CSOC)

Name	Other Language	Gender	Title	Credential	Location(s)	Phone/Extension
Acosta-Perez, Delia	Spanish	F	Mental Health Therapist	Associate Clinical Social Worker	Hanford	559-582-4481 x2039
Davis, Carolina	Spanish	F	Case Manager		Hanford	559-582-4481 x2065
Fernandez, Johanna		F	Mental Health Therapist	MFT Registered Associate	Hanford	559-582-4481 x2012
Velazquez, Alejandra	Spanish	F	Program Team Lead	Licensed Marriage and Family Therapist	Hanford	559-582-4481 x2032
Muhammad, Willie		M	Mental Health Therapist	MFT Registered Associate	Hanford	559-582-4481 x1028
Reynolds, Rebecca		F	Children's System of Care Clinical Manager	Licensed Marriage and Family Therapist	Hanford	559-582-4481 x2006
Takemoto, Denae		F	Mental Health Therapist	Licensed Marriage and Family Therapist	Hanford	559-582-4481 x2073
Qualls, Natasha		F	Mental Health Therapist	MFT Registered Associate	Hanford	559-582-4481 x2035
Ramstad, Ashley		F	Mental Health Therapist	MFT Registered Associate	Probation	559-582-4481
Sanchez, Martha		F	Case Manager		Hanford	559-582-4481 x2021
Santos, Cristina		F	Mental Health Therapist	MFT Registered Associate	Hanford	559-582-4481 x1029
Williams-Dobbs, Claudia		F	Mental Health Therapist	MFT Registered Associate	Hanford	559-582-4481 x2011

PSYCHIATRY

Name	Other Language	Gender	Title	Credential	Location(s)	Phone/Extension
Ahmed, Zaheer		M	Psychiatrist	Medical Doctor	Hanford-Telepsych	559-582-4481
Cano, Isabel	Spanish	F	Nurse	Licensed Psychiatric Technician	Hanford	559-582-4481
Chu, Wen		M	Psychiatrist	Medical Doctor	Hanford-Telepsych	559-582-4481

KINGS VIEW BEHAVIORAL HEALTH SYSTEMS, KINGS COUNTY

1393 Bailey Drive, Hanford, CA 93230

Phone: 559-582-4481

Fax: 582-6547

Frappier, Kathy		F	Nurse	Licensed Psychiatric Technician	Hanford	559-582-4481 x2034
Hall, Stefani		F	Nursing Supervisor	Licensed Psychiatric Technician	Hanford	559-582-4481 x2079
Licon, Anna	Spanish	F	Nurse	Licensed Psychiatric Technician	Hanford	559-582-4481 x2003
Mariano, Romeo		M	Psychiatrist	Medical Doctor	Hanford/Avenal	559-582-4481
McFayden, Danielle		F	Nurse	Licensed Psychiatric Technician	Hanford	559-582-4481
Palma, Doxie		F	Family Nurse Practitioner	Family Nurse Practitioner	Hanford	559-582-4481
Smith, Anisha		F	Psychiatrist	Doctor of Osteopathy	Hanford	559-582-4481
Truta, Mircea		M	Psychiatrist	Medical Doctor	Hanford	559-582-4481

PROVIDERS

ADULT SYSTEM OF CARE (ASOC)

Name	Other Language	Gender	Title	Credential	Location(s)	Phone/Extension
Almerood, Megan		F	Mental Health Therapist	Associate Social Worker	Hanford	559-582-4481 x1019
Amerine, Steve		M	Mental Health Therapist	Licensed Marriage and Family Therapist	Avenal/Corcoran	559-386-4634
Areias, Cassondra		F	Team Lead - Recovery	Licensed Marriage and Family Therapist	Hanford	559-582-4481 x2002
Bassett, Kimberely		F	Mental Health Therapist	MFT Registered Associate	Hanford	559-582-4481 x1004
Conley, Maria	Spanish	F	Case Manager	Certified Addictions Treatment Counselor	Hanford	559-582-4481 x2048
Cruz, Elizabeth		F	Mental Health Therapist	MFT Registered Associate	Hanford	559-582-4481 x2019
Dawson, Quita		F	Peer Support Specialist I - FSP/Adult Services		Hanford	559-582-4481 x1082
DeMasters, Tamara		F	Case Manager - Outreach Specialist	Certified Addictions Treatment Counselor	Hanford	559-582-4481 x2077
Gomez, Amanda		F	Mental Health Therapist	MFT Registered Associate	Hanford	559-582-4481 x2010
Gonzalez, Sandra	Spanish	F	Mental Health Therapist	Licensed Marriage and Family Therapist	Hanford	559-582-4481 x2033
Hanna, Malia		F	Mental Health Therapist	Associate Social Worker	Hanford	559-582-4481 x1015
Ibarra, Rosa	Spanish	F	Case Manager		Hanford	559-582-4481 x1006
Jastrzemski, Keri		F	Case Manager		Hanford	559-582-4481 x2014
Juarez, Joy		F	Mental Health Therapist	Licensed Marriage and Family Therapist	Hanford	559-582-4481 x2036
Maestas, Kelly		F	Case Manager		Hanford	559-582-4481 x2007
Parham, Deborah		F	Mental Health Therapist - FSP Program Lead	Licensed Marriage and Family Therapist	Hanford	559-582-4481 x2016
Rodriguez, Maria	Spanish	F	Clinical Supervisor - Stable Services		Hanford	559-582-4481 x2049
Romero, Obed	Spanish	M	Mental Health Therapist	MFT Registered Associate	Hanford	559-582-4481 x2066
Sandoval, Karina	Spanish	F	Mental Health Therapist	MFT Registered Associate	Hanford	559-582-4481 x2075
Taylor, Tom		M	Mental Health Therapist	Licensed Clinical Social Worker	Hanford	559-582-4481 x2078
Zepeda, Lisa		F	Adult System of Care Clinical Program Manager	Licensed Marriage and Family Therapist	Hanford	559-582-4481 x2042

CONTRACTED HOSPITALS

Bakersfield Behavioral Healthcare Hospital, Bakersfield
 Kaweah Delta Mental Health Hospital, Visalia
 Community Behavioral Health Center, Fresno
 Aurora Vista Del Mar, Ventura

SPECIALTY PROGRAMS

Behavioral Disorders Treatment Program
 Dual Diagnosis Treatment Program
 Juvenile Sex Offender Treatment Program
 School-Based Counseling
 Therapeutic Behavioral Services
 Substance Use Disorders Treatment Program



Effective: January 1, 2017

**BEHAVIORAL HEALTH SERVICES
NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW YOUR PRIVATE HEALTH INFORMATION MAY BE
USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this notice, please contact your service provider or call the Kings View Privacy Officer at: Kings View, Inc
Attention: Privacy Officer
7170 N. Financial Drive, Suite 110
Fresno, CA 93720
Phone (559) 256-1080

Who Must Follow This Notice

This notice describes Kings View's privacy practices and that of:

- All employees, staff, and other agency personnel;
- Any student, intern, volunteer, or unlicensed person who might help you while you are here;
- Any health care professional authorized to enter information into your medical chart; and
- All facilities and units of the agency.

All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share health information with each other for treatment, payment or health care operations purposes described in this notice.

Our Pledge and Responsibility

We understand health information and related services about you is personal and we are strongly committed to protecting your confidential information. We create a record of the care and services you receive at this agency so we can provide you with quality care and comply with certain legal requirements. This notice applies to all of the records of your care generated by this agency, its providers and staff, and those who provide services to you at this agency. It also applies to any records we may have received from your other providers. Other providers may have different policies or notices regarding their use and disclosure of health information created at their offices or facilities.

This notice will tell you about the ways in which we may legally use and disclose your private health information. We also describe your rights and certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- Make sure all health information that identifies you is kept private (with certain legal exceptions);
- Give you this notice of our legal duties and privacy practices with respect to health information about you; and
- To follow the terms of the notice currently in effect.

How We May Use and Disclose Your Health Information

The following categories describe different ways we use and disclose private health information. For each category of uses or disclosures we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

- **Disclosures At your Request.** We may disclose information when requested by you. This disclosure at your request requires a written authorization by you.
- **For Treatment.** We will use your personal health information to provide you treatment and related services including the coordinating and managing your care. For example, we may need to disclose information to a case manager who is responsible for coordinating your care. We may also disclose your health information among our clinicians and other staff (including clinicians other than your therapist or principal clinician) who are involved in your care. This includes psychiatrists, psychologists, licensed clinical social workers, marriage and family therapists, case managers, psychiatric technicians, and nurses. For example, our staff may discuss your care at a case conference. We may also disclose information about you to people outside our agency who are or may be involved in your health care such as medical doctors, nurses, technicians, pharmacists, or other behavioral health professionals. For example, we may share information with your primary care physician regarding medications you may be on or to coordinate your care. When you leave our care, we may also disclose information to your new provider. Information may also be released in the course of conservatorship proceedings.

If you are receiving services for substance abuse, no information regarding those services will be shared about you with other healthcare providers outside this agency's treatment program without your written permission unless you have a medical emergency or as otherwise required or permitted by law.

- **For Payment.** We may use and disclose health information about you to bill for the treatment and services you receive here and to collect payment from you, an insurance company, or a third party. For example, we may need to give your health plan information about treatment or counseling you received here so they will pay us or reimburse you for the services. We may also tell them about treatment or services we plan to provide in order to obtain prior approval or to determine whether your plan will cover the treatment.

If you are receiving services from our substance abuse treatment program, your signed authorization will be obtained before we contact your insurance company or other third party for reimbursement.

- **For Health Care Operations.** We may use and disclose health information about you for our own operations. These uses and disclosures are necessary to run the agency and to make sure all of our clients receive quality care. For example, we may use health information to review our treatment and services and evaluate the performance of the staff in caring for you. We may also combine information about many clients to help decide what additional services we should offer, what services are not needed,

and whether certain new treatments are effective. We may also disclose information to behavioral health care professionals, doctors, nurses, technicians, interns, health care students, and other agency staff for review or learning purposes. We may combine information we have with information from other agencies to compare how we are doing and where we can make improvements in the care and services we offer.

We may remove information that identifies you from this set of personal health information so others may use it to study health care and health care delivery without learning who the specific patients are.

- **Appointment Reminders.** We may use and disclose information to contact you as a reminder you have an appointment for treatment here.
- **Treatment Alternatives.** We may use and disclose information about you to tell you about or recommend possible treatment options or alternatives that might be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose your health information to tell you about health-related benefits or services that might be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care.** With your permission, we may release limited health information about you to a friend or family member who is involved in your care or helps pay for your care. For example, if you ask a family member to pick up a medication for you at the clinic or pharmacy, we may tell that person what the medication is and when it will be ready to pick up.
- **Research.** Under certain circumstances, we may use and disclose information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one treatment to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of personal health information, trying to balance the research needs with patients' need for privacy of their personal information. Before we use or disclose information for research, the project will have been approved through this research approval process, but we may, however, disclose health information about you to people preparing to conduct a research project, for example, to help them look for clients with specific mental health needs, as long as the information they review does not leave our agency.
- **As Required by Law.** We will disclose health information about you when required to do so by federal, state, or local law. For example, if we reasonably suspect child abuse, we are required by law to report it. Or, information may need to be disclosed to the Department of Health and Human Services to make sure that your rights have not been violated.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose your health information when necessary to prevent a serious threat to your health and safety, or to the health and safety of the public or another person. Any disclosure, however, would only be to someone who we believe would be able to prevent the threat or harm from happening.
- **Public Health Activities.** We may disclose health information about you for public health activities. These activities generally include the following:
 - to prevent or control disease, injury or disability;

- to report the abuse or neglect of children, elders and dependent adults;
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products they may be using;
 - to notify the appropriate government authority if we believe a patient has been the victim of abuse or neglect.
-
- **Health Oversight Activities**. We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
 - **Lawsuits and Disputes**. If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested. We may disclose information to courts, attorneys and court employees in the course of conservatorship and certain other judicial or administrative proceedings.
 - **Law Enforcement**. We may release health information if asked to do so by a law enforcement official:
 - in response to a court order, subpoena, warrant, summons or similar process;
 - to report criminal conduct at our facility, or threats of such conduct against our staff or facility;
 - to identify or locate a suspect, fugitive, material witness, certain escapes and certain missing persons;
 - when requested by an officer who lodges a warrant with the facility, and
 - when requested at the time of a patient's involuntary hospitalization.
 - **Coroners and Medical Examiners**. We may be required by law to report the death of a client to a coroner or medical examiner.
 - **Protection of Elective Constitutional Officers**. We may disclose information about you to government law enforcement agencies as needed for the protection of federal and state elective constitutional officers and their families.
 - **Inmates**. If you are an inmate or ward in a correctional institution or under the custody of a law enforcement official, we may release information about you to the correctional institution or law enforcement official if necessary to provide you with healthcare, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.
 - **Advocacy Groups**. We may release information to the statewide protection and advocacy organization if it has a client or client representative's authorization, or for the purposes of certain investigations. We may release mental health information to our Patients' Rights Office if it has a client or client's representative's authorization, or for investigations resulting from reports required by law to be submitted to the Director of Mental Health.

- **Department of Justice.** We may disclose limited information to the California Department of Justice for movement and identification purposes about certain criminal clients, or regarding persons who may not purchase, possess, or control a firearm or deadly weapon.
- **Multidisciplinary Teams.** We may disclose information to a multidisciplinary team relevant to the prevention, identification, management, or treatment of an abused child, the child's parents, or an abused elder or dependent adult.
- **Senate and Assembly Rules Committees.** We may disclose your information to the Senate or Assembly Rules Committee for purpose of legislative investigation.
- **Other Special Categories of Information.** Special legal requirements may apply to the use or disclosure of certain categories of information – e.g., tests for the human immunodeficiency virus (HIV) or treatment and services for substance use disorders.
- **Other Uses and Disclosure of Protected Health Information**
Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Your Rights Regarding Private Health Information About You

Below is a list of your rights about your health information. You may exercise your rights by submitting your request to the Kings View program where you receive(d) services or to the Privacy Officer at–

Kings View, Inc
Attention: Privacy Officer
7170 N. Financial Drive, Suite 110
Fresno, CA 93720
Phone (559) 256-1080

All request must be in writing. You may obtain request forms from your service provider, the Privacy Officer, or on our website at www.kingsview.org

- **Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. If you request a copy of this information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your health information, you may request a review of the denial. Another licensed health care professional chosen by the facility will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. If because of the review you are still denied access, you may arrange to have another healthcare

professional review your record on your behalf.

Timeline:

- Inspection: We will make your records available for inspection on our premises within 5 working days of receiving your written request.
- Summary: If you opt for a summary of your health record, it will be provided within 10 working days of receiving your written request or within a maximum of 30 days if we notify you more time is necessary, either because of the length of the record or because you were discharged within the prior 10 days. You will be required to pay fees related to preparing a summary.
- Mailed Copy: We will mail copies of records within 15 working days after receiving your written request.

- **Right to Amend.** If you feel the health information, we have about you is factually wrong or incomplete, you may ask us to amend the error. You have the right to request an amendment for as long as the information is kept by or for us. Your request must be in writing and you must provide a reason that supports your request.

We have 60 days to respond to your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:— was not created by us, unless the person or entity that created the information is unavailable to make the amendment;

- is not part of the health information kept by or for the facility;
- is not part of the information which you would be permitted to inspect or copy; or
- is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any items or statement in your record you believe is incomplete or incorrect/wrong. If you clearly indicate in writing you want the addendum to be made part of your health record, we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

- **Right to Authorize Us to Use or Disclose Your Information.** You have the right to authorize us to use or disclose your private health information to other healthcare providers and/or individuals who are working together to coordinate and provide services to you. This may include community-based organizations, school officials, probation, social services, and others. You may also authorize us to disclose protected health information to your attorney, a consumer rights advocate, your health care agent, to a family member, or to anyone else you designate. We have the right to monitor and to approve such requests as allowed and permitted under the law. We must comply with your request that your records be released to your attorney or to a consumer rights advocate who is acting upon your behalf.
- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures". This is a list of the disclosures we made of health information about you other than for our own uses for treatment, payment and health care operations (as those functions are described above) and with other exceptions pursuant to the law.

Your request must state a time which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at any time before any costs are incurred.

In addition, we will notify you as required by law if your health information is unlawfully accessed or disclosed.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. For example, you could ask we not use or disclose information about a type of therapy you received.

In most cases, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. However, if you pay for treatment wholly out-of-pocket, you may request we not disclose information about that particular treatment to your health plan; we are required to honor that request. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply.

- **Right to Request Confidential Communications**. You have the right to request we communicate with you about your health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you for the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of the Notice**. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice from your service provider or from the Kings View Privacy Officer. You may also obtain a copy of this notice at the Kings View website: www.kingsview.org

Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facilities. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register for new services we will offer you a copy of the current notice.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Kings View or the U.S. Department of Health and Human Services. All complaints must be submitted *in writing* or we will provide you with a form to make your complaint. ***You will not be penalized for filing a complaint.***

- To file a complaint with Kings View or if you have questions about our privacy practices, contact:

Kings View
Attention: Privacy Officer
7170 N. Financial Drive, Suite 110
Fresno, CA 93720
Phone (559) 256-1080

- To file a complaint with the Department of Health and Human Services, contact:

Office of Civil Rights
US Department of Health and Human
Services
90 7th Street, Suite 4 – 100
San Francisco, CA 94103
Voice Phone (415) 437-8310
FAX (415) 437-8329
TDD (415) 437-8311
www.dhhs.gov/ocr/privacy/index.html



ACKNOWLEDGEMENT OF RECEIPT
OF
KINGS VIEW NOTICE OF PRIVACY PRACTICES

- I hereby acknowledge receipt of the Kings View Notice of Privacy Practices.
- I have been offered a copy of the Notice of Privacy Practices but do not wish to receive it at this time.

Signed: _____ Date: _____

Print Name: _____ Relationship: _____
(if not signed by client)

Signed on Behalf Of: _____

Client Name

Birthdate

CONSENT FOR EVALUATION AND / OR TREATMENT OF A MINOR
(Do Not Use If Minor Is Legally Authorized To Consent Except Emancipated)
AUTORIZACIÓN PARA AVALUACIÓN Y TRATAMIENTO DE UN MENOR



I, the undersigned, hereby consent to mental health evaluation and treatment for
Yo, con mi firma, doy mi permiso para evaluación y tratamiento de salud mental para _____

by Kings View at
por Kings View en _____

in _____, California, as prescribed by the attending physician and other professionals.
en _____, California, según como prescribe el médico presente y los otros profesionales.

Signature:
Firma: _____

Relationship to Patient:
Relacion al Paciente: _____

Witness:
Testigo: _____

Date:
Fecha: _____

EMANCIPATED MINOR - INFORMATION
(Do Not Use If Emancipation Judicially Determined)
INFORMACIÓN DE MENOR EMANCIPADO



For the purpose of obtaining evaluation and treatment by Kings View at the
Por los propósitos de obtener evaluación y tratamiento por Kings View en el _____

_____, the undersigned certifies the following facts are true:

_____, *yo, con mi firma, certifico que los siguientes son verdaderos:*

1. I am living separate and apart from my parents or legal guardian.
Vivo separado y afuera de la casa de mis padres o guardian legal.
2. I am managing my own financial affairs regardless of source of income.
Yo manejo mis propios negocios financieros sin importar el origen del ingreso.
3. I am _____ years of age, having been born on the _____ day of _____, 20 _____.
Tengo _____ años de edad, nacido el _____ día de _____, 20 _____.

Signature:
Firma: _____

Witness:
Testigo: _____

Date:
Fecha: _____

OFFICE USE ONLY

File Release In Chart

Request Records

Send Records

AUTHORIZATION TO USE, DISCLOSE & EXCHANGE PROTECTED HEALTH INFORMATION

A copy of this authorization is as valid as the original.

Client Name: _____ Case No.: _____ DOB: _____

I authorize **Kings View Behavioral Health Systems, Kings County** to use, receive, disclose and exchange with:

(Name of Person or Organization)

(Address – Street, City, State, Zip Code; Telephone Number)

The information checked below:

<p>Mental Health/Medical Treatment</p> <p><input type="checkbox"/> Discharge Summary</p> <p><input type="checkbox"/> Psychiatric Evaluation</p> <p><input type="checkbox"/> Mental Health Assessment</p> <p><input type="checkbox"/> Psychiatric History</p> <p><input type="checkbox"/> Diagnosis</p> <p><input type="checkbox"/> Treatment Plans</p> <p><input type="checkbox"/> MH Progress Notes</p> <p><input type="checkbox"/> Nursing Notes</p> <p><input type="checkbox"/> MD Orders/Medications</p>	<p>Verification of:</p> <p><input type="checkbox"/> Attendance</p> <p><input type="checkbox"/> Progress</p> <p><input type="checkbox"/> Compliance</p> <p><input type="checkbox"/> Hospitalization Dates</p> <p><input type="checkbox"/> Psychological Test Results</p> <p><input type="checkbox"/> Physician Notes</p>	<p>Alcohol/Drug Treatment</p> <p><input type="checkbox"/> Screening/Referral</p> <p><input type="checkbox"/> Assessment</p> <p><input type="checkbox"/> Treatment Plan</p> <p><input type="checkbox"/> Discharge Summary</p> <p><input type="checkbox"/> Progress Notes</p> <p><input type="checkbox"/> Attendance Report</p> <p><input type="checkbox"/> Treatment Summary</p> <p><input type="checkbox"/> Drug Testing Results</p>	<p>HIV Test Results</p> <p><input type="checkbox"/> Include</p> <hr/> <p>Other</p> <p><input type="checkbox"/> Home Address</p> <p><input type="checkbox"/> Telephone</p> <p><input type="checkbox"/> Financial Status</p>
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Other Information: _____

Information to be released is for **Verbal Exchange Only**

For the specific purpose of:

Coordination of Treatment

Other (must describe): _____

Client/Legal Rep. Request

Securing Treatment History

Collaboration of Treatment

Reporting Program Compliance

Client Rights and Advisements: I realize that I must voluntarily and knowingly sign this authorization before any records can be released (except when mandated by law). I may inspect or copy any information used or disclosed as authorized by this release, unless good cause may be shown why not. I realize that information disclosed under this authorization may no longer be protected under the HIPAA rules, but may be protected by applicable California law. I understand that this authorization is effective immediately. I may revoke this authorization at any time, and I understand that my revocation will take effect upon receipt of written notification by my provider, except to the extent that action has already been taken. I am aware that my signature on this authorization will not be a condition of my treatment. I have the right to a true copy of this authorization. This authorization expires one year from the date of this release.

I have reviewed this Authorization and have had my rights explained/read to me. I hereby consent to the release of my health information as specified above.

Client Signature: _____ Date: _____ Witness: _____

(Month/Day/Year)

Parent/Guardian Signature: _____ Date: _____

(Month/Day/Year)

If not signed by client: Printed Name: _____ Relationship to Client: _____

REVOCATION

As of: _____, _____ AM / PM, I hereby revoke this release.

(Month/Day/Year)

(Time)

Signature: _____

Witness: _____



Treatment Agreement

OUR GOALS:

- To provide quality mental health services to people who live in Kings County
- To teach you new skills for a healthy life.

TREATMENT: Kings View provides many mental health services. Our main services are skills groups or therapy groups. First you will have an in-depth interview with a therapist. Then we will connect you to the service(s) that will help you to make changes. If we are unable to serve you, then we will refer you to the right provider.

OFFICE HOURS: Our main office, at 1393 Bailey Drive in Hanford, is open from 8:00 AM until 5:00 PM. If you need to talk with your provider, you may call (559) 582-4481 during business hours. If you have a mental health crisis, please call our after-hours line, (559) 582-4484 or 1-800-655-2553 and talk with a crisis worker. The after-hours line is only for a mental health crisis. The crisis worker is unable to look up or reschedule an appointment, so please call during business hours for that kind of information. If you have a life-threatening emergency, please call 911.

TREATMENT PARTICIPATION: It may help you to meet your goals when the important people in your life participate. You decide who will be involved. You and your provider agree on goals to work on for change to happen. It is very important that you commit to your treatment by doing the following:

1. Attend all appointments on time. Appointments may be canceled by telling your therapist, doctor, or case manager at least 24 hours before the scheduled session. Remember that poor attendance and tardiness will keep you from meeting your goals. Missing appointments again and again will result in closing your case.
2. Work together on treatment goals. Full participation in your treatment is very important. "Full participation" means being on time for each session, finishing homework, and working with your therapist, doctor, or case manager to meet your goals.
3. Keep a current financial account. You are responsible for making the payments you agreed to when we opened your case. Accounts that are "overdue" may stop you from getting the treatment you need. If your income or financial health changes, please let your provider know as soon as possible. If you are having a hard time keeping up with payments, you may ask for a "financial adjustment."
4. Expect Kings View Counseling Services for Kings County to:
 - Treat you with respect and dignity.
 - Protect your privacy. But remember that everyone who works at Kings View are "mandated reporters." That means we must tell someone if we believe a child or elderly person or an adult who has special needs is being harmed. We may have to tell others about you in crisis or emergency situations, to keep you safe. We may have to tell others about you if you make a dangerous threat, to keep others safe.
 - Provide you with mental health services or referrals that will help you reach your goals.
 - Assign a therapist, doctor, or case manager to help you reach your goals.



KINGS VIEW COUNSELING SERVICES FOR KINGS COUNTY

Treatment Agreement Acknowledgment

I, _____, am committed to my / my child's treatment.

My signature below signifies that I accept and agree with the conditions of the Treatment Agreement and verifies that I have received a copy of the Treatment Agreement.

Client Signature: _____ Date: _____

Parent /
Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Client Last Name	Client First Name	Case Number

CONSENT FOR TREATMENT SERVICES

Kings County Behavioral Health & Contracted Providers (Kings View Behavioral Health Systems, Champions Recovery Alternative Programs, Inc. Eminence Healthcare and WestCare California, Inc.) of Mental Health, Behavioral Health and/or Substance Use Disorder Treatment Services

My signature indicates I attest that my condition and treatment options and any associated risks and/or consequences have been explained to me, and I understand the benefits of program participation.

My signature indicates I hereby consent to participate in substance abuse, mental health or behavior health services provided by: _____ and I authorize all necessary services.

I understand that the services may include one or more of the following:

Adolescent/Youth Program Services	Detoxification Services	Perinatal Program Services
After Care	Group Counseling	Recreational Activities
Case Management	HIV Counseling and Testing	Referrals
Educational/Classroom Activities Intake	Interview and Assessment	Residential Services
Family and/or Parenting Activities	Individual Counseling	Treatment Planning
Body Fluid Testing	Behavioral Health Services	Mental Health Services

IMPORTANT. The County of Kings uses an electronic health information system to maintain individual health records and for funding purposes. The County funded providers listed above have access to this system in order to provide substance abuse, mental health and/or behavior health services to individual participants and verify the delivery of these services to receive funding from the County. Although participants may elect to not have their information stored in the system and shared with providers, doing so will prevent the County and its contracted providers from being able to render further services to the participant or verify the delivery of services already provided for funding purposes.

My signature indicates I understand that in the event of illness and/or injury, there may NOT be physician or medical personnel available to me, and I may be transported to a hospital to receive any medical attention or cared for by a paramedic team. Staff will oversee my self-administration of any life sustaining medication that has been prescribed by my own physician. I hereby grant permission for staff to verify the use of such a prescription.

My signature indicates I understand that Federal Confidentiality Regulations require the program staff to get a specific consent form from me before any information is released regarding my individual case. Exceptions include a court order, suspected child abuse or neglect, or a situation that poses an immediate threat to health and requires immediate medical intervention. The situation must be one requiring immediate medical attention such as a dangerous drug overdose or attempted suicide. I also understand that any statistical information that is needed or provided by this agency for release will be anonymous.

My signature indicates I understand that if I receive other Kings County Behavioral Health services, my mental health treatment provider who is also bound by federal confidentiality laws, may know I

CONSENT FOR TREATMENT SERVICES

am enrolled in substance use treatment services. However, s/he would not have any access to my substance use treatment notes unless I specifically authorize access to this information. Additionally, my substance use treatment provider will not have any access to my mental health records unless I specifically authorize access to this information.

My signature indicates I understand that after discharge, Clients are contacted by mail and/or telephone, and I consent to be contacted as part of this follow-up process.

My signature indicates I received a copy of this form. This form and other release forms, such as those listed below, will be retained in my record.

Program Information	Confidentiality Statement
Program Rules and Regulations	Grievance Information
Client Rights and Responsibilities	Non-Discrimination Statement
Consent for Release/Exchange of Information	Notice of Privacy Practices
Consent for Release of Confidential Information/Criminal Justice System	Client Fee Information

My signature indicates I understand there will be no consequences or retaliatory measures if I decline to authorize any of the above.

Individual Served Signature:

Name Date Time Yes No N/A

Staff Witness:

Name Date Time Yes No N/A

Legal Representative for Minor (under 18 yr. of age):

Name: _____ Date: _____

Signature of Staff Entering Information (if different from above):

_____ Yes No N/A

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Advance Health Care Directives

What is an Advance Directive?

An Advance Health Care Directive is a legal document that enables people to make their wishes known even when they are incapacitated and unable to communicate. You can use an Advance Directive to spell out your wishes regarding physical and mental health care.

In California, an Advance Directive is made up of two parts: (1) Appointment of an Agent for health care; and (2) Individual Health Care Instructions. Either part is legally binding by itself.

What is a healthcare Agent?

A Healthcare Agent is a person you appoint in your Advance Directive to make health care decisions for you should you lose the ability to make these decisions for yourself. You do not have to appoint an Agent in order to complete an Advance Directive.

What are Individual Health Care Instructions?

Individual Health Care Instructions are verbal or written directions about health care. These can cover both physical and mental health treatment. You can let your health care provider know what you want done and under what circumstances.

What are the benefits from completing an Advance Directive?

Completing an Advance Directive can improve communication between you and your doctor. Completing and filing an Advance Directive is a good way to open a discussion with your health care providers about treatment plans and the full range of choices in treatment.

Completing an Advance Directive creates an opportunity for you to discuss your wishes in detail with family and/or friends. This may help your family and/or your friends advocate more effectively for you if you are ever found to lack the capacity to make health care decisions for yourself.

An Advance Directive can empower you to make your treatment choices known in the event you need health care and are found to be incapable of making health care decisions.

An advance Directive may prevent forced treatment and may reduce the need for long hospital stays.

Who can fill out an Advance Directive?

Any person 18 years or older who has the “capacity” to make health care decisions may fill out an Advance Directive. “Capacity” in this situation means the person understands the nature and consequences of the proposed health care, including the possible risks and benefits, and is able to make and communicate decisions about that health care. Legally a person is assumed to be competent unless proven otherwise.

When does an Advance Directive go into effect?

An Advance Directive goes into effect when your primary physician decides that you lack the capacity to make health care decisions. The fact that you have been admitted to a mental health facility does not, in itself, mean that you lack capacity to make health care decisions.

The Advance Directive is no longer in effect as soon as you regain the capacity to make health care decisions.

Does a health care provider have to follow an Advance Directive?

In general, the law is clear that health care providers must follow your Individual Health Care Instructions, as well as the decisions made on your behalf by a Health Care Agent.

Who can help if an Advance Directive is ignored/not followed?

If a health care provider refuses to follow your Individual Health Care Instructions, or refuses to comply with the decisions of your Agent, contact the County’s Patients’ Rights Advocate at 1-866-701-5464 and/or Protection & Advocacy, Inc. at 1-800-776-5746. The County Patients’ Rights Advocate and PAI can work with you and/or your Agent to make sure that the Advance Directive is followed.



NONDISCRIMINATION NOTICE

Discrimination is against the law. *Kings County Mental Health Plan* follows Federal civil rights laws. *Kings County Mental Health Plan* does not discriminate, exclude people, or treat them differently because of race, color, national origin, age, disability, or sex.

Kings County Mental Health Plan provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact *Patients Rights* by calling 559-852-2423 or email: bhpra@co.kings.ca.us. Or,



if you cannot hear or speak well, please call TTY/TTD number 7-1-1 for help.

HOW TO FILE A GRIEVANCE

If you believe that *Kings County Mental Health Plan* has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with *the Patients Rights Advocate*. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact *Patients Rights Advocate* by calling 559-852-2423. Or, if you have trouble hearing or speaking, please call TTY/TTD number 7-1-1 for help.
- In writing: Fill out a grievance form, or write a letter and send it to:

Kings County Behavioral Health: Patients' Rights Advocate
460 Kings County Dr. Suite 101 Hanford, California 93230

Or **Email**: BHPRA@co.kings.ca.us

Or **Fax**: (559) 584-6037

- In person: Visit your provider's office or *Patients Rights Advocate* and say you want to file a grievance.
-

OFFICE OF CIVIL RIGHTS

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:



**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.



YOUR RIGHTS UNDER MEDI-CAL

If you need this notice and/or other documents from the Plan in an alternative communication format such as large font, Braille, or an electronic format, or, if you would like help reading the material, please contact *Patients Rights Advocate* by calling 559-852-2423.

IF YOU DO NOT AGREE WITH THE DECISION MADE FOR YOUR MENTAL HEALTH OR SUBSTANCE USE DISORDER TREATMENT, YOU CAN FILE AN APPEAL. THIS APPEAL IS FILED WITH YOUR PLAN.

HOW TO FILE AN APPEAL

You have **60 days** from the date of this "Notice of Adverse Benefit Determination" letter to file an appeal. **If you are currently getting treatment and you want to keep getting treatment, you must ask for an appeal within 10 days** from the date on this letter OR before the date your Plan says services will stop. You must say that you want to keep getting treatment when you file the appeal.

You can file an appeal by phone or in writing. If you file an appeal by phone, you must follow up with a written signed appeal. The Plan will provide you with free assistance if you need help.

- **To appeal by phone:** Contact *Patients Rights Advocate* by calling 559-852-2423. Or, if you have trouble hearing or speaking, please call TTY/TTD number 7-1-1 for help.
- **To appeal in writing:** Fill out an appeal form or write a letter to your plan and send it to:

Kings County Behavioral Health: Patients' Rights Advocate
460 Kings County Dr. Suite 101 Hanford, California 93230

or **Email:** BHPRA@co.kings.ca.us



or Fax: (559) 584-6037

Your provider will have appeal forms available. The *Patients Rights Advocate* can also send a form to you.

You may file an appeal yourself. Or, you can have someone like a relative, friend, advocate, provider, or attorney file the appeal for you. This person is called an "authorized representative." You can send in any type of information you want your Plan to review. Your appeal will be reviewed by a different provider than the person who made the first decision.

Your Plan has 30 days to give you an answer. At that time, you will get a "Notice of Appeal Resolution" letter. This letter will tell you what the Plan has decided. **If you do not get a letter with the Plan's decision within 30 days, you can ask for a "State Hearing" and a judge will review your case.** Please read the section below for instructions on how to ask for a State Hearing.

EXPEDITED APPEALS

If you think waiting 30 days will hurt your health, you might be able to get an answer within 72 hours. When filing your appeal, say why waiting will hurt your health. Make sure you ask for an "expedited appeal."

STATE HEARING

If you filed an appeal and received a "Notice of Appeal Resolution" letter telling you that your Plan will still not provide the services, or **you never received a letter telling you of the decision and it has been past 30 days**, you can ask for a "State Hearing" and a judge will review your case. You will not have to pay for a State Hearing.

You must ask for a State Hearing within **120 days** from the date of the "Notice of Appeal Resolution" letter. You can ask for a State Hearing by phone, electronically, or in writing:

- **By phone:** Call **1-800-952-5253**. If you cannot speak or hear well, please call **TTY/TDD 1-800-952-8349**.
- **Electronically:** You may request a State Hearing online. Please visit the California Department of Social Services' website to complete the electronic form: <https://secure.dss.cahwnet.gov/shd/pubintake/cdss-request.aspx>



- In writing: Fill out a State Hearing form or send a letter to:

**California Department of Social Services
State Hearings Division
P.O. Box 944243, Mail Station 9-17-37
Sacramento, CA 94244-2430**

Be sure to include your name, address, telephone number, Date of Birth, and the reason you want a State Hearing. If someone is helping you ask for a State Hearing, add their name, address, and telephone number to the form or letter. If you need an interpreter, tell us what language you speak. You will not have to pay for an interpreter. We will get you one.

After you ask for a State Hearing, it could take up to 90 days to decide your case and send you an answer. If you think waiting that long will hurt your health, you might be able to get an answer within 3 working days. You may want to ask your provider or Plan to write a letter for you, or you can write one yourself. The letter must explain in detail how waiting for up to 90 days for your case to be decided will seriously harm your life, your health, or your ability to attain, maintain, or regain maximum function. Then, ask for an **“expedited hearing”** and provide the letter with your request for a hearing.

Authorized Representative

You may speak at the State Hearing yourself. Or someone like a relative, friend, advocate, provider, or attorney can speak for you. If you want another person to speak for you, then you must tell the State Hearing office that the person is allowed to speak for you. This person is called an “authorized representative.”

LEGAL HELP

You may be able to get free legal help. You may also call the local Legal Aid program in your county at 1-888-804-3536.



LANGUAGE ASSISTANCE

English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call : 559-852-2423 (TTY: 7-1-1).

ATTENTION: Auxiliary aids and services, including but not limited to large print documents and alternative formats, are available to you free of charge upon request. Call : 559-852-2423 (TTY: 7-1-1).

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al : 559-852-2423 (TTY: 7-1-1).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số : 559-852-2423 (TTY: 7-1-1).

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa : 559-852-2423 (TTY: 7-1-1).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
: 559-852-2423 (TTY: 7-1-1)번으로 전화해 주십시오.

繁體中文(Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 : 559-852-2423 (TTY: 7-1-1)。

Հայերեն (Armenian)

ՈՒՇԱԴՂՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք : 559-852-2423 (TTY (հեռատիպ)՝ 7-1-1):

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните : 559-852-2423 (телетайп: 7-1-1).

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (TTY: 7-1-1) : 559-852-2423 تماس بگیرید.

日本語 (Japanese)

注意事項 : 日本語を話される場合、無料の言語支援をご利用いただけます。
: 559-852-2423 (TTY: 7-1-1) まで、お電話にてご連絡ください。

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau : 559-852-2423 (TTY: 7-1-1).

ਪੰਜਾਬੀ (Punjabi)

ਪਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।
: 559-852-2423 (TTY: 7-1-1) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم: 7-1-1).

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
: 559-852-2423 (TTY: 7-1-1) पर कॉल करें।

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร : 559-852-2423 (TTY: 7-1-1).



Kings View Behavioral Health Systems, Kings County

Hanford Clinic
1393 Bailey Drive
Hanford, CA 93230
559-582-4481

Avenal Clinic
590 Skyline Blvd.
Avenal, CA 93204
559-386-2295

Corcoran Clinic
1002 Dairy Ave.
Corcoran, CA 93212
559-992-2833

ABOUT YOUR FEE

The amount of money you will be charged for our professional services is based on your ability to pay. We call this amount your yearly deductible, or your UMDAP amount. To figure the amount you will be charged, we use the California Department of Mental Health's schedule called "Uniform Method of Determining Ability to Pay" (UMDAP), which is required by all community mental health centers.

Your YEARLY DEDUCTIBLE (UMDAP) is: \$ _____

This means the most you will be charged from _____ to _____ is \$ _____.

You may only come for professional services for a short time, but you will be responsible for the charges for any services you receive up to your yearly deductible amount shown above. If your treatment ends before you have used up the deductible, you will only be responsible for the charges for services you received. You can take up to the full UMDAP year to pay your deductible provided you make a payment every month.

Based on your income, your- MONTHLY PAYMENT will be: \$ _____.

You are expected to pay at least this amount every month until your deductible has been paid for the year. If your financial information changes, please notify us. You may call 582-4481 if you have any questions about your bill.

I understand I am expected to pay the amount shown above each month and to notify Kings View if my financial information changes.

Verbal consent obtained due to COVID-19.

Will follow-up with signature.

Staff signature _____

Agent for Mental Health

Date

ABOUT YOUR FREEDOM OF CHOICE

Your acceptance and participation in our Mental Health Service is voluntary and shall not be required for access to other health care services.

In receiving our services, you retain a free choice of providers of other covered services of the Medi-Cal program; you are not limited to service providers of the Short – Doyle system (i.e., you may choose to receive services from any provider of choice, such as a private psychiatrist).

You have the right to request a change of a Mental Health provider, staff person, therapist and/or case manager. I have been informed and acknowledge receipt of a copy of this document, "About Your Freedom of Choice".

I have received a copy of the Confidentiality Statement.

Yes

No

Verbal consent obtained due to COVID-19.

Will follow-up with signature.

Staff signature _____

Agent for Mental Health

Date

YOUR RIGHT TO A STATE HEARING

If you disagree with the action being taken, you have the right to ask for a State Fair Hearing upon receipt of this notice (California Code of Regulations, Title 22, Section 51014.1.) Under federal regulations, individuals may request a fair hearing not to exceed 90 days for eligibility or fee-for-service issues. DHCS received federal Section 1135 approval to temporarily extend the 90 days to up to an additional 120, or 210 days after the date of this notice. This temporary extension is effective March 1, 2020 and will terminate upon termination of the public health emergency.

To continue a service you are receiving, you must ask for a hearing within 10 days after the date of this notice. Your service will continue until the judge's decision. If you withdraw your hearing request your service will stop at that time.

To ask for a hearing

- You can use the attached State Fair Hearing Request Form

OR

- Write to:

California Department of Social Services
State Hearing Division
P.O. Box 944243, Mail Station 19-37
Sacramento, CA 94244-2430

INCLUDE

- Name of Medi-Cal Beneficiary
- Medi-Cal Number
- Address
- Telephone number
- Reason for asking for a hearing
- Language or dialect (in case you need an interpreter)
- Name and telephone number of person you will bring with you to hearing to help you

OR

- Call the Public Inquiry and Response Unit at 1-800-952-5253. This number can be very busy. You may get a message asking you to call back later. ***If you have trouble hearing or speaking, call TDD 1-800-952-8349.***

If you want to know more about your hearing rights call the Public Inquiry and Response Unit at 1-800-952-5253. ***If you have trouble hearing or speaking, call TDD 1-800-952-8349.***

- You can represent yourself, or you can bring a friend, relative, attorney, or any other person to help you at your hearing. You may also be able to get free legal help to represent you at your hearing. Look for "Legal Services" in the Community Services section of your local Yellow Pages.
- If you wish to see the Medi-Cal file related to your case you can arrange this by contacting the local Medi-Cal Field Office listed on the front page of this notice.