Health and Human Services Agency
Behavioral Health & Recovery Services
Mental Health Plan

Request for a
Second Opinion

Mental Health Plan 24 hour Access Line 1-800-555-5906 (Toll free)

This form is available in large print and audio. Please see the receptionist or call 1-800-555-5906.

Sí Usted Habla Español. Esta información está disponible en español, por favor vea la recepcionista o llame 1-800-555-5906

As a person eligible for Medi-Cal, you have a right to receive medically

necessary Specialty Mental Health Services from the Mental Health Plan (MHP).

When accessing Specialty Mental Health Services, you have the right to a second opinion at no additional cost to you when the MHP or its providers determine that the medical necessity criteria to receive Specialty Mental Health Services has not been met and that you, therefore, are not entitled to any Specialty Mental Health Services from the MHP.

You can make a second opinion request in writing or verbally. Your request for a second opinion will be reviewed by the QAPI Clinical Manager and be given serious consideration. You can expect a response within ten (10) working days.

QUESTIONS AND CONCERNS

Beneficiaries are encouraged to discuss their mental health services with their clinician or other service provider.

For a list of Mental Health Plan Providers call (Toll Free):

1-800-555-5906

At the request of a Medi-Cal beneficiary, the Mendocino County Mental Health Plan (MHP) shall provide for a second opinion by a licensed mental health professional employed by, contracting with, or otherwise made available by the MHP, when the MHP or its providers determine that the medical necessity criteria to receive Specialty Mental Health Services have not been met and that the ben-

eficiary is, therefore, not entitled to any Specialty Mental Health services from the MHP. The MHP shall determine whether the second opinion requires a face-to-face encounter with the beneficiary.

CCR Title 9, 1810.405(e)

To request a second opinion you may complete the request form included with this brochure and give it to any MHP provider or mail it to:

Mendocino County Mental Health
Quality Assessment & Performance Improvement Program (QAPI)
1120 South Dora Street
Ukiah, CA 95482

You may also call 707-472-2309 with your request.

For assistance completing this form you may contact the:
Patient's Rights Advocate
(707) 463-4614

Mendocino County Mental Health Plan (MHP) offers free Language Line, interpreter assistance, American Sign Language, and California Relay Services (TTY/TDD) for beneficiaries requesting or accessing services.

These services may be requested at any Mental Health Plan Provider site or by calling 1-800-555-5906.

English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-555-5906 (TTY: 1-800-735-2929).

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-555-5906 (TTY: 1-800-735-2929).

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 1-800-555-5906（TTY：1-800-735-2929）

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 1-800-555-5906 (TTY: 1-800-735-2929).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-555-5906 (TTY: 1-800-735-2929) 번으로 전화해 주십시오.

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-555-5906 (TTY: 1-800-735-2929).

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-555-5906 (TTY: 1-800-735-2929).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-555-5906 (телетайп: 1-800-735-2929).

) فارسیFarsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. ب 1-800-555-5906 (TTY: *1-800-735-2929*) 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。1-800-555-5906（TTY:1-800-735-2929）まで、お電話にてご連絡ください。

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। *1-800-555-5906* (TTY: 1-*800-735-2929*) पर कॉल करें।

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-800-555-5906 (TTY (հեռատիպ)՝ 1-800-735-2929):

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ *1-800-555-5906* (TTY: 1-*800-735-2929*) 'ਤੇ ਕਾਲ ਕਰੋ

) العربية Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.اصل والبكم: رقم هاتف الصم 1-800-555-5906 (TTY:1-800-735-2929) برقم

ខ្មែរ (Cambodian)

ប្រយ័ត្ន៖ រ សើ ិនជាអ្នកនិយាយ ភាសាខ្ម , រសវាជំនួយមននកភាសា រោយមិនគិត្ួ ួន គឺអាចមានសំរា ់ ំរ អ្ើ នក។ ចូ ទូ សព្ទ *1-800-555-5906* (TTY*1-800-735-2929*)។

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານ ພາສາ,ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ *1-800555-5906* (TTY: *1-800-735-2929*)

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร *1-800-555-5906* (TTY:*1-800-735-2929*)