

**REQUEST FOR
A SECOND OPINION**

**MADERA COUNTY
BEHAVIORAL HEALTH SERVICES**



Return completed form to:
Madera County Behavioral Health Services
Mental Health Plan
P.O. Box 1288
Madera, CA 93639
California Relay Operator – (English & Spanish)
Dial 711
English Speech to Speech – (866) 288-1909
Spanish Speech to Speech – (866) 288-4151
TTY (800) 735-2929

Grievances

Individuals are encouraged to discuss issues regarding their mental health services directly with their mental health provider or the supervisor. Clients who are unable to resolve a concern about any aspect of their services, may file a grievance verbally by calling the Quality Management Coordinator at the number listed below, or by completing a written form. Forms are available in the reception area of all clinics and provider offices or by calling the Mental Health Plan at (559) 673-3508, toll free (888) 275-9779 TTY (800) 735-2929 or on the County website, <http://madera-county.com/index.php/client-rights-and-information>

The following services are also available for assistance in resolving grievances:

Quality Management Coordinator

(559) 673-3508

(888) 275-9779 (toll free)

Patients' Rights Advocate

(559) 673-3508 ext. 1267

(888) 275-9779 (toll free)

State Ombudsman

(800) 896-4042 (toll free)

TTY (800) 896-2512

Email: MHombudsman@dhcs.ca.gov

You may ask anyone to act on your behalf at any time.

Please ask receptionist about your **right to free language assistance** services as well as alternative formats of this brochure. If you have **physical limitations**, we will help you find available, appropriate and accessible services.

MADERA COUNTY BEHAVIORAL HEALTH SERVICES REQUEST FOR A SECOND OPINION

As a Medi-Cal beneficiary, you have the right to submit to the Mental Health Plan (MHP) a request for the arrangement of a second opinion about your mental health condition when the MHP or its network provider has determined that you are not entitled to specialty mental health services due to not meeting the criteria necessary for the determination of medical necessity. Consistent with State requirements, the MHP will provide second opinions by a licensed or “waivered/registered” mental health clinician from a network provider, or arrange for you to obtain a second opinion outside the network, at no cost to you.

You may request a second opinion by phone, in person or by submitting this form. We have self-addressed envelopes available for your convenience. You may contact Quality Management Coordinator by calling (559) 673-3508 or (888) 275-9779 (toll free)

If you would like help with this form, you may contact the Patients’ Rights Advocate (559) 673-3508 or (888) 275-9779 (toll free).

Note: The beneficiary will not be subject to discrimination or any other penalty for seeking a second opinion.

DATE: _____

TO: Mental Health Managed Care Program

FROM: _____
(Client Name - Please Print)

(Parent or Guardian if request is for child or youth)

Address

RE: I am requesting a second opinion of my mental health needs and eligibility for specialty mental health services

May we send mail to you at this address? *Yes or No*

Telephone Number (Please indicate best time to call):

May we call you at this telephone number? *Yes or No*

May we leave a message for you at this telephone number? *Yes or No*

In order to process this request, I understand it may be discussed with the provider and other relevant staff members.

Signature: _____