

**BENEFICIARY  
REQUEST FOR CHANGE OF  
PROVIDER FORM**



**CONTRA COSTA COUNTY  
BEHAVIORAL HEALTH SERVICES**

# LANGUAGE TAGLINES

## English Tagline

ATTENTION: If you need help in your language call 1-888-678-7277 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-888-678-7277 (TTY: 711). These services are free of charge.

## (Arabic) الشعار بالعربية

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-888-678-7277 (TTY: 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير. اتصل بـ 1-888-678-7277 (TTY: 711). هذه الخدمات مجانية.

## Հայերեն պիտակ (Armenian)

ՈՒՇԱՂՆԻԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-888-678-7277 (TTY: 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Չանզահարեք 1-888-678-7277 (TTY: 711): Այդ ծառայություններն անվճար են:

## ប្រាសាទសំខេម (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-888-678-7277 (TTY: 711)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-888-678-7277 (TTY: 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

## 简体中文标语 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 1-888-678-7277 (TTY: 711)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 1-888-678-7277 (TTY: 711)。这些服务都是免费的。

## مطلب به زبان فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-888-678-7277 (TTY: 711) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-888-678-7277 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

## हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-888-678-7277 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-888-678-7277 (TTY: 711) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

## Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-888-678-7277 (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-888-678-7277 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

## 日本語表記 (Japanese)

注意日本語での対応が必要な場合は 1-888-678-7277 (TTY: 711)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。1-888-678-7277 (TTY: 711)へお電話ください。これらのサービスは無料で提供しています。

## 한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-888-678-7277 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-888-678-7277 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

## ເທກໄລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-888-678-7277 (TTY: 711). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ

ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມິໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ  
1-888-678-7277 (TTY: 711).  
ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

### **Mien Tagline (Mien)**

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-888-678-7277 (TTY: 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-888-678-7277 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

### **ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)**

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-888-678-7277 (TTY: 711). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬੋਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-888-678-7277 (TTY: 711).  
ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

### **Русский слоган (Russian)**

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-888-678-7277 (линия TTY: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-888-678-7277 (линия TTY:711). Такие услуги предоставляются бесплатно.

### **Mensaje en español (Spanish)**

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-888-678-7277 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-888-678-7277 (TTY: 711). Estos servicios son gratuitos.

## **Tagalog Tagline (Tagalog)**

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-888-678-7277 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-888-678-7277 (TTY: 711). Libre ang mga serbisyong ito.

## **แท็กไลน์ภาษาไทย (Thai)**

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-888-678-7277 (TTY: 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-888-678-7277 (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

## **Примітка українською (Ukrainian)**

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-888-678-7277 (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-888-678-7277 (TTY: 711). Ці послуги безкоштовні.

## **Khẩu hiệu tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-888-678-7277 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-888-678-7277 (TTY: 711). Các dịch vụ này đều miễn phí.

## **What is a Grievance?**

A grievance is an expression of unhappiness about anything regarding your specialty mental health or DMC substance use disorder services that are not one of the problems covered by the appeal and State Hearing processes.

## **The Grievance Process**

You can file a grievance anytime with the Contra Costa Mental Health Plan (MHP) or Drug Medi-Cal Organized Delivery System (DMC-ODS) if you are unhappy with the specialty mental health or substance use disorder services you are receiving from these plans or have another concern regarding them.

To get help with a grievance, you may contact any staff at your program, the Access Line at (888) 678-7277, Behavioral Health Services' Office of Quality Improvement at (925) 957-5160 or the Grievance Advocate at (925) 293-4942. The Contra Costa MHP or DMC-ODS will provide self-addressed envelopes at all the providers' sites for you to mail in your grievance. If you do not have a self-addressed envelope, you may mail your grievance directly to the address on this form. Grievances can be filed orally or in writing. Oral grievances do not have to be followed up in writing.

## **The State Hearing Process**

The Contra Costa MHP and DMC-ODS must make a decision about your grievance within 90 calendar days from the date you filed your grievance. The timeframes for making a decision may be extended by up to 14 calendar days if you request an extension, or if the Behavioral Health Services believes 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 Contra Costa MHP or DMC-ODS believes it might be able to resolve your grievance if they have more time to get information from you or other people involved. You can file for a State Hearing if your grievance wasn't resolved in time.

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

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

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

You can also call 1-800-743-8525 (TDD 1-800-952-8349) or a Grievance Advocate at (925) 293-4942.



# REQUEST FOR CHANGE OF PROVIDER

CONTRA COSTA COUNTY  
BEHAVIORAL HEALTH  
SERVICES ADMINISTRATION  
1340 Arnold Dr., Suite 200  
Martinez, California 94553  
Ph (925) 957-5160  
Fax (925) 957-5156

OFFICE USE ONLY  
Request No. \_\_\_\_\_  
Date Received \_\_\_\_\_

If you have been unable to resolve a problem with your service provider by speaking directly to them or the supervisor of the program where you are receiving care, then you may request a change of a service provider by completing this form and giving it to the receptionist. The program supervisor will review your request and will notify you of his/her decision within ten (10) working days. For mental health, if you are a Medi-Cal beneficiary seeing an individual provider in the community who is not part of a county network of clinics, call the Behavioral Health Access Line at 1(888) 678-7277. Submitting a request does not guarantee that they will change your provider. If you disagree with the decision, you may file a formal grievance.

DATE \_\_\_\_\_

TO: PROVIDER/PROGRAM SUPERVISOR

FROM: \_\_\_\_\_  
(Beneficiary Name)

\_\_\_\_\_  
(Parent or Guardian if request is by or for a child or youth)

I request a change in my Current Provider

\_\_\_\_\_  
(Please print name of current provider)

for the following reasons: (add additional pages as needed)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Check One  I have discussed my concerns with this provider.  
 I have **NOT** discussed my concerns with this provider.

I understand serious consideration will be given to this request and that I can expect a response within ten (10) working days.

Respond to me by phone: \_\_\_\_\_  
(Area Code and Telephone number)

or by mail: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

## **Our Mission**

The mission of Contra Costa Behavioral Health, in partnership with consumers, families, staff and community-based agencies, is to provide welcoming, integrated services for mental health, substance abuse, homelessness and other needs that promote wellness, recovery, and resiliency while respecting the complexity and diversity of the people we serve.

## **Our Vision**

Contra Costa Behavioral Health envisions a system of care that supports independence, hope, and healthy lives by making accessible behavioral health services that are responsive, integrated, compassionate, and respectful.