



COUNTY OF SANTA CLARA
Behavioral Health Services
Supporting Wellness and Recovery

30-Day Beneficiary Notice of Significant Change

November 12, 2024

Re: SUBJECT: INTEGRATED BEHAVIORAL HEALTH MEMBER HANDBOOK

Dear Santa Clara County Medi-Cal Member,

The Department of Health Care Services (DHCS) now requires counties to use an integrated Beneficiary Handbook that combines information on mental health and substance use services. This change is intended to make it easier for you to understand and use these services. The updated handbook will make it easier to access county services, assist counties in managing programs, and improve oversight by the state.

The County of Santa Clara Behavioral Health Services Department (BHSD) has updated its Beneficiary Handbook to follow these new state rules, which will be effective on January 1, 2025.

These updates do not change your Medi-Cal coverage, and no action is required from you. The updates are simply meant to give you better information about how to get services. The Beneficiary Handbook explains how to access services and explain your rights and responsibilities as a Medi-Cal member.

New to the handbook: Justice-involved reentry services
(<https://www.dhcs.ca.gov/provgovpart/Documents/BHIN-23-059-Medi-Cal-Justice-Involved-Reentry-Initiative-State-Guidance-on-Requirements.pdf>).

You can view or download the updated Beneficiary Handbook online at: <https://bhsd.santaclaracounty.gov/resources/behavioral-health-services-benefits-and-coverage-handbooks>. If you would like a printed copy, please call us at 800-704-0900, and we'll mail it to your address within 5 business days, free of charge. For alternative formats of the handbook or this notice—such as large print, Braille, or electronic copies—or if you need help reading it, please reach out at the same number.

If you have any questions, call the Behavioral Health Call Center at 800-704-0900. If you have trouble hearing or speaking, call TTY/TDD at 800-855-7100 or 711.

Sincerely,

DocuSigned by:

Sherri Terao

DAB699BA2A1544D...

Sherri Terao, Ed.D., IFECMH Specialist, RPFM
Director
Behavioral Health Services Department
County of Santa Clara Health System



LANGUAGE TAGLINES

English Tagline

ATTENTION: If you need help in your language call 1-800-704-0900 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-704-0900 (TTY: 711). These services are free of charge.

(Arabic) الشعار بالعربية

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-704-0900 (TTY: 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير. اتصل بـ 1-800-704-0900 (TTY: 711). هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

Ուշադրություն: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-704-0900 (TTY: 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-800-704-0900 (TTY: 711): Այդ ծառայություններն անվճար են:

ហ្គាសម្ពាសជាភាសាខ្មែរ (Cambodian)

ចំណាំ: បើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរស័ព្ទទៅលេខ 1-800-704-0900 (TTY: 711)។ ជំនួយ និងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំសម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-800-704-0900 (TTY: 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

简体中文标语 (Chinese)

请注意：如果您需要语言帮助，请致电 1-800-704-0900 (TTY: 711)。我们还为残疾人士提供辅助工具和服务，如盲文和大字体文件。请致电 1-800-704-0900 (TTY: 711)。这些服务都是免费的。

(Farsi) فارسی زبان به مطلب

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-800-704-0900 (TTY: 711) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-800-704-0900 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-800-704-0900 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-800-704-0900 (TTY: 711) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।



COUNTY OF SANTA CLARA
Behavioral Health Services

Supporting Wellness and Recovery

Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-704-0900 (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 1-800-704-0900 (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 1-800-704-0900 (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。 1-800-704-0900 (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 1-800-704-0900 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-800-704-0900 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ແທ້ກວາຍພາສາລາວ (Laotian)

ກະລຸນາຮັບຊາບ: ຖ້າທ່ານຕ້ອງການອຸວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ, ກະລຸນາໂທຫາ 1-800-704-0900 (TTY: 711). ນອກຈາກນັ້ນ ແມ່ນຍັງມີອຸວາມຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນ: ເອກະສານທີ່ເປັນຕົວອັກສອນນູນ ແລະ ເປັນຕົວພິມໃຫຍ່. ກະລຸນາໂທຫາ 1-800-704-0900 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ແມ່ນບໍ່ມີຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiex longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-800-704-0900 (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 hlou mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoh bun longc. Douc waac daaih lorx 1-800-704-0900 (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 1-800-704-0900 (TTY: 711)। ਅਪਾਰਜ ਲੇਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-800-704-0900 (TTY: 711)। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский слоган (Russian)

ВНИМАНИЕ: Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-704-0900 (линия ТТТ: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-704-0900 (линия ТТТ: 711). Такие услуги предоставляются бесплатно.



Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-704-0900 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-704-0900 (TTY: 711). Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-704-0900 (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 1-800-704-0900 (TTY: 711). Libre ang mga serbisyonang ito.

แท็กไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-704-0900 (TTY: 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-704-0900 (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-704-0900 (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайлля та великим шрифтом. Телефонуйте на номер 1-800-704-0900 (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 1-800-704-0900 (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 1-800-704-0900 (TTY: 711). Các dịch vụ này đều miễn phí.



NONDISCRIMINATION NOTICE

Discrimination is against the law. County of Santa Clara Behavioral Health Services Department follows State and Federal civil rights laws. County of Santa Clara Behavioral Health Services Department does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

County of Santa Clara Behavioral Health Services Department (BDS) 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, braille, audio or accessible electronic 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 the county 24 hours, 7 days a week by calling 1-800-704-0900. Or, if you cannot hear or speak well, please call TTY: 1-800-855-7100 or 711. Upon request, this document can be made available to you in braille, large print, audio, or accessible electronic formats.

HOW TO FILE A GRIEVANCE

If you believe that County of Santa Clara BHS has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with BHS Quality Assurance. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact BHS 24 hours, 7 days a week by **calling 1-800-704-0900**. Or, if you cannot hear or speak well, please call **TTY: 1-800-855-7100** or **711**.
- **In writing:** Fill out a complaint form or write a letter and send it to:
**County of Santa Clara
BHS Quality Assurance
P.O. Box 28504
San Jose, CA 95159**
- **In person:** Visit your doctor's office or a BHS clinic and say you want to file a grievance.
- **Electronically:** Visit BHS website at <https://bhsd.santaclaracounty.gov/resources/send-us-your-concerns-and-complaints>



OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **916-440-7370**. If you cannot speak or hear well, please call **711 (California State Relay)**.

- **In writing:** Fill out a complaint form or send a letter to:

**Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413**

Complaint forms are available at:

<https://www.dhcs.ca.gov/discrimination-grievance-procedures>

- **Electronically:** Send an email to CivilRights@dhcs.ca.gov.
-

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, 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>