

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 Quality Assurance and Performance Improvement (QAPI) unit. 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 beneficiary 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 Unit (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.**



**behavioral  
health &  
recovery services**  
Mendocino County

## **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

**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).

**فارسی (Farsi)**

زبانی تسهیلات، کنیڈ می گفتگو فارسی زبان به اگر توجه شما برای رایگان بصورت باشد می فراهم 1-800-555-5906 (TTY: 1-800-735-2929) بیگیرید تماس.

**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)**

ՌԻՇԱՂՈՐՈՒԹՅՈՒՆՆԵՐ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցություն ծառայություններ: Չանգահարեք 1-800-555-5906 (TTY (հեռադիպ)` 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)**

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

**ខ្មែរ (Cambodian)**

ប្រយ័ត្ន: រ សើ ិន ជា អ្នក និយាយ ភាសា ខ្មែរ , រសវាជំនួយមននកភាសា រោយមិនគិត គួ ួន គឺអាចមានសំរា ំ ររ អុើ នក ៗ ចូ ទូ ស័ព្ទ 1-800-555-5906 (TTY1-800-735-2929)។

**ພາສາລາວ (Lao)**

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-555-5906 (TTY: 1-800-735-2929)

**ภาษาไทย (Thai)**

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

**Health & Human Services Agency  
Behavioral Health & Recovery Services**



**REQUEST FOR SECOND OPINION**

**DATE:** \_\_\_\_\_

Mental Health  
Quality Assessment & Performance Improvement Unit (QAPI)  
1120 South Dora Street

**TO:** \_\_\_\_\_  
Ukiah, CA 95482

**FROM:** \_\_\_\_\_

(Client Name)

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

I request a second opinion for the following reason(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provider who assessed medical necessity criteria was not met: \_\_\_\_\_

**CHECK ONE:**                     I have discussed my concerns with this Provider

I have not discussed my concerns with this Provider

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

**RESPOND TO ME BY TELEPHONE:** \_\_\_\_\_

(Telephone Number)

**RESPOND TO ME BY MAIL:** \_\_\_\_\_

(Street Address)

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