

HOW CAN I REQUEST A CHANGE OF PRACTITIONER?

If you are dissatisfied with your current provider, (Psychiatrist/PA/NP, Case Manager, Therapist or Nurse) you have the right to request a change of practitioner/provider. You must complete and submit a Request for Change of Practitioner form. You will be provided a decision within 10 working days.

HOW CAN I REQUEST A SECOND OPINION

- You may request a second opinion if you are a Medi-Cal client and you were denied services during your Initial Intake Assessment due to the absence of medical necessity.
- You may file a request for a second opinion by completing a Request for Second Opinion form. You will be provided with a decision within 15 working days.

BENEFICIARY PROTECTION FORMS AND SELF ADDRESSED ENVELOPES

Grievance, Appeal, Request for Change of Practitioner, Second Opinion forms and self addressed envelopes to the Quality Management Unit are available at every clinic/program’s waiting room. These forms can be turned in at the clinic/program or mailed in the self addressed envelopes.

YOUR RIGHTS DURING THE PROCESS

- To be free from discrimination or penalty because of filing a grievance, appeal, state fair hearing, request for change of practitioner or request for second opinion.
- To have your confidentiality protected by the law.
- To be treated with dignity and respect.
- To authorize another person or a provider to act on your behalf, with written consent.
- To have a support person attend meetings with you, as you go Through the process, with written consent.

For information or assistance in filing, a grievance, appeal, state fair hearing, request for change of practitioner and request for second opinion, or to obtain information regarding the status of a pending grievance, appeal or state fair hearing you can contact:

Patients’ Rights Advocate
1(442) 265-1561 or 1-800-817-5292

Leticia Plancarte-Garcia
Director

Imperial County Behavioral
Health Services
202 N. Eighth Street
El Centro, California 92243
1 (800) 817-5292

July 2026



Beneficiary Protection Processes

A Client’s Guide

Imperial County Behavioral Health Services

1(442) 265-1525 or 1(800) 817-5292

This brochure is available in Spanish and in large print, you can ask the receptionist for a copy.

Este folleto esta disponible en Español y en letra grande, si desea una copia pídasela a la recepcionista.

As a Medi-Cal member, you have the right to utilize the problem resolution process for any problem related to Specialty Mental Health Services or Drug Medi-Cal Organize Delivery System services. You have the right to authorize a person or your provider as your representative to act on your behalf during the problem resolution process. You will not be subject to any penalty or discrimination for filing a grievance, an appeal or a State fair hearing.

Grievance and appeal forms can be obtained from ICBHS Website in both English and Spanish. Forms are also available at all ICBHS clinic locations. You may contact the Patients’ Rights Advocate at (442) 265-1561 or 1-800-817-5292 for information; assistance in filing a grievance, an appeal or State Hearing; or to obtain information on the status of a pending grievance, appeal or State Hearing.

Free language assistance services, including interpreter services and auxiliary aids, are available at no cost to members. Contact Patients’ Rights Advocate for assistance.

GRIEVANCES

Member may file a grievance orally or in writing at any time regarding dissatisfaction about any matter other than an adverse benefit determination or to dispute an extension of time proposed by IC-BHS to make an authorization decision. A grievance means an expression of dissatisfaction about any matter other than an Adverse Benefit Determination.

You may file a grievance at any time by:

- Email:** BHSPRA@co.imperial.ca.us
- Mail:** Imperial County Behavioral Health Services Attn: Patients’ Rights Advocate 202 N. 8th Street, EL Centro CA, 92243
- In Person:** 202 N. 8th Street, El Centro CA 92243 or at any ICBHS location.
- Phone:** 1-800-817-5292 or 1-442-265-1525

We will let you know that the grievance was received by sending a written acknowledgement letter within five (5) calendar days of receipt or by speaking to you directly within one business day. Your grievance will be resolved within Thirty (30) calendar days of receipt by ICBHS. Every effort will be made to resolve a grievance as quickly and simply as possible.

APPEALS

A member has the right to file an appeal orally or in writing to review and adverse benefit determination. A member has 60 days from the date on the Notice of Adverse Benefit Determination (NOABD) to file an appeal.

You may file an appeal by:

- Email:** BHSPRA@co.imperial.ca.us
- Mail:** Imperial County Behavioral Health Services Attn: Patients’ Rights Advocate 202 N. 8th Street, EL Centro CA, 92243
- In Person:** 202 N. 8th Street, El Centro CA 92243 or at any ICBHS location.
- Phone:** 1-800-817-5292 or 1-442-265-1525

We will let you know your appeal was received by sending you a written acknowledgement within five (5) calendar days of receipt of the appeal. We will make a determination on your appeal as quickly as possible, but no more than Thirty (30) calendar days from the date we receive it. You may request that we expedite the review process for your appeal if taking time for a standard resolution could seriously jeopardize your mental health or substance use disorder condition and/or your ability to attain, maintain, or regain maximum function. If we approve your request to expedite your appeal, we will make an appeal decision within 72 hours.

If we deny your request to expedite your appeal, we will transfer the appeal to the timeframe for a standard resolution (30 calendar days).

STATE HEARING

You may request within 120 calendar days from the date of the Notice of Appeal Resolution if we uphold the Adverse Benefit Determination, or if we fail to make a timely determination of your appeal or fail to provide you with proper notice of your rights. While you are waiting for a final decision from a State Hearing, you have the right to keep receiving approved services. Contact our Patients’ Rights Advocate at 442-265-1525 for more information.

CONTINUATION OF SERVICES

While you are waiting for a final decision from an appeal or State Hearing, you have the right to keep receiving approved services. Contact our Patients’ Rights Advocate at 442-265-1525 for more information.