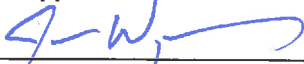
 <p>Deputy</p>	<p>Date Approved: 3/7/17</p> <p>By: </p> <p><b>James Wagner</b>, LMFT/LPCC Interim Deputy Director</p>
<p><b>POLICY TITLE</b></p> <p><b>Client Rights, Consumer Complaint and Fair Hearing Processes for Substance Use Prevention and Treatment Services</b></p>	<p><b>Policy No:</b> 350-1-1</p> <p><b>Date of Original Approval:</b> 1/2/1995</p> <p><b>Date of Revision(s):</b> 11/01/1997; 3/7/17</p>

**PURPOSE**

This policy addresses the need to ensure that consumers of Alameda County Behavioral Health Care Services (BHCS) substance use prevention and treatment services are informed of their Client Rights and are also offered resources to address complaints with their service provider. This policy also ensures that consumers are informed of their right to file a complaint with the Substance Use Disorder (SUD) Complaint Division of the California Department of Health Care Services (DHCS) and/or, for Drug Medi-Cal beneficiaries, to file for a State Fair Hearing.

**AUTHORITY**

Current BHCS contracts with the State Department of Health Care Services (DHCS); 42 California Code of Regulations Section 2.1 through 2.67-1; Title 9, Chapter 4, Section 9823.1 and 10541 (a). Title 9, Sec. 3060,13065 (Counselor Code of Conduct); CCR Sec 10561 (Special Incidents-death, disease outbreak, personnel, structural changes, other information of a critical or emergency situation); 42 CFR Part 455 (fraud compliants/audits & investigations), 42 CFR Subpart A (SUD investigation prior to referral to law enforcement); 42 CFR Part 1007 (fraud and elder abuse); CCR Title 9 Chapter 5 Sec, 10543 (complaints regarding licensed and/or certified facilities);Section 10542 (complaints regarding unlicensed facilities); Title 22, California Code of Regulations (CCR), Sections 50951 and 51014.1; Welfare and Institutions Code, Sections 10850, 10951-10965;Title VI of the Civil Rights Act of 1964; Section 504, Rehabilitation Act of 1973, the American with Disabilities Act (ADA) of 1990; and California Government Code Section 11135 (Discrimination); Title 9 CCR, Chapter 4, (Narcotic Treatment Programs), Article 6 Code 10420.

**SCOPE**

All BHCS offices and staff as well as entities and programs providing substance use prevention and treatment services under a contract or subcontract with BHCS are required to adhere to this policy.

**POLICY**

This policy identifies client rights in the substance use prevention and treatment setting, provides examples of unsatisfactory services, and describes the beneficiary complaint and State Fair Hearing processes that consumers shall be informed of by their SUD provider.

## PROCEDURE

- I. BHCS providers contracted to provide substance use prevention and treatment services shall post a *public notice* of Client Rights (see attached BHCS Client Rights poster) within the clinic setting. The BHCS Client Rights poster shall be used to notify each consumer of the following Client Rights:
  - a) The consumer's right to privacy of their treatment, and confidentiality of their treatment record;
  - b) To be treated with dignity and respect by their provider, staff and other individuals;
  - c) To receive treatment services in a safe, healthful, and comfortable setting;
  - d) To be free from intellectual, emotional and/or physical abuse;
  - e) To be informed by their provider of the law(s) regarding complaints and who to contact;
  - f) The right to access their records; and
  - g) The right to voluntarily attend church, religious practices or meet with their spiritual advisor provided that these activities do not conflict with program requirements.
  
- II. Examples of unsatisfactory service include but are not limited to the following:
  - a) If the consumer is not receiving the type of treatment that is needed or wanted;
  - b) If the quality of the service is not meeting the needs of the consumer;
  - c) If there is a sense of discrimination or being treated unfairly; and
  - d) If appointments are in conflict with the consumer's schedule or create a barrier to accessing treatment.

The SUD provider will provide the consumer with DHCS contact information for the SUD Complaints Division of DHCS. A complaint can be filed orally (phone call), in writing (mail or fax), or electronically:

- Telephone Call to the State:
  - a) Driving under the Influence Program Services: 916-322-2964
  - b) Narcotic Treatment Programs: 916-322-6682
  - c) Sober Living Facility: 916-322-2911
  - d) SUD Counselor Complaint: 916-322-2911
  - e) SUD DHCS Complaint Division: 877-685-8333
  
- Written complaints to the State:

DHCS Licensing and Certification Branch  
Department of Health Care Services (DHCS)  
Licensing and Certification Branch, MS# 2600  
**Attention:** Complaint Coordinator  
P.O. Box 997413  
Sacramento CA 95877-7413

- Fax: 916-440-5094
- Electronically through the SUD Compliance Division DHCS Resources secure online Complaint Form: <http://www.dhcs.ca.gov/provgovpart/Pages/SUDS-Compliance.aspx>

III. State Fair Hearing Rights: If the complaint is related to denial, involuntary discharge or reduction of Drug Medi-Cal funded substance use treatment benefits the SUD treatment provider must notify the beneficiary in writing at least ten (10) calendar days prior to the effective date of the intended action. The written notice must include:

- A statement of the action the provider intends to take;
- The reason for the intended action;
- A citation of the specific regulation(s) supporting the intended action;
- Inform the Beneficiary of their right to a State Fair Hearing for the purpose of appealing the intended action;
- Inform the Beneficiary that the provider will continue treatment only if the beneficiary appeals in writing within ten (10) days of the notice; and

A request for a State Fair Hearing can be filed orally (phone call), in writing (mail or fax), or electronically:

- Written complaints to the State:

Department of Social Services State Hearing Division  
P.O. Box 944243, MS 9-17-37  
Sacramento, CA 94244-2430  
800-952-5253  
TDD 800-952-8349

- Fax: 916-651-2789
- Electronically through the Department of Social Services State Hearing Division secure electronic form: <http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/NABACK9.PDF>

**CONTACT**

BHCS Office	Current as of	Email
Sharon Loveseth, LAADC; Program Specialist SUD Quality Assurance	03/07/2017	sloveseth@acgov.org

**DISTRIBUTION**

This policy will be distributed to the following:

- BHCS Staff
- BHCS County and Contract Providers
- Public

**ISSUANCE AND REVISION HISTORY**

**Original Authors:** Unknown

**Original Date of Approval:** 01/02/1995; 11/01/1997

**Date of Revision:** 03/7/2017

Revise Author	Reason for Revise	Date of Approval by (Name)
Sharon Loveseth, LAADC, SUD QA Program Specialist; Donna Fone, LMFT, LPCC, Quality Assurance Administrator	Policy update	3/7/2017 by James Wagner, LMFT/LPCC, Interim Deputy Director

**DEFINITIONS**

Term	Definition
<b>Consumer</b>	Anyone currently receiving BHCS care or services, or who has received BHCS care or services in the last 12 months. The term 'consumer' is also synonymous with 'beneficiary,' 'patient,' or 'client'.
<b>Medi-Cal</b>	The name of California's Medicaid program which provides health coverage to people with low-income, the aged or disabled and those with asset levels who meet certain eligibility requirements.

**ATTACHMENTS:**

- BHCS Clients Rights for Substance Use Prevention and Treatment Services Poster

# CLIENT RIGHTS

## SUBSTANCE USE PREVENTION AND TREATMENT SERVICES

### YOUR RIGHTS: .

- The right to privacy of your treatment, and confidentiality of your treatment record
- To be accorded dignity in personal relationships with staff and other individuals
- To be accorded safe, healthful, and comfortable accommodations to meet your needs
- To be free from intellectual, emotional, and/or physical abuse
- To be informed by the licensee of the provisions of law regarding complaints, including, but not limited to, the address and telephone number of the California Department of Health Care Services (DHCS)
- To be free to attend religious services or activities of your choice and to have visits from a spiritual advisor provided that these services or activities do not conflict with facility program requirements. (Participation in religious services is voluntary)

### UNSATISFACTORY SERVICE

#### Examples:

- If you are not getting the kind of service you want.
- If you are getting poor quality service.
- If you are being treated unfairly.
- If you feel you need a service team assignment, but you are assigned a medication support service.
- If appointments are never scheduled at the time which is good for you.

### COMPLAINTS ABOUT THE TREATMENT FACILITY:

Any individual may request an inspection of an alcoholism or drug abuse recovery or treatment facility. Complaints for issues related to the facility are directed to the:

**Department of Health Care Services**  
**Licensing and Certification Branch, MS 2600**  
PO Box 997413 MS 2600  
Sacramento, CA 95899-7413  
Attention: Complaint Coordinator

877-685-8333                      FAX: 916-651-2789  
TDD: 916-445-1942

DHCS CCR Title 9, Chapter 4, Section 10569; Section 10541 (a); CCR Title 22 Section 51341.1 (p); Title 42, Section 2.1-2.67-1, Code of Federal Regulations



### WHERE TO REGISTER A COMPLAINT:

If you cannot resolve your complaint with the SUD Provider or do not feel comfortable speaking to your service provider then contact the State Department of Health Care Services (DHCS) directly. The following phone numbers access specific program services to file your complaint.

DUI Program Service	916-322-2964
Narcotic Treatment Program	916-322-6682
Sober Living Facilities	916-322-2911
SUD Counselor Complaint:	916-322-2911
SUD DHCS Complaint Division	877-685-8333

Fax your written complaint to:                      916-440-5094

Or file your complaint electronically through the SUD Compliance Division DHCS Resources secure online Complaint Form:

<http://www.dhcs.ca.gov/provgovpart/Pages/SUDS-Compliance.aspx>



### STATE FAIR HEARING RIGHTS

If your complaint is related to a denial, involuntary discharge or reduction of treatment benefits your provider must notify you in writing within ten (10) calendar days of the effective date of change to your benefit. You, the beneficiary, will need to contact the:

**Dept. of Social Services State Hearings Division**  
P.O. Box 944243, MS 9-17-37  
Sacramento, CA 94244-2430  
800-952-5253                      FAX: 916-651-2789  
TDD: 800-952-8349