Shasta County Mental Health Plan

INVENTORY SHEET: List of “Informing Materials” brochures to be displayed

on site and accessible to Medi-Cal Clients of Shasta County

**To:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**From:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RE: Updating Informing Material Brochures:

Hello, please let us know what items you need more of, and even what you use most often, and we will fill your request ASAP. THANK YOU! Please send request to Mental Health Compliance Officer at ***mhcompofcr*@*co.shasta.ca.us.***

|  |  |  |
| --- | --- | --- |
| **Name of Form** | **Indicate Quantity Needed** | **Quantity sent &**  **DATE:** |
| Appeal Form (Required) |  |  |
| Grievance Form (Required) |  |  |
| Change of Provider Form (Required) |  |  |
| Advance Healthcare Directive |  |  |
| Self-Advocacy |  |  |
| Patients’ Rights |  |  |
| **Provider List: List of Contract Organizational Providers** | TAGLINE INFORMATION |  |
| **Guide to Medi-Cal Mental Health (From the State of California)** | On line Guide and Provider list information page |  |
| EPSDT-Early and Periodic Screening, Diagnostic and Treatment |  |  |
|  | **Wall Posters** |  |
| Mental Health Patient’s Rights Poster |  |  |
| Grievance Procedure Poster |  |  |
| Appeal Procedure Poster |  |  |
| State Fair Hearing Poster |  |  |

December 2018