SAN BENITO COUNTY
BEHAVIORAL HEALTH DEPARTMENT
Mental Health & Substance Use Disorder Services

San Benito County Drug Medi-Cal Organized Delivery System Beneficiary Handbook

1131 Community Parkway
Hollister, CA 95023

Phone: (831) 636-4020
Fax: (831) 636-4025
TTY: 711

Toll-Free 24-hour Access and Crisis Line
Call 1-888-636-4020

Revised Date: November 21, 2023
Effective Date: January 1, 2024[1]

[1] The handbook must be provided at the time the beneficiary first accesses services.

LANGUAGE TAGLINES

English Tagline
ATTENTION: If you need help in your language call 1-888-636-4020 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-888-636-4020 (TTY: 711). These services are free of charge.

الشعار بالعربية (Arabic)
يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-888-636-4020 (TTY: 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ 1-888-636-4020 (TTY: 711). هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)
ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-888-636-4020 (TTY: 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-888-636-4020 (TTY: 711): Այդ ծառայություններն անվճար են:

ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Cambodian)
ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-888-636-4020 (TTY: 711)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-888-636-4020 (TTY: 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

简体中文标语 (Chinese)
请注意：如果您需要以您的母语提供帮助，请致电 1-888-636-4020 (TTY: 711)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 1-888-636-4020 (TTY: 711)。这些服务都是免费的。

مطلب به زبان فارسی (Farsi)
توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-888-636-4020 (TTY: 711) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-888-636-4020 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी टैगलाइन (Hindi)
ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-888-636-4020 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-888-636-4020 (TTY: 711) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Nqe Lus Hmoob Cob (Hmong)
CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-888-636-4020 (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 1-888-636-4020 (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 1-888-636-4020 (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。 1-888-636-4020 (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 1-888-636-4020 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-888-636-4020 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ແທກໄລພາສາລາວ (Laotian)
ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-888-636-4020 (TTY: 711). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ
ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ
1-888-636-4020 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)
LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-888-636-4020
(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 hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-888-636-4020 (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 1-888-636-4020 (TTY: 711). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ| ਕਾਲ ਕਰੋ 1-888-636-4020 (TTY: 711).
ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ|

Русский слоган (Russian)
ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-888-636-4020 (линия TTY: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-888-636-4020 (линия TTY: 711). Такие услуги предоставляются бесплатно.

Mensaje en español (Spanish)
ATENCIÓN: si necesita ayuda en su idioma, llame al 1-888-636-4020 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-888-636-4020 (TTY: 711). Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)
ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-888-636-4020 (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 1-888-636-4020 (TTY: 711). Libre ang mga serbisyong ito.

แท็กไลน์ภาษาไทย (Thai)
โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-888-636-4020 (TTY: 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-888-636-4020 (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)
УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-888-636-4020 (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-888-636-4020 (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 1-888-636-4020 (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 1-888-636-4020 (TTY: 711). Các dịch vụ này đều miễn phí.

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Other languages

You can get this Beneficiary Handbook and other plan materials in other languages at no cost to you. We provide written translations from qualified translators. Call 1-888-636-4020 (TTY: 711). The call is toll free. Read this Beneficiary Handbook to learn more about health care language assistance services, such as interpreter and translation services.

Other formats

You can get this information in other formats, such as braille, 20-point font large print, audio, and accessible electronic formats at no cost to you. Call 1-888-636-4020 (TTY: 711). The call is toll free.

Interpreter Services

San Benito County provides oral interpretation services from a qualified interpreter, on a 24-hour basis, at no cost to you. You do not have to use a family member or friend as an interpreter. We discourage the use of minors as

interpreters, unless it is an emergency. Interpreter, linguistic and cultural services are available at no cost to you. Help is available 24 hours a day, 7 days a week. For language help or to get this handbook in a different language, call 1-888-636-4020 or 711. The call is toll free.

NONDISCRIMINATION NOTICE

Discrimination is against the law. *San Benito County Behavioral Health (SBCBH)* follows State and Federal civil rights laws. *SBCBH* 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.

SBCBH 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 *SBCBH* between *8:00 am to 5:00 pm Monday - Friday* by calling *1-888-636-4020*. Or, if you cannot hear or speak well, please call *TYY: 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 *SBCBH* 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 *the SBCBH Compliance Officer*. You can file a grievance by phone, in writing, in person, or electronically:

Call San Benito County Drug Medi-Cal Organized Delivery System (DMC-ODS) toll-free at 1-888-636-4020 or visit online at https://www.cosb.us/departments/behavioral-health. San Benito County DMC-ODS is available Monday – Friday, 8:00 a.m. to 5:00 p.m.

- By phone: Contact *the Compliance Officer* between *8:00 am and 5:00 pm* by calling *1-888-636-4020.* Or, if you cannot hear or speak well, please call *TTY: 711*.
- In writing: Fill out a complaint form or write a letter and send it to:
  Compliance Officer
  San Benito County Behavioral Health
  1131 Community Parkway, Hollister, CA 95023
- In person: Visit your doctor's office or *SBCBH* and say you want to file a grievance.
- Electronically: Visit *SBCBH's* website at *https://www.cosb.us/departments/behavioral-health*.

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

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Call San Benito County Drug Medi-Cal Organized Delivery System (DMC-ODS) toll-free at 1-888-636-4020 or visit online at https://www.cosb.us/departments/behavioral-health. San Benito County DMC-ODS is available Monday – Friday, 8:00 a.m. to 5:00 p.m.

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

GENERAL INFORMATION

Why Is It Important to Read This Handbook?

Welcome to San Benito County Behavioral Health (SBCBH) Drug Medi-Cal Organized Delivery System (DMC-ODS). As your DMC-ODS provider, we have the responsibility for making needed substance use disorder treatment service readily available to you. As a member, you have certain rights and responsibilities, which are outlined in this handbook.

It is important that you understand how the DMC-ODS plan works so you can get the care you need. This handbook explains your benefits and how to get care. It will also answer many of your questions.
You will learn:

- How to receive substance use disorder treatment services through your DMC-ODS County
- What benefits you have access to
- What to do if you have a question or problem
- Your rights and responsibilities as a beneficiary of your DMC-ODS County

If you don't read this handbook now, you should keep this handbook so you can read it later. Use this handbook as an addition to the beneficiary handbook that you received when you enrolled in your current Medi-Cal benefit. Your Medi-Cal benefit could be with a Medi-Cal managed care plan or with the regular Medi-Cal "Fee for Service" program.

As A Beneficiary of Your DMC-ODS County Plan, Your DMC-ODS County Is Responsible For:

- Determining if you meet access criteria for DMC-ODS County services from the county or its provider network.

Call San Benito County Drug Medi-Cal Organized Delivery System (DMC-ODS) toll-free at 1-888-636-4020 or visit online at https://www.cosb.us/departments/behavioral-health. San Benito County DMC-ODS is available Monday – Friday, 8:00 a.m. to 5:00 p.m.

- Coordinating your care with other plans or delivery systems as needed to facilitate care transitions and guide referrals for beneficiaries, ensuring that the referral loop is closed, and the new provider accepts the care of the beneficiary.
- Providing a toll-free phone number that is answered 24 hours a day and 7 days a week that can tell you about how to get services from the DMC-ODS County.
- Having enough providers close to you to make sure that you can get the substance use treatment services covered by the DMC-ODS County if you need them.
- Informing and educating you about services available from your DMC-ODS County.
- Providing you services in your language or by an interpreter (if necessary) free of charge and letting you know these interpreter services are available.
- Providing you with written information about what is available to you in other languages or formats. Staff are also available to read materials to you if requested to do so.
- Providing you with notice of any significant change in the information specified in this handbook at least 30 days before the intended effective date of the change. A change would be considered significant when there is an increase or decrease in the amount or type of services that are available, or if there is an increase or decrease in the number of network providers, or if there is any other change that would impact the benefits you receive through the DMC-ODS County.
- Ensuring that you have continued access to your previous and current out-of-network provider for a period of time if changing providers would cause your health to suffer or increase your risk of hospitalization.

Call the SBCBH Access Line at 1-888-636-4020 for Member Services.

Call San Benito County Drug Medi-Cal Organized Delivery System (DMC-ODS) toll-free at 1-888-636-4020 or visit online at https://www.cosb.us/departments/behavioral-health. San Benito County DMC-ODS is available Monday – Friday, 8:00 a.m. to 5:00 p.m.

Information for Beneficiaries Who Need Materials in A Different Language

All beneficiary informing materials, including this handbook and Grievance/Appeal forms are available at the SBCBH DMC-ODS provider site in English and Spanish.

For other language, please contact the SBCBH Access Line at 1-888-636-4020.

You may also find the Beneficiary Handbook the San Benito County Behavioral Health website by accessing the following link:
https://www.cosb.us/departments/behavioral-health.
For beneficiaries with disabilities who cannot access this information online, auxiliary aids and services will be provided upon request and at no cost.

Information for Beneficiaries Who Have Trouble Reading

If you require this document in an alternate format (for example: large print or audio recordings), you may request an alternate format by calling the SBCBH Access Line at 1-888-636-4020 (toll free). Upon request you can get this information **free of charge** within 5 business days.

Hearing and/or speech impaired members may call the California Relay service by dialing 711.

If you need help reading or understanding materials, SBCBH staff members are happy to assist you.

Information for Beneficiaries Who Are Hearing Impaired

If you require this document in an alternate format (for example: large print or audio recordings), you may request an alternate format by calling the SBCBH Access Line at

1-888-636-4020 (toll free). Upon request you can get this information **free of charge** within 5 business days.

Hearing and/or speech impaired members may call the California Relay service by dialing 711.

If you need help reading or understanding materials, SBCBH staff members are happy to assist you.

Information for Beneficiaries Who Are Vision Impaired

If you require this document in an alternate format (for example: large print or audio recordings), you may request an alternate format by calling the SBCBH Access Line at 1-888-636-4020 (toll free). Upon request you can get this information **free of charge** within 5 business days.

Hearing and/or speech impaired members may call the California Relay service by dialing 711.

If you need help reading or understanding materials, SBCBH staff members are happy to assist you.

Notice of Privacy Practices

You may obtain a copy of the Notice of Privacy Practices from the front desk at our clinic; or online at https://www.cosb.us/departments/behavioral-health.

SERVICES

What are DMC-ODS County Services?

DMC-ODS County services are health care services for people who have a substance use condition or, in some instances, are at risk of developing a substance use condition that a pediatrician or general practitioner may not be able to treat. You can refer to the "Screening, Brief Intervention, Referral to Treatment and Early Intervention Services" section of this notice for further information.

DMC-ODS County services include:

- Outpatient Treatment Services
- Intensive Outpatient Treatment Services
- Partial Hospitalization Services
- Residential/Inpatient Treatment Services
- Withdrawal Management Services
- Narcotic Treatment Program Services
- Medications for Addiction Treatment (MAT)
- Recovery Services
- Peer Support Services
- Care Coordination Services
- Contingency Management
- Mobile Crisis

Services offered in the DMC-ODS county are available by telephone or telehealth, except medical evaluations for Narcotic Treatment Services and Withdrawal Management. If you would like to learn more about each DMC-ODS service that may be available to you, see the descriptions below:

Call San Benito County Drug Medi-Cal Organized Delivery System (DMC-ODS) toll-free at 1-888-636-4020 or visit online at https://www.cosb.us/departments/behavioral-health. San Benito County DMC-ODS is available Monday – Friday, 8:00 a.m. to 5:00 p.m.

Outpatient Treatment Services

- Counseling services are provided to beneficiaries up to nine hours a week for adults and less than six hours a week for beneficiaries under age 21 when medically necessary. Services may exceed the maximum based on individual medical necessity. Services can be provided by a licensed professional or a certified counselor in any appropriate setting in the community in person, by telephone, or by telehealth.
- Outpatient Services include assessment, care coordination, counseling, family therapy, medication services, Medications for Addiction Treatment for opioid use disorder, Medications for Addiction Treatment for alcohol use disorder and other non-opioid substance use disorders, patient education, recovery services, and substance use disorder crisis intervention services.

Intensive Outpatient Services

- Intensive Outpatient Services are provided to beneficiaries a minimum of nine hours with a maximum of 19 hours a week for adults, and a minimum of six hours with a maximum of 19 hours a week for beneficiaries under age 21 when determined to be medically necessary. Services consist primarily of counseling and education about addiction-related problems. Services can be provided by a licensed professional or a certified counselor in a structured setting. Intensive Outpatient Treatment Services may be provided in person, by telehealth, or by telephone.
- Intensive Outpatient Services include the same components as Outpatient Services. The increased number of hours of service is the main difference.

Partial Hospitalization (varies by county)

- Beneficiaries under age 21 may be eligible for the service under Early and Periodic Screening, Diagnostic, and Treatment regardless of their county of residence.
- Partial Hospitalization services include 20 or more hours of clinically intensive programming per week, as medically necessary. Partial hospitalization programs typically have direct access to psychiatric, medical, and laboratory services and meet the identified needs which warrant daily monitoring or management but which can be appropriately addressed in a clinically intensive outpatient setting. Services may be provided in person, by synchronous telehealth, or by telephone.
- Partial Hospitalization services are similar to Intensive Outpatient Services, with an increase in the number of hours and additional access to medical services being the main differences.

Residential Treatment (subject to authorization by the county)

- Residential Treatment is a non-institutional, 24-hour non-medical, short-term residential program that provides rehabilitation services to beneficiaries with a substance use disorder diagnosis when determined as medically necessary. The beneficiary shall live on the premises and shall be supported in their efforts to restore, maintain, apply interpersonal and independent living skills, and access community support systems. Most services are provided in person; however, telehealth and telephone may also be used to provide services while a person is in residential treatment. Providers and residents work collaboratively to define barriers, set priorities, establish goals, and solve substance use disorder-related problems. Goals include sustaining abstinence, preparing for relapse triggers, improving personal health and social functioning, and engaging in continuing care.
- Residential services require prior authorization by the DMC-ODS county.

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- Residential Services include intake and assessment, care coordination, individual counseling, group counseling, family therapy, medication services, Medications for Addiction Treatment for opioid use disorder, Medications for Addiction Treatment for alcohol use disorder and other non-opioid substance use disorders, patient education, recovery services, and substance use disorder crisis intervention services.
- Residential Services providers are required to either offer medications for addiction treatment directly on-site or facilitate access to medications for addiction treatment off-site during residential treatment. Residential Services providers do not meet this requirement by only providing the contact information for medications for addiction treatment providers. Residential Services providers are required to offer and prescribe medications to beneficiaries covered under the DMC-ODS.
- San Benito County (include any additional information regarding the amount, duration, and scope of benefits available under the Agreement in sufficient detail to ensure that beneficiaries understand the benefits to which they are entitled)

Inpatient Treatment Services (varies by county and is subject to authorization by the county)

- Beneficiaries under age 21 may be eligible for the service under Early and Periodic Screening, Diagnostic, and Treatment regardless of their county of residence.
- Inpatient services are provided in a 24-hour setting that provides professionally directed evaluation, observation, medical monitoring, and addiction treatment in an inpatient setting. Most services are provided in person; however, telehealth and telephone may also be used to provide services while a person is in inpatient treatment.
- Inpatient services are highly structured and a physician is likely available on-site 24 hours daily, along with Registered Nurses, addiction counselors, and other

clinical staff. Inpatient Services include assessment, care coordination, counseling, family therapy, medication services, Medications for Addiction Treatment for opioid use disorder, Medications for Addiction Treatment for Alcohol use disorder and other non-opioid substance use disorders, patient education, recovery services, and substance use disorder crisis intervention services.

Narcotic Treatment Program

- Narcotic Treatment Program are outpatient programs that provide FDA-approved drugs to treat substance use disorders when ordered by a physician as medically necessary. Narcotic Treatment Programs are required to offer and prescribe medications to beneficiaries covered under the DMC-ODS formulary including methadone, buprenorphine, naloxone, and disulfiram.
- A beneficiary must be offered, at a minimum, 50 minutes of counseling sessions per calendar month. These counseling services can be provided in person, by telehealth, or by telephone. Narcotic Treatment Services include assessment, care coordination, counseling, family therapy, medical psychotherapy, medication services, Medications for Addiction Treatment for opioid use disorder, Medications for Addiction Treatment for alcohol use disorder and other non-opioid substance use disorders, patient education, recovery services, and substance use disorder crisis intervention services.

Withdrawal Management

- Withdrawal management services are urgent and provided on a short-term basis. Withdrawal Management services can be provided before a full assessment has been completed and may be provided in an outpatient, residential, or inpatient setting.

- Regardless in which type of setting, the beneficiary shall be monitored during the withdrawal management process. Beneficiaries receiving withdrawal management in a residential or inpatient setting shall reside at the facility. Medically necessary habilitative and rehabilitative services are prescribed by a licensed physician or licensed prescriber.
- Withdrawal Management Services include assessment, care coordination, medication services, Medications for Addiction Treatment for opioid use disorder, Medications for Addiction Treatment for alcohol use disorder and other non-opioid substance use disorders, observation, and recovery services.

Medications for Addiction Treatment

- Medications for Addiction Treatment Services are available in clinical and non-clinical settings. Medications for Addiction Treatment include all FDA-approved medications and biological products to treat alcohol use disorder, opioid use disorder, and any substance use disorder. Beneficiaries have a right to be offered Medications for Addiction Treatment on-site or through a referral outside of the facility. A list of approved medications include:
    - Acamprosate Calcium
    - Buprenorphine Hydrochloride
    - Buprenorphine Extended-Release Injectable (Sublocade)
    - Buprenorphine/Naloxone Hydrochloride
    - Naloxone Hydrochloride
    - Naltrexone (oral)
    - Naltrexone Microsphere Injectable Suspension (Vivitrol)
    - Lofexidine Hydrochloride (Lucemyra)
    - Disulfiram (Antabuse)
    - Methadone (delivered by Narcotic Treatment Programs)
- Medications for Addiction Treatment may be provided with the following services: assessment, care coordination, individual counseling, group counseling, family

therapy, medication services, patient education, recovery services, substance use disorder crisis intervention services, and withdrawal management services. Medications for Addiction Treatment may be provided as part of all DMC-ODS services, including Outpatient Treatment Services, Intensive Outpatient Services, and Residential Treatment, for example.

- Beneficiaries may access Medications for Addiction Treatment outside of the DMC-ODS county as well. For instance, medications for addiction treatment, such as buprenorphine, can be prescribed by some prescribers in primary care settings that work with your Medi-Cal Managed Care Plan (the regular Medi-Cal "Fee for Service" program) and can be dispensed or administered at a pharmacy.

Peer Support Services (varies by county)

- Beneficiaries under age 21 may be eligible for the service under Early and Periodic Screening, Diagnostic, and Treatment regardless of their county of residence.
- Providing Peer Support Services is optional for participating counties. San Benito County does not cover Peer Support Services for the DMC-ODS.
- Peer Support Services are culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities. These services can be provided to you or your designated significant support person(s) and can be received at the same time as you receive other DMC-ODS services. The Peer Specialist in Peer Support Services is an individual who has lived experience with mental health or substance use conditions and is in recovery who has completed the requirements of a county's State-approved certification program, who is certified by the counties, and who provides these services under the direction of a Behavioral Health Professional who is licensed, waivered, or registered with the State.

- Peer Support Services include individual and group coaching, educational skill-building groups, resource navigation, engagement services to encourage you to participate in behavioral health treatment, and therapeutic activities such as promoting self-advocacy.

Recovery Services

- Recovery Services can be important to your recovery and wellness. Recovery services can help you connect to the treatment community to manage your health and health care. Therefore, this service emphasizes your role in managing your health, using effective self-management support strategies, and organizing internal and community resources to provide ongoing self-management support.
- You may receive Recovery Services based on your self-assessment or provider assessment of relapse risk. Services may be provided in person, by telehealth, or by telephone.
- Recovery Services include assessment, care coordination, individual counseling, group counseling, family therapy, recovery monitoring, and relapse prevention components.

Care Coordination

- Care Coordination Services consists of activities to provide coordination of substance use disorder care, mental health care, and medical care, and to provide connections to services and supports for your health. Care Coordination is provided with all services and can occur in clinical or non-clinical settings, including in your community.
- Care Coordination Services include coordinating with medical and mental health providers to monitor and support health conditions, discharge planning, and coordinating with ancillary services including connecting you to community-based services such as childcare, transportation, and housing.

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Contingency Management (varies by county)

- Beneficiaries under age 21 may be eligible for the service under Early and Periodic Screening, Diagnostic, and Treatment regardless of their county of residence.
- Providing Contingency Management Services is optional for participating counties. It should be noted that San Benito County's DMC-ODS Plan does not cover Contingency Management Services.
- Contingency Management Services are an evidence-based treatment for stimulant use disorder where eligible beneficiaries will participate in a structured 24-week outpatient Contingency Management service, followed by six or more months of additional treatment and recovery support services without incentives.
- The initial 12 weeks of Contingency Management services include a series of incentives for meeting treatment goals, specifically not using stimulants (e.g., cocaine, amphetamine, and methamphetamine) which will be verified by urine drug tests. The incentives consist of cash equivalents (e.g., gift cards).
- Contingency Management Services are only available to beneficiaries who are receiving services in a non-residential setting operated by a participating provider and are enrolled and participating in a comprehensive, individualized course of treatment.

Mobile Crisis Services (varies by county)

- Beneficiaries under age 21 may be eligible for the service under Early and Periodic Screening, Diagnostic, and Treatment regardless of their county of residence.
- Mobile Crisis Services are available if you are experiencing a mental health and/or substance use crisis ("behavioral health crisis").

- Mobile Crisis Services are services provided by health professionals at the location where you are experiencing a crisis, including at your home, work, school, or any other locations, excluding a hospital or other facility setting. Mobile Crisis Services are available 24 hours a day, 7 days a week, and 365 days a year.
- Mobile Crisis Services include rapid response, individual assessment and community-based stabilization. If you need further care, the mobile providers will also facilitate warm handoffs or referrals to other services.

Screening, Assessment, Brief Intervention and Referral to Treatment

Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment is not a DMC-ODS benefit. It is a benefit in Medi-Cal Fee-for-Service and Medi-Cal managed care delivery system for beneficiaries that are aged 11 years and older. Managed care plans must provide covered substance use disorder services, including alcohol and drug use screening, assessment, brief interventions, and referral to treatment (SABIRT) for beneficiaries ages 11 years and older.

Early Intervention Services

Early intervention services are a covered DMC-ODS service for beneficiaries under age 21. Any beneficiary under age 21 who is screened and determined to be at risk of developing a substance use disorder may receive any service covered under the outpatient level of service as early intervention services. A substance use disorder diagnosis is not required for early intervention services for beneficiaries under age 21.

Early Periodic Screening, Diagnosis, and Treatment

Beneficiaries under age 21 are eligible to get the services described earlier in this handbook as well as additional Medi-Cal services through a benefit called Early and Periodic Screening, Diagnostic, and Treatment.

To be eligible for Early and Periodic Screening, Diagnostic, and Treatment services, a beneficiary must be under age 21 and have full-scope Medi-Cal. Early and Periodic Screening, Diagnostic, and Treatment cover services that are medically necessary to correct or help defects and physical and behavioral health conditions. Services that sustain, support, improve, or make a condition more tolerable are considered to help the condition and are covered as Early and Periodic Screening, Diagnostic, and Treatment services. The access criteria for beneficiaries under 21 is different and more flexible than the access criteria for adults accessing DMC-ODS services, to meet the Early and Periodic Screening, Diagnostic, and Treatment mandate and the intent for prevention and early intervention of substance use disorder conditions.

If you have questions about the Early and Periodic Screening, Diagnostic, and Treatment services, please call 1-888-636-4020 or visit the DHCS Early and Periodic Screening, Diagnostic, and Treatment webpage.

Substance Use Disorder Services Available from Managed Care Plans or "Regular" Medi-Cal "Fee for Service" Program"

Managed care plans must provide covered substance use disorder services, including alcohol and drug use screening, assessment, brief interventions, and referral to treatment (SABIRT) for beneficiaries ages 11 and older, including pregnant members, in primary care settings and tobacco, alcohol, and illicit drug screening. Managed care plans must also provide or arrange for the provision of Medications for Addiction Treatment (also known as Medication-Assisted Treatment) provided in primary care,

inpatient hospital, emergency departments, and other contracted medical settings. Managed care plans must also provide emergency services necessary to stabilize the beneficiary, including voluntary inpatient detoxification.

HOW TO GET DMC-ODS SERVICES

How Do I Get DMC-ODS Services?

If you think you need substance use treatment services, you can get services by asking the DMC-ODS county for them yourself. You can call your county toll-free phone number listed on the front of this handbook. You may also be referred to your DMC-ODS county for substance use treatment services in other ways.

Your DMC-ODS county is required to accept referrals for substance use disorder treatment services from physicians, behavioral health professionals, and other primary care providers who think you may need these services and from your Medi-Cal managed care health plan, if you are a beneficiary. Usually, your general practitioner or the Medi-Cal managed care health plan will need your permission or the permission of the parent or caregiver of a child to make the referral, unless there is an emergency. Other people and organizations may also make referrals to the county, including schools; county welfare or social services departments; conservators, guardians or family members; and law enforcement agencies.

The covered services are available through SBCBH's provider network. If any contracted provider objects to performing or otherwise supporting any covered service, SBCBH will arrange for another provider to perform the service. Your county may not deny a request to do an initial assessment to determine whether you meet the criteria to access DMC-ODS county services.

SBCBH is responsible for coordinating DMC-ODS services to ensure that DMC-ODS clients have an ongoing source of care that is appropriate to their individual needs. Client need is determined through a timely screening and assessment process; comprehensive treatment planning outlines appropriate services and ASAM levels of

care; and case management ensures that the client has access to additional supports to achieve their treatment plan goals.

SBCBH offers an array of services to meet the needs of DMC-ODS clients. SBCBH delivers assessment services, treatment planning; outpatient services, recovery services; physician consultation; and case management. SBCBH contracts with community providers for intensive outpatient services; substance use residential treatment, Medication Assisted Treatment (MAT); opioid/narcotic treatment (NTPs); and Withdrawal Management services.

Where Can I Get DMC-ODS Services?

San Benito County is participating in the DMC-ODS program. Since you are a resident of San Benito, you can get DMC-ODS services in the county where you live through the DMC-ODS. For DMC-ODS services not provided within your county, your county will arrange for you to receive services out-of-county when necessary and appropriate. Your DMC-ODS county has substance use disorder treatment providers available to treat conditions that are covered by the DMC-ODS county. Other counties that are not participating in the DMC-ODS can provide the following Drug Medi-Cal services:

- Intensive Outpatient Treatment
- Narcotic Treatment
- Outpatient Treatment
- Perinatal Residential Substance Abuse Service (excluding room and board)

If you are under age 21, you are also eligible for Early and Periodic Screening, Diagnostic, and Treatment services in any other county across the state.

After Hours Care

SBCBH provides 24-hour services to help you resolve crisis mental health situations and to access emergency SUD services. If you feel that you are in a mental health crisis or need emergency SUD services, please contact us 24-hours a day, 7 days a week at 1-888-636-4020.

How Do I Know When I Need Help?

Many people have difficult times in life and may experience substance use related problems. The most important thing to remember is that help is available. If you are eligible for Medi-Cal, and you think you may need professional help, you should request an assessment from your DMC-ODS county to find out for sure since you currently reside in a participating DMC-ODS county.

How Do I Know When a Child or Teenager Needs Help?

You may contact your participating DMC-ODS county for an assessment for your child or teenager if you think they are showing any of the signs of substance use. If your child or teenager qualifies for Medi-Cal and the county assessment indicates that drug and alcohol treatment services covered by the participating county are needed, the county will arrange for your child or teenager to receive the services.

When Can I Get DMC-ODS County Services?

Your DMC-ODS county has to meet the state's appointment time standards when scheduling an appointment for you to receive services from the DMC-ODS county. The DMC-ODS county must offer you an appointment that meets the following appointment time standards:

- Within 10 business days of your non-urgent request to start services with a substance use disorder provider for outpatient and intensive outpatient services;
- Within 3 business days of your request for Narcotic Treatment Program services;
- A follow-up non-urgent appointment within 10 days if you're undergoing a course of treatment for an ongoing substance use disorder, except for certain cases identified by your treating provider.

However, these times may be longer if your provider has determined that a longer waiting time is medically appropriate and not harmful to your health. If you have been told you have been placed on a waitlist and feel the length of time is detrimental to your health, contact your plan at 1-888-636-4020. You have the right to file a grievance if you do not receive timely care. For more information about filing a grievance, please see "The Grievance Process" section of this handbook.

Who Decides Which Services I Will Get?

You, your provider, and the DMC-ODS county are all involved in deciding what services you need to receive through the DMC-ODS county. A substance use disorder service provider will talk with you, and through their assessment they will help recommend which services are appropriate based on your needs. You will be able to receive some services while your provider conducts this assessment.

If you are under ~~the~~ age ~~of~~ 21, the DMC-ODS county must provide medically necessary services that will help to correct or improve your mental health condition. Services that sustain, support, improve, or make more tolerable a behavioral health condition are considered medically necessary.

HOW TO GET MENTAL HEALTH SERVICES

Where Can I Get Specialty Mental Health Services?

You can get specialty mental health services in the county where you live, and outside of your county if necessary. Each county has specialty mental health services for children, youth, adults, and older adults. If you are under age 21, you are eligible for additional coverage and benefits under Early and Periodic Screening, Diagnostic, and Treatment.

Your mental health plan will determine if you meet the access criteria for specialty mental health services. If you do, the mental health plan will refer you to a mental health provider who will assess your needs to determine which services are recommended to meet your needs. You can also request an assessment from your managed care plan if you are enrolled as a beneficiary with a managed care plan. If your managed care plan determines that you meet the access criteria for specialty mental health services, the managed care plan will refer you to receive services from the mental health plan or help you transition your services from the managed care plan to the mental health plan. There is no wrong door for accessing mental health services meaning you may even be able to receive non-specialty mental health services through your managed care plan in addition to specialty mental health services. You can access these services through your mental health provider if your provider determines that the services are clinically appropriate for you and as long as those services are coordinated and not duplicative.

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ACCESS CRITERIA & MEDICAL NECESSITY

What Are the Access Criteria for Coverage of Substance Use Disorder Treatment Services?

As part of deciding if you need substance use treatment services, the DMC-ODS county will work with you and your provider to decide if you meet the access criteria to receive DMC-ODS services. This section explains how your participating county will make that decision.

Your provider will work with you to conduct an assessment to determine which DMC-ODS services are most appropriate for you. This assessment must be performed face-to-face, through telehealth, or by telephone. You may receive some services while the assessment is taking place. After your provider completes the assessment, they will determine if you meet the following access criteria to receive services through the DMC-ODS:

- You must be enrolled in Medi-Cal.
- You must reside in a county that is participating in the DMC-ODS.
- You must have at least one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders for a Substance-Related and Addictive Disorder (with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders) or have had at least one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders for Substance Related and Addictive disorders prior to being incarcerated or during incarceration (with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders).

Beneficiaries under age 21 may receive all DMC-ODS services when a provider determines that the service would correct or help substance misuse of a substance use disorder, even if a diagnosis has not been determined. Even if your county of residence

does not participate in the DMC-ODS, if you are under age 21, you may still receive these services.

What Is Medical Necessity?

Services you receive must be medically necessary and appropriate to address your condition. For individuals 21 years of age and older, a service is medically necessary when it is reasonable and necessary to protect your life, prevent significant illness or disability, or to alleviate severe pain. For beneficiaries under age 21, a service is medically necessary if the service corrects or helps substance misuse, or a substance use disorder. Services that sustain, support, improve, or make more tolerable substance misuse or a substance use disorder are considered to help the condition and are thus covered as Early and Periodic Screening, Diagnostic, and Treatment services.

SELECTING A PROVIDER

How Do I Find a Provider for The Substance Use Disorder Treatment Services I Need?

The DMC-ODS county may put some limits on your choice of providers. You can request that your DMC-ODS county provide you with an initial choice of providers. Your DMC-ODS county must also allow you to change providers. If you ask to change providers, the county must allow you to choose a provider to the extent possible and appropriate.

Your county is required to post a current provider directory online. If you have questions about current providers or would like an updated provider directory, visit your county website https://www.cosb.us/departments/behavioral-health or call the county's toll-free phone number. A current provider directory is available electronically on the county's website, or you can get a paper copy in the mail upon request.

Sometimes DMC-ODS county contract providers choose to no longer provide DMC-ODS services as a provider of the county, no longer contracts with the DMC-ODS county, or no longer accepts DMC-ODS patients on their own or at the request of the DMC-ODS county. When this happens, the DMC-ODS county must make an effort to give written notice of termination of a county contracted provider within 15 days after receipt or issuance of the termination notice, to each person who was receiving substance use disorder treatment services from the provider.

American Indian and Alaska Native individuals who are eligible for Medi-Cal and reside in counties that have opted into the DMC-ODS county, can also receive DMC-ODS county services through Indian Health Care Providers that have the necessary Drug Medi-Cal certification.

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Once I Find a Provider, Can The DMC-ODS County Tell the Provider What Services I Get?

You, your provider, and the DMC-ODS county are all involved in deciding what services you need to receive through the county by following the access criteria for DMC-ODS services. Sometimes the county will leave the decision to you and the provider. Other times, the DMC-ODS county may require your provider to demonstrate the reasons the provider thinks you need a service before the service is provided. The DMC-ODS county must use a qualified professional to do the review.

This review process is called a plan authorization process. Prior authorization for services is allowed only for residential and inpatient services (excluding withdrawal management services). The DMC-ODS county's authorization process must follow specific timelines. For a standard authorization, the DMC-ODS county must make a decision on your provider's request within 14 calendar days.

If you or your provider request, or if the DMC-ODS county thinks it is in your interest to get more information from your provider, the timeline can be extended for up to another 14 calendar days. An example of when an extension might be in your interest is when the county thinks it might be able to approve your provider's request for authorization if the DMC-ODS county had additional information from your provider and would have to deny the request without the information. If the DMC-ODS county extends the timeline, the county will send you a written notice about the extension.

If the county doesn't make a decision within the timeline required for a standard or an expedited authorization request, the DMC-ODS county must send you a Notice of Adverse Benefit Determination telling you that the services are denied and that you may file an appeal or ask for a State Fair Hearing.

You may ask the DMC-ODS county for more information about its authorization process.

If you don't agree with the DMC-ODS county's decision on an authorization process, you may file an appeal with the county or ask for a State Fair Hearing. For more information, see the Problem Resolution section.

Which Providers Does My DMC-ODS County Use?

If you are new to the DMC-ODS county, a complete list of providers in your DMC-ODS county can be found at https://www.cosb.us/departments/behavioral-health and contains information about where providers are located, the substance use disorder treatment services they provide, and other information to help you access care, including information about the cultural and language services that are available from the providers. If you have questions about providers, call your county toll-free phone number located in the front section of this handbook.

YOUR RIGHT TO ACCESS MEDICAL RECORDS AND PROVIDER DIRECTORY INFORMATION USING SMART DEVICES

Your county is required to create and maintain a secure system so that you can access your health records and locate a provider using common technologies such as a computer, smart tablet, or mobile device. This system is called a Patient Access Application Programming Interface (API). Information to consider in selecting an application to access your medical records and locate a provider can be found on your county's website.

San Benito County Patient Access API
San Benito County Provider Directory API

Call San Benito County Drug Medi-Cal Organized Delivery System (DMC-ODS) toll-free at 1-888-636-4020 or visit online at https://www.cosb.us/departments/behavioral-health. San Benito County DMC-ODS is available Monday – Friday, 8:00 a.m. to 5:00 p.m.

NOTICE OF ADVERSE BENEFIT DETERMINATION

What Rights Do I Have if the DMC-ODS County Denies the Services I Want or Think I Need?

If your DMC-ODS county denies, limits, reduces, delays or ends services you want or believe you should get, you have the right to a written Notice (called a "Notice of Adverse Benefit Determination") from the DMC-ODS county. You also have a right to disagree with the decision by asking for an appeal. The sections below discuss your right to a Notice and what to do if you disagree with your DMC-ODS county's decision.

What Is an Adverse Benefit Determination?

An Adverse Benefit Determination is defined to mean any of the following actions taken by the DMC-ODS county:

1. The denial or limited authorization of a requested service, including determinations based on the type or level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
2. The reduction, suspension, or termination of a previously authorized service.
3. The denial, in whole or in part, of payment for a service.
4. The failure to provide services in a timely manner.
5. The failure to act within the required timeframes for standard resolution of grievances and appeals (If you file a grievance with the DMC-ODS county and the DMC-ODS county does not get back to you with a written decision on your grievance within 90 days. If you file an appeal with the DMC-ODS county and the DMC-ODS county does not get back to you with a written decision on your appeal within 30 days, or if you filed an expedited appeal, and did not receive a response within 72 hours.); or
6. The denial of a beneficiary's request to dispute financial liability.

What Is a Notice of Adverse Benefit Determination?

A Notice of Adverse Benefit Determination is a written letter that your DMC-ODS county will send you if it makes a decision to deny, limit, reduce, delay, or end services you and your provider believe you should get. This includes a denial of payment for a service, a denial based on claiming the services are not covered, or a denial that the service is for the wrong delivery system, or a denial of a request to dispute financial liability. A Notice of Adverse Benefit Determination is also used to tell you if your grievance, appeal, or expedited appeal was not resolved in time, or if you didn't get services within the DMC-ODS county's timeline standards for providing services.

Timing of the Notice

The DMC-ODS county must mail the notice to the beneficiary at least 10 days before the date of action for termination, suspension, or reduction of a previously authorized DMC-ODS county service. The DMC-ODS county must also mail the notice to the beneficiary within two business days of the decision for denial of payment or for decisions resulting in denial, delay, or modification of all or part of the requested DMC-ODS services.

Will I Always Get A Notice Of Adverse Benefit Determination When I Don't Get The Services I Want?

Yes, you should receive a Notice of Adverse Benefit Determination. However, if you do not receive a notice, you may file an appeal with the DMC-ODS county or if you have completed the appeal process, you can request a State Fair Hearing. When you make contact with your county, indicate you experienced an adverse benefit determination but did not receive notice. Information on how to file an appeal or request a State Fair Hearing is included in this handbook. Information should also be available in your provider's office.

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What Will The Notice Of Adverse Benefit Determination Tell Me?

The Notice of Adverse Benefit Determination will tell you:

- What your DMC-ODS county did that affects you and your ability to get services.
- The effective date of the decision and the reason the DMC-ODS county made its decision.
- The state or federal rules the DMC-ODS county was following when it made the decision.
- What your rights are if you do not agree with what the DMC-ODS county did.
- How to receive copies of the documents, records, and other information related to the DMC-ODS county's decision.
- How to file an appeal with the DMC-ODS county.
- How to request a State Fair Hearing.
- How to request an expedited appeal or an expedited State Fair Hearing.
- How to get help filing an appeal or requesting a State Fair Hearing.
- How long you have to file an appeal or request a State Fair Hearing.
- Your rights to continue to receive services while you wait for an Appeal or State Fair Hearing decision, how to request for continuation of these services, and whether the costs of these services will be covered by Medi-Cal.
- When you have to file your Appeal or State Fair Hearing request if you want the services to continue.

What Should I Do When I Get a Notice Of Adverse Benefit Determination?

When you get a Notice of Adverse Benefit Determination you should read all the information on the notice carefully. If you don't understand the notice, your DMC-ODS county can help you. You may also ask another person to help you.

You can request a continuation of the service that has been discontinued when you submit an appeal or request for a State Fair Hearing. You must request the continuation of services no later than 10 calendar days after the date the Notice of Adverse Benefit Determination was post-marked or personally given to you, or before the effective date of the change.

PROBLEM RESOLUTION PROCESSES

What If I Don't Get the Services I Want From My County DMC-ODS Plan?

Your DMC-ODS county has a way for you to work out a problem about any issue related to the substance use disorder treatment services you are receiving. This is called the problem resolution process and it could involve the following processes:

1. **The Grievance Process** – an expression of unhappiness about anything regarding your substance use disorder treatment services, other than an Adverse Benefit Determination.
2. **The Appeal Process** – review of a decision (denial, termination, or reduction of services) that was made about your substance use disorder treatment services by the DMC-ODS county or your provider.
3. **The State Fair Hearing Process** – review to make sure you receive the substance use disorder treatment services which you are entitled to under the Medi-Cal program.

Filing a grievance or appeal, or requesting a State Fair Hearing will not count against you and will not impact the services you are receiving. When your grievance or appeal is complete, your DMC-ODS county will notify you and providers and parents/guardians of the final outcome. When your State Fair Hearing is complete, the State Fair Hearing Office will notify you and the provider of the final outcome.

Learn more about each problem resolution process below.

Can I Get Help to File An Appeal, Grievance Or State Fair Hearing?

Your DMC-ODS county will have people available to explain these processes to you and to help you report a problem either as a grievance, an appeal, or request for a State Fair Hearing. They may also help you decide if you qualify for what's called an

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Call San Benito County Drug Medi-Cal Organized Delivery System (DMC-ODS) toll-free at 1-888-636-4020 or visit online at https://www.cosb.us/departments/behavioral-health. San Benito County DMC-ODS is available Monday – Friday, 8:00 a.m. to 5:00 p.m.

'expedited' process, which means it will be reviewed more quickly because your health or stability is at risk. You may also authorize another person to act on your behalf, including your substance use disorder treatment provider or advocate. If you would like help, call 1-888-636-4020. Your DMC-ODS county must give you any reasonable assistance in completing forms and other procedural steps related to a grievance or appeal. This includes, but is not limited to, providing interpreter services and toll-free numbers with TTY/TDD and interpreter capability.

What If I Need Help to Solve A Problem With My DMC-ODS County Plan But Don't Want To File A Grievance Or Appeal?

You can get help from the State if you are having trouble finding the right people at the county to help you find your way through the system.

You may contact the Department of Health Care Services, Office of the Ombudsman, Monday through Friday, 8 a.m. to 5 p.m. (excluding holidays), by phone at **888-452-8609** or by e-mail at MMCDOmbudsmanOffice@dhcs.ca.gov.

Please note: E-mail messages are not considered confidential. You should not include personal information in an e-mail message.

You may get free legal help at your local legal aid office or other groups. You can ask about your hearing rights or free legal aid from the Public Inquiry and Response Unit:

Call Toll-Free: **1-800-952-5253**

If you are deaf and use TDD, call: **1-800-952-8349**

THE GRIEVANCE PROCESS

What Is a Grievance?

A grievance is an expression of unhappiness about anything regarding your substance use disorder treatment services that are not one of the problems covered by the appeal and State Fair Hearing processes.

The grievance process will:

- Involve simple, and easily understood procedures that allow you to present your grievance orally or in writing.
- Not count against you or your provider in any way.
- Allow you to authorize another person to act on your behalf, including a provider or advocate. If you authorize another person to act on your behalf, the DMC-ODS county might ask you to sign a form authorizing the DMC-ODS county to release information to that person.
- Ensure that the individuals making the decisions are qualified to do so and not involved in any previous levels of review or decision-making.
- Identify the roles and responsibilities of you, your DMC-ODS county and your provider.
- Provide resolution for the grievance in the required timeframes.

When Can I File a Grievance?

You can file a grievance with the DMC-ODS county at any time if you are unhappy with the substance use disorder treatment services you are receiving from the DMC-ODS county or have another concern regarding the DMC-ODS county.

How Can I File A Grievance?

You may call your DMC-ODS county to get help with a grievance. Grievances can be filed orally or in writing. Oral grievances do not have to be followed up in writing. If you want to file your grievance in writing, the DMC-ODS county will provide self-addressed envelopes at all the providers' sites for you to mail in your grievance. If you do not have a self-addressed envelope, you may mail your grievance directly to the address that is provided on the front of this handbook.

How Do I Know If The DMC-ODS County Received My Grievance?

Your DMC-ODS county is required to let you know that it received your grievance by sending you a written confirmation within 5 calendar days of receipt. A grievance received over the phone or in person, that you agree is resolved by the end of the next business day, is exempt and you may not get a letter.

When Will My Grievance Be Decided?

The DMC-ODS county must make a decision about your grievance within 90 calendar days from the date you filed your grievance. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the DMC-ODS county believes that there is a need for additional information and that the delay is for your benefit. An example of when a delay might be for your benefit is when the county believes it might be able to resolve your grievance if the DMC-ODS county had a little more time to get information from you or other people involved.

How Do I Know If The DMC-ODS County Has Made a Decision About My Grievance?

When a decision has been made regarding your grievance, the DMC-ODS county will notify you or your representative in writing of the decision. If your DMC-ODS county fails to notify you or any affected parties of the grievance decision on time, then the DMC-ODS county is required to provide you with a Notice of Adverse Benefit Determination advising you of your right to request a State Fair Hearing. Your DMC-ODS county is required to provide you with a Notice of Adverse Benefit Determination on the date the timeframe expires.

Is There a Deadline to File A Grievance?

You may file a grievance at any time.

THE APPEAL PROCESS (STANDARD AND EXPEDITED)

Your DMC-ODS county is responsible for allowing you to challenge a decision that was made about your substance use disorder treatment services by the DMC-ODS county or your providers that you do not agree with. There are two ways you can request a review. One way is using the standard appeals process. The second way is by using the expedited appeals process. These two types of appeals are similar; however, there are specific requirements to qualify for an expedited appeal. The specific requirements are explained below.

What Is a Standard Appeal?

A standard appeal is a request for review of a problem you have with the DMC-ODS county or your provider that involves a denial or changes to services you think you need. If you request a standard appeal, the DMC-ODS county may take up to 30 calendar days to review it. If you think waiting 30 calendar days will put your health at risk, you should ask for an 'expedited appeal.'

The standard appeals process will:

- Allow you to file an appeal in person, on the phone, or in writing.
- Ensure filing an appeal will not count against you or your provider in any way.
- Allow you to authorize another person to act on your behalf, including a provider or advocate. If you authorize another person to act on your behalf, the DMC-ODS county might ask you to sign a form authorizing the DMC-ODS county to release information to that person.
- Have your benefits continued upon request for an appeal within the required timeframe, which is 10 calendar days from the date your Notice of Adverse Benefit Determination was post-marked or personally given to you. You do not have to pay for continued services while the appeal is pending. If you do request continuation of the benefit, and the final decision of the appeal confirms the

decision to reduce or discontinue the service you are receiving, you may be required to pay the cost of services furnished while the appeal was pending.

- Ensure that the individuals making the decisions are qualified to do so and not involved in any previous level of review or decision-making.
- Allow you or your representative to examine your case file, including your medical record, and any other documents or records considered during the appeal process, before and during the appeal process.
- Allow you to have a reasonable opportunity to present evidence and allegations of fact or law, in person or in writing.
- Allow you, your representative, or the legal representative of a deceased beneficiary's estate to be included as parties to the appeal.
- Let you know your appeal is being reviewed by sending you written confirmation.
- Inform you of your right to request a State Fair Hearing, following the completion of the appeal process.

When Can I File an Appeal?

You can file an appeal with your DMC-ODS county:

- If your county or one of the county contracted providers decides that you do not qualify to receive any Medi-Cal substance use disorder treatment services because you do not meet the access criteria.
- If your provider thinks you need a substance use disorder treatment service and asks the county for approval, but the county does not agree and denies your provider's request, or changes the type or frequency of service.
- If your provider has asked the DMC-ODS county for approval, but the county needs more information to make a decision and doesn't complete the approval process on time.
- If your DMC-ODS county doesn't provide services to you based on the timelines the DMC-ODS county has set up.

- If you don't think the DMC-ODS county is providing services soon enough to meet your needs.
- If your grievance, appeal or expedited appeal wasn't resolved in time.
- If you and your provider do not agree on the substance use disorder services you need.

How Can I File an Appeal?

You may call your DMC-ODS county's toll-free phone number to get help with filing an appeal. The county will provide self-addressed envelopes at all provider sites for you to mail in your appeal. Appeals can be filed orally or in writing. If you do not have a self-addressed envelope, you may mail your appeal directly to the address in the front of this handbook or you may submit your appeal by e-mail or fax to QI@sbcmh.org or 1-831-636-4025.

How Do I Know If My Appeal Has Been Decided?

Your DMC-ODS county plan will notify you or your representative in writing about their decision for your appeal. The notification will have the following information:

- The results of the appeal resolution process.
- The date the appeal decision was made.
- If the appeal is not resolved wholly in your favor, the notice will also contain information regarding your right to a State Fair Hearing and the procedure for filing a State Fair Hearing.

Is There a Deadline to File An Appeal?

You must file an appeal within 60 calendar days of the date on the Notice of Adverse Benefit Determination. Keep in mind that you will not always get a Notice of Adverse Benefit Determination. There are no deadlines for filing an appeal when you do not get

a Notice of Adverse Benefit Determination; so you may file this type of appeal at any time.

When Will a Decision Be Made About My Appeal?

The DMC-ODS county must decide on your appeal within 30 calendar days from when the DMC-ODS county receives your request for the appeal. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the DMC-ODS county believes that there is a need for additional information and that the delay is for your benefit. An example of when a delay is for your benefit is when the county believes it might be able to approve your appeal if the DMC-ODS county had a little more time to get information from you or your provider.

What If I Can't Wait 30 Days for My Appeal Decision?

The appeal process may be faster if it qualifies for the expedited appeals process.

What Is an Expedited Appeal?

An expedited appeal is a faster way to decide an appeal. The expedited appeals process follows a similar process to the standard appeals process. However, you must show that waiting for a standard appeal could make your substance use condition worse. The expedited appeal process also follows different deadlines than the standard appeal. The DMC-ODS county has 72 hours to review expedited appeals. You can make a verbal request for an expedited appeal. You do not have to put your expedited appeal request in writing.

When Can I File an Expedited Appeal?

If you think that waiting up to 30 calendar days for a standard appeal decision will jeopardize your life, health or ability to attain, maintain or regain maximum function, you may request an expedited resolution of an appeal. If the DMC-ODS county agrees that your appeal meets the requirements for an expedited appeal, your county will resolve your expedited appeal within 72 hours after the DMC-ODS county receives the appeal.

Timeframes may be extended by up to 14 calendar days if you request an extension, or if the DMC-ODS county shows that there is a need for additional information and that the delay is in your interest. If your DMC-ODS county extends the timeframes, the DMC-ODS county will give you a written explanation as to why the timeframes were extended.

If the DMC-ODS county decides that your appeal does not qualify for an expedited appeal, the DMC-ODS county must make reasonable efforts to give you prompt oral notice and will notify you in writing within 2 calendar days giving you the reason for the decision. Your appeal will then follow the standard appeal timeframes outlined earlier in this section. If you disagree with the county's decision that your appeal doesn't meet the expedited appeal criteria, you may file a grievance.

Once your DMC-ODS county resolves your expedited appeal, the DMC-ODS county will notify you and all affected parties orally and in writing.

THE STATE FAIR HEARING PROCESS

What Is A State Fair Hearing?

A State Fair Hearing is an independent review conducted by the California Department of Social Services to ensure you receive the substance use disorder treatment services to which you are entitled under the Medi-Cal program. You may also visit the California Department of Social Services at https://www.cdss.ca.gov/hearing-requests for additional resources.

What Are My State Fair Hearing Rights?

You have the right to:

- Have a hearing before the California Department of Social Services (also called a State Hearing).
- Be told about how to ask for a State Fair Hearing.
- Be told about the rules that govern representation at the State Fair Hearing.
- Have your benefits continued upon your request during the State Fair Hearing process if you ask for a State Fair Hearing within the required timeframes.

When Can I File for A State Fair Hearing?

You can file for a State Fair Hearing:

- If you have completed the DMC-ODS county's appeal process.
- If your county or one of the county contracted providers decides that you do not qualify to receive any Medi-Cal substance use disorder treatment services because you do not meet the access criteria.
- If your provider thinks you need a substance use disorder treatment service and asks the DMC-ODS county for approval, but the DMC-ODS county does not

agree and denies your provider's request or changes the type or frequency of service.

- If your provider has asked the DMC-ODS county for approval, but the county needs more information to make a decision and doesn't complete the approval process on time.
- If your DMC-ODS county doesn't provide services to you based on the timelines the county has set up.
- If you don't think the DMC-ODS county is providing services soon enough to meet your needs.
- If your grievance, appeal or expedited appeal wasn't resolved in time.
- If you and your provider do not agree on the substance use disorder treatment services you need.
- If your grievance, appeal, or expedited appeal wasn't resolved in time.

How Do I Request a State Fair Hearing?

You can request a State Fair Hearing:

- Online at: https://acms.dss.ca.gov/acms/login.request.do
- In Writing: Submit your request to the county welfare department at the address shown on the Notice of Adverse Benefit Determination, or by fax or mail to:

  California Department of Social Services State Hearings Division
  P.O. Box 944243, Mail Station 9-17-37
  Sacramento, CA 94244-2430

  Or by Fax to **916-651-5210** or **916-651-2789**.

You can also request a State Fair Hearing or an expedited State Fair Hearing:

- By phone: Call the State Hearings Division, toll-free, at **800-743-8525** or **855-795-0634**, or call the Public Inquiry and Response line, toll-free, at **800-952-5253** or TDD at **800-952-8349**.

Is There a Deadline for Filing For A State Fair Hearing?

You only have 120 calendar days to ask for a State Fair Hearing. The 120 days start from the date of the DMC-ODS county's written appeal decision notice.

If you didn't receive a Notice of Adverse Benefit Determination, you may file for a State Fair Hearing at any time.

Can I Continue Services While I'm Waiting for A State Fair Hearing Decision?

Yes, if you are currently receiving treatment and you want to continue your treatment while you appeal, you must ask for a State Fair Hearing within 10 days from the date the appeal decision notice was postmarked or delivered to you OR before the date your DMC-ODS county says services will be stopped or reduced. When you ask for a State Fair Hearing, you must say that you want to keep receiving your treatment. Additionally, you will not have to pay for services received while the State Fair Hearing is pending.

If you do request continuation of the benefit, and the final decision of the State Fair Hearing confirms the decision to reduce or discontinue the service you are receiving, you may be required to pay the cost of services furnished while the State Fair Hearing was pending.

When Will a Decision Be Made About My State Fair Hearing Decision?

After you ask for a State Fair Hearing, it could take up to 90 days to decide your case and send you an answer.

Call San Benito County Drug Medi-Cal Organized Delivery System (DMC-ODS) toll-free at 1-888-636-4020 or visit online at https://www.cosb.us/departments/behavioral-health. San Benito County DMC-ODS is available Monday – Friday, 8:00 a.m. to 5:00 p.m.

Can I get a State Fair Hearing More Quickly

If you think waiting that long will be harmful to your health, you might be able to get an answer within three working days. Ask your general practitioner or other provider to write a letter for you. You can also write a letter yourself. The letter must explain in detail how waiting for up to 90 days for your case to be decided will seriously harm your life, your health, or your ability to attain, maintain, or regain maximum function. Then, make sure you ask for an “expedited hearing” and provide the letter with your request for a hearing.

The Department of Social Services, State Hearings Division, will review your request for an expedited State Fair Hearing and decide if it qualifies. If your expedited hearing request is approved, a hearing will be held and a hearing decision will be issued within 3 working days of the date your request is received by the State Hearings Division.

IMPORTANT INFORMATION ABOUT THE MEDI-CAL PROGRAM

Is Transportation Available?

If you have trouble getting to your medical appointments or drug and alcohol treatment appointments, the Medi-Cal program can help you find transportation.
Transportation may be provided for Medi-Cal beneficiaries who are unable to provide transportation on their own and who have a medical necessity to receive certain Medi-Cal covered services. There are two types of transportation for appointments:

- Nonmedical transportation is transportation by private or public vehicle for people who do not have another way to get to their appointment.
- Nonemergency medical transportation is transportation by ambulance, wheelchair van, or litter van for those who cannot use public or private transportation.

Transportation is available for trips to the pharmacy or to pick up needed medical supplies, prosthetics, orthotics, and other equipment. For more information and assistance regarding transportation, contact your managed care plan.

If you have Medi-Cal but are not enrolled in a managed care plan and you need non-medical transportation to a health related service, you can contact your DMC-ODS county for assistance. When you contact the transportation company, they will ask for information about your appointment date and time. If you need non-emergency medical transportation, your provider can prescribe non-emergency medical transportation and put you in touch with a transportation provider to coordinate your ride to and from your appointment(s).

What Are Emergency Services?

Emergency services are covered 24 hours a day and 7 days a week. If you think you are having a health-related emergency, call 911 or go to the nearest emergency room for help.

Emergency Services are services provided for an unexpected medical condition, including a psychiatric emergency medical condition.

An emergency medical condition is present when you have symptoms that cause severe pain or a serious illness or an injury, which a prudent layperson (a careful or cautious non-medical person) believes could reasonably expect without medical care could:

- Put your health in serious danger, or
- If you are pregnant, put your health or the health of your unborn child in serious danger, or
- Cause serious harm to the way your body works, or
- Cause serious damage to any body organ or part.

You have the right to use any hospital in the case of an emergency. Emergency services never require prior authorization.

Do I Have to Pay For Medi-Cal?

You may have to pay for Medi-Cal depending on the amount of money you get or earn each month.

- If your income is less than Medi-Cal limits for your family size, you will not have to pay for Medi-Cal services.
- If your income is more than Medi-Cal limits for your family size, you will have to pay some money for your medical or substance use disorder treatment services.

Call San Benito County Drug Medi-Cal Organized Delivery System (DMC-ODS) toll-free at 1-888-636-4020 or visit online at https://www.cosb.us/departments/behavioral-health. San Benito County DMC-ODS is available Monday – Friday, 8:00 a.m. to 5:00 p.m.

The amount that you pay is called your 'share of cost.' Once you have paid your 'share of cost,' Medi-Cal will pay the rest of your covered medical bills for that month. In the months that you don't have medical expenses, you don't have to pay anything.

- You may have to pay a 'co-payment' for any treatment under Medi-Cal. This means you pay an out of pocket amount each time you get a medical service or go to a hospital emergency room for your regular services.

Your provider will tell you if you need to make a co-payment.

Who Do I Contact If I'm Having Suicidal Thoughts?

If you or someone you know is in crisis, please call the National Suicide Prevention Lifeline at **988** or **1-800-273-TALK (8255)**. Chat is available at https://988lifeline.org/.

For local residents seeking assistance in a crisis and to access local mental health programs, please call 1-888-636-4020.

Where Can I go for more information about Medi-Cal?

Visit the Department of Health Care Services website at https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/Beneficiaries.aspx for more information about Medi-Cal.

ADVANCE DIRECTIVE

What is an Advance Directive?

You have the right to have an advance directive. An advance directive is written instructions about your health care that is recognized under California law. It includes information that states how you would like health care provided or says what decisions you would like to be made, if or when you are unable to speak for yourself. You may sometimes hear an advance directive described as a living will or durable power of attorney.

California law defines an advance directive as either an oral or written individual health care instruction or a power of attorney (a written document giving someone permission to make decisions for you). All DMC-ODS counties are required to have advance directive policies inplace. Your DMC-ODS county is required to provide written information on the DMC-ODS county's advance directive policies and an explanation of state law, if asked for the information. If you would like to request the information, you should call your DMC-ODS county for more information.

An advance directive is designed to allow people to have control over their own treatment, especially when they are unable to provide instructions about their own care. It is a legal document that allows people to say, in advance, what their wishes would be if they become unable to make health care decisions. This may include such things as the right to accept or refuse medical treatment, surgery, or make other health care choices. In California, an advance directive consists of two parts:

- Your appointment of an agent (a person) making decisions about your healthcare; and
- Your individual health care instructions

You may get a form for an advance directive from your DMC-ODS county or online. In

California, you have the right to provide advance directive instructions to all of your health care providers. You also have the right to change or cancel your advance directive at any time.

If you have a question about California law regarding advance directive requirements, you may send a letter to:

California Department of Justice
Attn: Public Inquiry Unit,
P. O. Box 944255
Sacramento, CA 94244-2550

BENEFICIARY RIGHTS AND RESPONSIBILITIES

What Are My Rights as A Recipient Of DMC-ODS Services?

As a person eligible for Medi-Cal and residing in a DMC-ODS county, you have a right to receive medically necessary substance use disorder treatment services from the DMC-ODS county. You have the right to:

- Be treated with respect, giving due consideration to your right to privacy and the need to maintain the confidentiality of your medical information.
- Receive information on available treatment options and alternatives, presented in a manner appropriate to the Beneficiary's condition and ability to understand.
- Participate in decisions regarding your substance use disorder care, including the right to refuse treatment.
- Receive timely access to care, including services available 24 hours a day, 7 days a week, when medically necessary to treat an emergency condition or an urgent or crisis condition.
- Receive the information in this handbook about the substance use disorder treatment services covered by the DMC-ODS county, other obligations of the DMC-ODS county, and your rights as described here.
- Have your confidential health information protected.
- Request and receive a copy of your medical records, and request that they be amended or corrected as needed.
- Receive written materials in alternative formats (including Braille, large-size print, and audio format) upon request and in a timely fashion appropriate for the format being requested.
- Receive written materials in the languages used by at least five percent or 3,000 of your DMC-ODS county's beneficiaries, whichever is less.
- Receive oral interpretation services for your preferred language.
- Receive substance use disorder treatment services from a DMC-ODS county that follows the requirements of its contract with the State in the areas of

availability of services, assurances of adequate capacity and services, coordination and continuity of care, and coverage and authorization of services.

- Access Minor Consent Services, if you are a beneficiary under age 21.
- Access medically necessary services out-of-network in a timely manner, if the DMC-ODS county doesn't have an employee or contract provider who can deliver the services. "Out-of-network provider" means a provider who is not on the DMC-ODS county's list of providers. The county must make sure you don't pay anything extra for seeing an out-of-network provider. You can contact beneficiary services at 1-888-636-4020 for information on how to receive services from an out-of-network provider.
- Request a second opinion from a qualified health care professional within the county network, or one outside the network, at no additional cost to you.
- File grievances, either verbally or in writing, about the organization or the care received.
- Request an appeal, either verbally or in writing, upon receipt of a Notice of Adverse Benefit Determination, including information on the circumstances under which an expedited appeal is possible.
- Request a State Fair Hearing, including information on the circumstances under which an expedited State Fair Hearing is possible.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Be free from discrimination to exercise these rights without adversely affecting how you are treated by the DMC-ODS county, providers, or the State.

What Are My Responsibilities as A Recipient Of DMC-ODS Services?

As a recipient of DMC-ODS services, it is your responsibility to:

- Carefully read the beneficiary informing materials that you have received from the DMC-ODS county. These materials will help you understand which services are available and how to get treatment if you need it.

Call San Benito County Drug Medi-Cal Organized Delivery System (DMC-ODS) toll-free at 1-888-636-4020 or visit online at https://www.cosb.us/departments/behavioral-health. San Benito County DMC-ODS is available Monday – Friday, 8:00 a.m. to 5:00 p.m.

- Attend your treatment as scheduled. You will have the best result if you collaborate with your provider throughout your treatment. If you do need to miss an appointment, call your provider at least 24 hours in advance and reschedule for another day and time.
- Always carry your Medi-Cal Benefits Identification Card (BIC) and a photo ID when you attend treatment.
- Let your provider know if you need an interpreter before your appointment.
- Tell your provider all your medical concerns. The more complete information that you share about your needs, the more successful your treatment will be.
- Make sure to ask your provider any questions that you have. It is very important you completely understand the information that you receive during treatment.
- Be willing to build a strong working relationship with the provider that is treating you.
- Contact the DMC-ODS county if you have any questions about your services or if you have any problems with your provider that you are unable to resolve.
- Tell your provider and the DMC-ODS county if you have any changes to your personal information. This includes address, phone number, and any other medical information that can affect your ability to participate in treatment.
- Treat the staff who provide your treatment with respect and courtesy.
- If you suspect fraud or wrongdoing, report it:
    - The Department of Health Care Services asks that anyone suspecting Medi- Cal fraud, waste, or abuse to call the DHCS Medi-Cal Fraud Hotline at **1-800-822-6222**. If you feel this is an emergency, please call **911** for immediate assistance. The call is free, and the caller may remain anonymous.
    - You may also report suspected fraud or abuse by e-mail to fraud@dhcs.ca.gov or use the online form at http://www.dhcs.ca.gov/individuals/Pages/StopMedi-CalFraud.aspx.

TRANSITION OF CARE REQUEST

When can I request to keep my previous and current out-of-network provider?

- After joining the DMC-ODS county, you may request to keep your out-of-network provider for a period of time if:
    - Moving to a new provider would result in a serious detriment to your health or would increase your risk of hospitalization or institutionalization; and
    - You were receiving treatment from the out-of-network provider prior to the date of your transition to the DMC-ODS county.

How do I request to keep my out-of-network provider?

- You, your authorized representatives, or your current provider, may submit a request in writing to the DMC-ODS county. You can also contact beneficiary services at 1-888-636-4020 for information on how to request services from an out-of-network provider.
- The DMC-ODS county will send written acknowledgment of receipt of your request and begin to process your request within three (3) working days.

What if I continued to see my out-of-network provider after transitioning to the DMC-ODS County?

- You may request a retroactive transition of care request within thirty (30) calendar days of receiving services from an out-of-network provider.

Why would the DMC-ODS System county deny my transition of care request?

- The DMC-ODS county may deny your request to retain your previous, and now out-of-network, provider, if:

- The DMC-ODS county has documented quality of care issues with the provider.

What happens if my transition of care request is denied?

- If the DMC-ODS county denies your transition of care it will:
  - Notify you in writing;
  - Offer you at least one in-network alternative provider that offers the same level of services as the out-of-network provider; and
  - Inform you of your right to file a grievance if you disagree with the denial.
- If the DMC-ODS county offers you multiple in-network provider alternatives and you do not make a choice, then the DMC-ODS county will refer or assign you to an in-network provider and notify you of that referral or assignment in writing. If the out-of-care provider refuses to accept the DMC-ODS county's contract rates or DMC rates for the applicable DMC-ODS service(s) or if the out-of-care provider is not a current DMC certified provider.

What happens if my transition of care request is approved?

- Within seven (7) days of approving your transition of care request the DMC-ODS county will provide you with:
  - The request approval;
  - The duration of the transition of care arrangement;
  - The process that will occur to transition your care at the end of the continuity of care period; and
  - Your right to choose a different provider from the DMC-ODS county's provider network at any time.

How quickly will my transition of care request be processed?

- The DMC-ODS county will complete its review of your transition of care request within thirty (30) calendar days from the date the DMC-ODS county received your request.

What happens at the end of my transition of care period?

- The DMC-ODS county will notify you in writing thirty (30) calendar days before the end of the transition of care period about the process that will occur to transition your care to an in-network provider at the end of your transition of care period.