



DRUG MEDI-CAL MEMBER HANDBOOK

April 2020

This Guide will introduce you to Alameda County's Substance Use Disorder Services that are provided through a comprehensive network of public and private partnerships.

Quality Assurance Office
QAOffice@acgov.org

Language Assistance

English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you.

Please contact your established provider directly or to inquire about services call THE 24 HOUR TOLL-FREE HELPLINE at 1-844-682-7215 (TTY: 711).

ATTENTION: Auxiliary aids and services, including but not limited to large print documents and alternative formats, are available to you free of charge upon request. Please contact your established provider directly or to inquire about services call THE 24 HOUR TOLL-FREE HELPLINE at 1-844-682-7215 (TTY: 711).

Español (Spanish)

ATENCIÓN: Si habla otro idioma, podrá acceder a servicios de asistencia lingüística sin cargo.

Comuníquese directamente con su proveedor establecido o, si desea preguntar por los servicios, llame a THE 24 HOUR TOLL-FREE HELPLINE al 1-844-682-7215 (TTY: 711).

ATENCIÓN: Los servicios y recursos auxiliares, incluidos, entre otros, los documentos con letra grande y formatos alternativos, están disponibles sin cargo y a pedido. Comuníquese directamente con su proveedor establecido o, si desea preguntar por los servicios, llame a THE 24 HOUR TOLL-FREE HELPLINE al 1-844-682-7215 (TTY: 711).

Tiếng Việt (Vietnamese)

LƯU Ý: Nếu quý vị nói một ngôn ngữ khác, chúng tôi có các dịch vụ miễn phí để hỗ trợ về ngôn ngữ.

Xin quý vị vui lòng liên lạc trực tiếp với nơi cung cấp dịch vụ của quý vị hoặc để tìm hiểu về các dịch vụ hãy gọi cho THE 24 HOUR TOLL-FREE HELPLINE ở số 1-844-682-7215 (TTY: 711).

LƯU Ý: Các trợ giúp và dịch vụ phụ trợ, bao gồm nhưng không giới hạn vào các tài liệu in lớn và các dạng thức khác nhau, được cung cấp cho quý vị miễn phí theo yêu cầu. Xin quý vị vui lòng liên lạc trực tiếp với nơi cung cấp

dịch vụ của quý vị hoặc để tìm hiểu về các dịch vụ hãy gọi cho THE 24 HOUR TOLL-FREE HELPLINE ở số 1-844-682-7215 (TTY: 711).

Tagalog (Tagalog/Filipino)

PAALALA: Kung gumagamit ka ng ibang wika, maaari kang makakuha ng libreng mga serbisyo sa tulong ng wika.

Mangyaring direktang makipag-ugnayan sa iyong itinalagang provider o tumawag sa THE 24 HOUR TOLL-FREE HELPLINE sa 1-844-682-7215 (TTY: 711) upang itanong ang tungkol sa mga serbisyo.

PAALALA: Ang mga auxiliary aid at mga serbisyo, kabilang ngunit hindi limitado sa mga dokumento sa malaking print at mga alternatibong format, ay available sa iyo nang libre kapag hiniling. Mangyaring direktang makipag-ugnayan sa iyong itinalagang provider o tumawag sa THE 24 HOUR TOLL-FREE HELPLINE sa 1-844-682-7215 (TTY: 711) upang itanong ang tungkol sa mga serbisyo.

한국어 (Korean)

안내: 다른 언어를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 필요하신 경우 이용하고 계신 제공자에게 직접 연락하시거나 1-844-682-7215(TTY: 711)번으로 THE 24 HOUR TOLL-FREE HELPLINE에 전화해 서비스에 대해 문의해 주시기 바랍니다.

안내: 큰 활자 문서, 대체 형식 등 다양한 보조 도구 및 서비스를 요청 시 무료로 이용하실 수 있습니다. 필요하신 경우 이용하고 계신 제공자에게 직접 연락하시거나 1-844-682-7215(TTY: 711)번으로 THE 24 HOUR TOLL-FREE HELPLINE에 전화해 서비스에 대해 문의해 주시기 바랍니다.

繁體中文(Chinese)

注意：如果您使用其他語言，則可以免費使用語言協助服務。

請直接與您的服務提供者聯繫，或致電THE 24 HOUR TOLL-FREE HELPLINE，電話號碼：1-844-682-7215（TTY：711）。

注意：可應要求免費提供輔助工具和服務，包括但不限於大字體文檔和其他格式。請直接與您的服務提供者聯繫，或

致電THE 24 HOUR TOLL-FREE HELPLINE, 電話號碼：
1-844-682-7215 (TTY : 711) 。

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե տիրապետում եք մեկ այլ լեզվի, ապա կարող եք օգտվել լեզվական աջակցման անվճար ծառայություններից:

Խնդրում ենք ուղղակիորեն կապվել ձեր պաշտոնական մատակարարի հետ կամ ծառայությունների վերաբերյալ տեղեկություններ ստանալու համար գանգահարել THE 24 HOUR TOLL-FREE HELPLINE 1-844-682-7215 համարով (հեռատիպ՝ 711):

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Հայտ ներկայացնելու դեպքում կարող եք անվճար օգտվել օժանդակ միջոցներից և ծառայություններից, այդ թվում՝ մեծածավալ տպագիր և այլընտրանքային ձևաչափի

փաստաթղթերից: Խնդրում ենք ուղղակիորեն
կապվել ձեր պաշտոնական մատակարարի հետ կամ
ծառայությունների վերաբերյալ տեղեկություններ
ստանալու համար գանգահարել THE 24 HOUR
TOLL-FREE HELPLINE 1-844-682-7215 համարով
(հեռատիպ՝ 711): (Հեռատիպ՝ 711):

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на другом языке, вы можете бесплатно воспользоваться услугами переводчика.

Свяжитесь напрямую со своим поставщиком или узнайте подробнее об услугах, позвонив в THE 24 HOUR TOLL-FREE HELPLINE по телефону 1-844-682-7215 (телетайп: 711).

ВНИМАНИЕ: Вспомогательные средства и услуги, включая, помимо прочего, документы с крупным шрифтом и альтернативные форматы, доступны вам

бесплатно по запросу. Свяжитесь напрямую со своим поставщиком или узнайте подробнее об услугах, позвонив в THE 24 HOUR TOLL-FREE HELPLINE по телефону 1-844-682-7215 (телетайп: 711). (Телетайп: 711).

فارسی (Farsi)

توجه: اگر شما به زبان دیگری صحبت می کنید، خدمات کمک زبانی بصورت رایگان در اختیار شما قرار دارند.

لطفاً با ارائه دهنده تعیین شده خود به طور مستقیم تماس گرفته و یا برای پرس و جو در مورد خدمات به THE 24 HOUR TOLL-FREE HELPLINE به شماره 1-844-682-7215 (TTY:711) تماس بگیرید.

توجه: کمک ها و خدمات کمکی، از جمله اما نه محدود به اسناد چاپ شده با حروف بزرگ و قالب های جایگزین، در صورت درخواست شما به صورت رایگان در اختیار شما قرار می گیرند. لطفاً با ارائه دهنده تعیین شده خود به طور مستقیم تماس گرفته و یا برای پرس و جو در مورد خدمات به THE 24 HOUR TOLL-FREE HELPLINE به شماره 1-844-682-7215 (TTY:711) تماس بگیرید.

日本語 (Japanese)

注意事項：他の言語を話される場合、無料で言語支援がご利用になれます。

ご利用のプロバイダーに直接コンタクトされるか、支援に関してお尋ねになるには**THE 24 HOUR TOLL-FREE HELPLINE**、電話番号**1-844-682-7215 (TTY: 711)**までご連絡ください。

注意事項：ご要望があれば、大きな印刷の文書と代替フォーマットを含むがこれらのみに限定されない補助的援助と支援が無料でご利用になれます。ご利用のプロバイダーに直接コンタクトされるか、支援に関してお尋ねになるには**THE 24 HOUR TOLL-FREE HELPLINE**、電話番号**1-844-682-7215 (TTY: 711)**. (TTY: 711) までご連絡ください。

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lwm hom lus, muaj cov kev pab cuam txhais lus uas pab dawb xwb rau koj tau siv.

Thov txuas lus ncaj nraim nrog koj tus kws pab kho mob uas tau teeb los sis thov tau qhov kev pab cuam uas yog hu rau THE 24 HOUR TOLL-FREE HELPLINE ntawm 1-844-682-7215 (TTY: 711).

LUS CEEV: Muaj cov kev pab cuam thiab khoom pab cuam txhawb ntxiv, xam nrog rau tab sis kuj tsis txwv rau cov ntaub ntawv luam loj thiab lwm cov qauv ntawv ntxiv, muaj rau koj uas yog pab dawb xwb raws qhov thov. Thov txuas lus ncaj nraim nrog koj tus kws pab kho mob uas tau teeb los sis thov tau qhov kev pab cuam uas yog hu rau THE 24 HOUR TOLL-FREE HELPLINE ntawm 1-844-682-7215 (TTY: 711). (TTY: 711).

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਕੋਈ ਹੋਰ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ, ਭਾਸ਼ਾ ਦੀ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਮੁਫਤ ਉਪਲਬਧ ਹਨ।

ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੇ ਸਥਾਪਿਤ ਪ੍ਰਦਾਤਾ ਨਾਲ ਸਿੱਧਾ ਸੰਪਰਕ ਕਰੋ ਜਾਂ ਸੇਵਾਵਾਂ ਬਾਰੇ ਪੁੱਛਗਿੱਛ ਲਈ THE 24 HOUR TOLL-FREE HELPLINE ਨੂੰ 1-844-682-7215 (TTY: 711) ਤੇ ਕਾਲ ਕਰੋ।

ਧਿਆਨ ਦਿਓ: ਸਹਾਇਤਾ ਪ੍ਰਣਾਲੀ ਅਤੇ ਸੇਵਾਵਾਂ ਸ਼ਾਮਲ ਹਨ ਪਰ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਾਲੇ ਦਸਤਾਵੇਜ਼ ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੇਟ ਵਿਚ ਸੀਮਿਤ ਨਹੀਂ ਹਨ, ਮੰਗਣ ਤੇ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹਨ।

ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੇ ਸਥਾਪਿਤ ਪ੍ਰਦਾਤਾ ਨਾਲ ਸਿੱਧਾ ਸੰਪਰਕ ਕਰੋ ਜਾਂ ਸੇਵਾਵਾਂ ਬਾਰੇ ਪੁੱਛਗਿੱਛ ਲਈ THE 24 HOUR TOLL-FREE HELPLINE ਨੂੰ 1-844-682-7215 (TTY: 711) ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)

انتباه: إذا كنت تتحدث لغة أخرى، فإن خدمات المساعدة اللغوية متاحة لك مجاناً.

يرجى الاتصال بمزودك المعتاد مباشرة أو اتصل على THE 24 HOUR TOLL-FREE HELPLINE للاستفسار عن الخدمات على الرقم 1-844-682-7215 (الهاتف النصي: 711).

انتباه: تتوفر لك الوسائل والخدمات المساعدة، بما فيها دون حصر الوثائق المطبوعة بخط كبير والتنسيقات البديلة، مجاناً عند طلبها. يرجى الاتصال بمزودك المعتاد مباشرة أو اتصل على THE 24 HOUR TOLL-FREE HELPLINE للاستفسار عن الخدمات على الرقم 1-844-682-7215 (الهاتف النصي: 711).

हिंदी (Hindi)

कृपया ध्यान दें: यदि आप कोई अन्य भाषा बोलते हैं, तो आपके लिये निःशुल्क भाषा सहायता सेवा उपलब्ध है। कृपया अपने नियत प्रदाता से सीधे संपर्क करें अथवा सेवाओं के बारे में जानकारी हेतु ACBH ACCESS को 1-800-491-9099 (TTY: 711) पर कॉल करें।

कृपया ध्यान दें: अतिरिक्त सहायता तथा सेवाएं, जिसमें अन्य के अलावा बड़े अक्षरों के दस्तावेज़ और वैकल्पिक प्रारूप भी शामिल हैं, अनुरोध करने पर निःशुल्क उपलब्ध कराई जाएंगी। कृपया अपने नियत प्रदाता से सीधे संपर्क करें अथवा सेवाओं के बारे में जानकारी हेतु ACBH ACCESS को 1-800-491-9099 (TTY: 711) पर कॉल करें।

ภาษาไทย (Thai)

โปรดทราบ: หากคุณพูดภาษาอื่น เรามีบริการช่วยเหลือด้านภาษาให้คุณโดยไม่เสียค่าใช้จ่าย

โปรดติดต่อผู้ให้บริการที่คุณใช้อยู่โดยตรงหรือหากต้องการสอบถามเกี่ยวกับบริการต่างๆ โปรดติดต่อ ACBH ACCESS ที่ 1-800-491-9099 (TTY: 711)

โปรดทราบ: เรามีความช่วยเหลือและบริการเพิ่มเติม เช่น เอกสารพิมพ์ตัวใหญ่หรือในรูปแบบอื่นๆ ให้คุณโดยไม่เสียค่าใช้จ่ายหากคุณแจ้งความประสงค์จะใช้ โปรดติดต่อผู้ให้บริการที่คุณใช้อยู่โดยตรง หรือสอบถามเกี่ยวกับบริการต่างๆ ได้โดยติดต่อ ACBH ACCESS ที่ 1-800-491-9099 (TTY: 711)

ខ្មែរ (Cambodian)

ចំណាំ៖ ប្រសិនបើអ្នកនិយាយភាសាផ្សេងទៀត
សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺអាចស្វែងរកបាន
សម្រាប់អ្នក។

សូមទាក់ទងដោយផ្ទាល់ទៅកាន់អ្នក
ផ្តល់សេវាដែលមានការទទួលស្គាល់របស់អ្នក ឬដើម្បី
ធ្វើការសាកសួរអំពីសេវាកម្មនានា សូមទូរសព្ទទៅ THE 24
HOUR TOLL-FREE HELPLINE តាមរយៈលេខ 1-844-682-
7215 (TTY: 711)។

ចំណាំ: សម្ភារៈនិងសេវាកម្មជំនួយ មានជាអាទិ៍
 ឯកសារជាអក្សរពុម្ពផ្ទាំង និងឯកសារជាទម្រង់ផ្សេងទៀត
 អាចស្វែងរកបានសម្រាប់អ្នកដោយឥតគិតថ្លៃ ទៅ
 តាមការស្នើសុំ។ សូមទាក់ទងដោយផ្ទាល់ទៅកាន់
 អ្នកផ្តល់សេវាដែលមានការទទួលស្គាល់របស់អ្នក ឬ
 ដើម្បីសាកសួរអំពីសេវាកម្មនានា សូមទូរសព្ទទៅ THE 24
 HOUR TOLL-FREE HELPLINE តាមរយៈលេខ 1-844-682-
 7215 (TTY: 711). (TTY: 711)។

ພາສາລາວ (Lao)

ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາອື່ນ, ພວກເຮົາມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານນຳໃຊ້ໂດຍບໍ່
 ເສຍຄ່າ.

ກະລຸນາຕິດຕໍ່ຜູ້ໃຫ້ບໍລິການທີ່ກຳນົດໄວ້ຂອງທ່ານໂດຍກົງ ຫຼື ເພື່ອສອບຖາມກ່ຽວກັບການບໍລິການ ໃຫ້ໂທ
 ຫາ ACBH ACCESS ທີ່ເບີ 1-800-491-9099 (TTY: 711).

ເອົາໃຈໃສ່: ອຸປະກອນ ແລະ ການບໍລິການຊ່ວຍເຫຼືອ, ເຊິ່ງລວມມີ ແຕ່ບໍ່ຈຳກັດ ເອກະສານຖົງວິມິໃຫຍ່
 ແລະ ຮູບແບບທາງເລືອກອື່ນ, ແມ່ນມີໃຫ້ທ່ານນຳໃຊ້ໂດຍບໍ່ເສຍຄ່າຕາມຄຳຂໍ. ກະລຸນາຕິດຕໍ່ຫາຜູ້ໃຫ້
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 ACCESS ທີ່ເບີ 1-800-491-9099 (TTY: 711). (TTY: 711).

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GENERAL INFORMATION

Welcome to Alameda County Behavioral Health Care Services

IMPORTANT TELEPHONE NUMBERS

Emergency	911
Toll Free 24-hour Helpline for SUD Services	(844) 682-7215
Alameda County Behavioral Health Care Services	(510) 346-1000
Access Program for Mental Health	(800) 491-9099
Consumer Assistance Office	(800) 779-0787
Patient Rights Advocates	(510) 835-2505

Terms in the Handbook:

ACBH	Alameda County Behavioral Health Care Services
BHP	Behavioral Health Plan- ACBH Intergraded services for Specialty Mental Health and Substance Use Disorder carried out within a network of County Programs and Clinics, Contracted Community Based Organizations, Hospitals, and a multifaceted Provider Network.
DMC-ODS	Drug Medi-Cal Organized Delivery System
SSA	Social Service Agency(Alameda County)
SMHS	Specialty Mental Health Services
SUD(s)	Substance Use Disorder (Services)

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 emergency. Emergency services never require authorization.

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 1-800-273-TALK (8255).

For local residents seeking assistance in a crisis and to access local mental health programs, please call Crisis Support Services of Alameda County at 1-800-273-8255.

Why Is It Important To Read This Handbook?

OUR MISSION is to provide fully integrated health care services through a comprehensive network of public and private partnerships that ensure optimal health and well-being as well as respect the diversity of all residents. You are receiving this booklet because you are eligible for Medi-Cal and need to know further information about the Substance Use Disorder Services (SUDs) that Alameda County offers and how to access these services if you need them.

If you are now receiving services from Alameda County Behavioral Health (ACBH), this booklet will provide you with more information about how ACBH SUDs work. This booklet informs you about substance use disorder services,

but does not change the services you are getting. You may want to keep this booklet so you can reference our offered services in the future.

If you are not getting services right now, you may want to keep this booklet in case you, or someone you know, may need information about our substance use disorder services in the future.

This booklet will provide you with information on what Substance Use Disorder Services are, if you may get services and how you can get help from Alameda County Behavioral Health Care Services.

It is important that you understand how the Drug Medi-Cal Organized Delivery System (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 (SUD) treatment services through your county DMC-ODS plan
- What benefits you have access to
- What to do if you have a question or problem
- Your rights and responsibilities as a member of your county DMC-ODS plan

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 member handbook that you received when you enrolled in your current Medi-Cal benefit. That could be with a Medi-Cal managed care plan or with the regular Medi-Cal "Fee for Service" program.

As A Member Of Alameda County Behavioral Health Plan (BHP), ACBH Is Responsible For...

- Determining if you are eligible for DMC-ODS services from the county or its provider network.
- Coordinating your care.
- 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 BHP. You can also contact the BHP at this number to request availability of after-hours care.
- Having enough providers to make sure that you can get the SUD treatment services covered by the BHP if you need them.

- Informing and educating you about available services.
- Providing you services in your language or by an interpreter (if necessary) free of charge and letting you know that these interpreter services are available.
- Providing you with written information about what is available to you in other languages or formats. If you would like this handbook or other written materials in alternative formats such as large print, Braille, or audio, please call the 24 Hour Toll-free Helpline for SUD Services at (844) 682-7215.
- 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 BHP.
- Informing you if any contracted provider refuses to perform or otherwise support any covered service due to moral, ethical, or religious objections and informing you of alternative providers that do offer the covered service.
- Ensuring that you have continued access to your previous, and now out-of-network, provider for a period of time if changing providers would cause your health to suffer or increase your risk of hospitalization.

Information For Members Who Need Materials In A Different Language

If you would like this handbook or other written materials in a language other than English, please call the Alameda County 24 Hour Toll-free Helpline for SUD Services at (844) 682-7215.

This information is available in the languages listed below.

- **Spanish:**
Este folleto está disponible en Español
- **Vietnamese:**
Tập sách này có bằng tiếng Việt

- **Korean:**
이 책자는 한국어로 제공됩니다.
- **Chinese (Traditional):**
這本手冊有中文版
- **Chinese (Simplified):**
这本手册有中文版
- **فارسی (Farsi):**
این اطلاعات به زبان فارسی موجود است.
- **Tagalog (Tagalog/Filipino):**
Ang impormasyong ito ay maaaring makuha sa Tagalog.

Information For Members Who Have Trouble Reading

To obtain assistance with reading BHP materials, please call the Alameda County 24 Hour Toll-free Helpline for SUD Services at (844) 682-7215.

Information For Members Who Are Hearing Impaired

Please call the BHP with the assistance of California Relay Service at 711.

Information For Members Who Are Vision Impaired

Please call the Alameda County 24 Hour Toll-free Helpline for SUD Services at (844) 682-7215 to access resources for visually impaired members.

Notice Of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact your health care provider or the appropriate Alameda County Health Care Services Agency Department:

Administration and Indigent Health at (510) 618-3452

Behavioral Health Care Services, Consumer Assistance Office at (800)779-0787

Purpose of this Notice

This notice describes the privacy practices of Alameda County Health Care Services Agency (ACHCSA), its departments and programs and the individuals who are involved in providing you with health care services. These individuals are health care professionals and other individuals authorized by the County of Alameda to have access to your health information as a part of providing you services or compliance with state and federal laws.

Health care professionals and other individuals include:

- Physical health care professionals (such as medical doctors, nurses, technicians, medical students);
- Behavioral health care professionals (such as psychiatrists, psychologists, licensed clinical social workers, marriage and family therapists, psychiatric technicians, and registered nurses, interns);
- Other individuals who are involved in taking care of you at this agency or who work with this agency to provide care for its clients, including ACHCSA employees, staff, and other personnel who perform services or functions that make your health care possible.

These people may share health information about you with each other and with other health care providers for purposes of treatment, payment, or health care operations, and with other persons for other reasons as described in this notice.

Our Responsibility

Your health information is confidential and is protected by certain laws. It is our responsibility to protect this information as required by these laws and to provide you with this notice of our legal duties and privacy practices. It is also our responsibility to abide by the terms of this notice as currently in effect.

This notice will:

- Identify the types of uses and disclosures of your information that can occur without your advance written approval.
- Identify the situations where you will be given an opportunity to agree or disagree with the use or disclosure of your information.
- Advise you that other disclosures of your information will occur only if you have provided us with a written authorization.
- Advise you of your rights regarding your personal health information.

How We May Use and Disclose Health Information about You

The types of uses and disclosures of health information can be divided into categories. Described below are these categories with explanations and some examples. Not every type of use and disclosure can be listed, but all uses and disclosures will fall within one of the categories.

- **Treatment.** We may use or share your health information to provide you with medical treatment or other health services. The term “medical treatment” includes physical health care treatment and also “behavioral health care services” (mental health services and alcohol or other drug treatment services) that you might receive. For example, a licensed clinician may arrange for a psychiatrist to see you about possible medication and might discuss with the psychiatrist his or her insight about your treatment. Or, a member of our staff may prepare an order for laboratory work to be done or to obtain a referral to an outside physician for a physical exam. If you obtain health care from another provider, we may also disclose your health information to your new provider for treatment purposes.

- **Payment.** We may use or share your health information to enable us to bill you or an insurance company or third party for payment for the treatment and services that we had provided to you. For example, we may need to give your health plan information about treatment or counseling you received here so that they will pay us or reimburse you for the services. We may also tell them about treatment or services we plan to provide in order to obtain prior approval or to determine whether your plan will cover the treatment. If you obtain health care from another provider, we may also disclose your health information to your new provider for payment purposes.
- **Health Care Operations.** We may use and disclose health information about you for our own operations. We may share limited portions of your health information with Alameda County departments but only to the extent necessary for the performance of important functions in support of our health care operations. These uses and disclosures are necessary for the administrative operation of the Health Care Services Agency and to make sure that all of our clients receive quality care. For example, we may use your health information:
 - To review our treatment and services and to evaluate the performance of the staff in caring for you.
 - To help decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective.
 - For the review or learning activities of doctors, nurses, clinicians, technicians, other health care staff, students, interns and other agency staff.
 - To help us with our fiscal management and compliance with laws.
 - If you obtain health care from another provider, we may also disclose your health information to your new provider for certain of its health care operations. In addition, we may remove information that identifies you from this set of health information so that others may use it to study health care and health care delivery without learning the identity of specific patients.
 - We may also share medical information about you with the other health care providers, health care clearinghouses and health plans that participate with us in "organized health care arrangements" (OHCAs) for any of the OHCAs' health care operations. OHCAs include hospitals, physician organizations, health plans, and other entities which collectively provide health

care services. A listing of the OHCA's we participate in is available from the 24 HOUR TOLL-FREE HELPLINE.

- **Sign-in Sheet.** We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.
- **Notification and Communication with Family.** We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

Disclosures For Which We are Not Required to Give You an Opportunity to Agree or Object.

In addition to the above situations, the law permits us to share your health information without first obtaining your permission. These situations are described next.

- **As Required by Law.** We will disclose health information about you when required to do so by federal, state, or local law. For example, information may need to be disclosed to the Department of Health and Human Services to make sure that your rights have not been violated.
- **Suspicion of Abuse or Neglect.** We will disclose your health information to appropriate agencies if relevant to a suspicion of child abuse or neglect, or elder or dependent adult abuse and neglect, or if you are not a minor, if you are a victim of abuse, neglect or domestic violence and either you agree to the disclosure or we are authorized by law to disclose this and it is believed that disclosure is necessary to prevent serious harm to you or others.

- **Public Health Risks.** We may disclose health information about you for public health activities. These activities generally include the following:
 - To prevent or control disease, injury or disability;
 - To report births and deaths;
 - To report reactions to medications or problems with products;
 - To notify people of recalls of products they may be using;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Judicial and Administrative Proceedings.** We may, and are sometimes required by law, to disclose your personal health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative
- **Law Enforcement.** We may release health information if asked to do so by a law enforcement official:
 - In response to a court order or similar directive.
 - To identify or locate a suspect, witness, missing person, etc.
 - To provide information to law enforcement about a crime victim.
 - To report criminal activity or threats concerning our facilities or staff.
- **Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about

patients at our facilities in order to assist funeral directors as necessary to carry out their duties.

- **Organ or Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ donations or transplants.
- **Research.** We may use or disclose your information for research purposes under certain limited circumstances.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety, or to the health and safety of the public or another person. Any disclosure however, would only be to someone who we believe would be able to prevent the threat or harm from happening.
- **For Special Government Functions.** We may use or disclose your health information to assist the government in its performance of functions that relate to you. Your health information may be disclosed (i) to military command authorities if you are a member of the armed forces, to assist in carrying out military mission; (ii) to authorized federal officials for the conduct of national security activities; (iii) to authorized federal officials for the provision of protective services to the President or other persons or for investigations as permitted by law; (iv) to a correctional institution, if you are in prison, for health care, health and safety purposes; (v) to workers' compensation programs as permitted by law; (vi) to government law enforcement agencies for the protection of federal and state elective constitutional officers and their families; (vii) to the California Department of Justice for movement and identification purposes about certain criminal patients, or regarding persons who may not purchase, possess or control a firearm or deadly weapon; (viii) to the Senate or Assembly Rules Committee for purpose of legislative investigation; (ix) to the statewide protection and advocacy organization and County Patients' Rights Office for purposes of certain investigations as required by law.
- **Other Special Categories of Information. If applicable.** Special legal requirements may apply to the use or disclosure of certain categories of information -- e.g., tests for the human immunodeficiency virus (HIV) or treatment and services for alcohol and drug abuse. In addition, somewhat different rules may apply to the use and disclosure of medical information related to any general medical (non-mental health) care you receive.

- **Psychotherapy Notes. If applicable.** Psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.
 - We may use or disclose your psychotherapy notes, as required by law, or:
 - For use by the originator of the notes
 - In supervised mental health training programs for students, trainees, or practitioners
 - By this provider to defend a legal action or other proceeding brought by the individual
 - To prevent or lessen a serious & imminent threat to the health or safety of a person or the public
 - For the health oversight of the originator of the psychotherapy notes
 - For use or disclosure to coroner or medical examiner to report a patient's death
 - For use or disclosure necessary to prevent or lessen a serious & imminent threat to the health or safety of a person or the public
 - For use or disclosure to you or the Secretary of DHHS in the course of an investigation or as required by law.
 - To the coroner or medical examiner after you die. To the extent you revoke an authorization to use or disclose your psychotherapy notes, we will stop using or disclosing these notes.
- **Change of Ownership. If applicable.** In the event that this practice/program is sold or merged with another organization, your personal health information/record will become the property of the new owner, although you will maintain the right to request that copies of your personal health information be transferred to another practice/program.

Disclosure Only After You Have Been Given Opportunity To Agree or To Object.

There are situations where we will not share your health information unless we have discussed it with you (if possible) and you have not objected to this sharing. These situations are:

Patient Directory. Where we keep a directory of our patients' names, health status, location of treatment, etc. for purposes of disclosure to members of the clergy or to persons who ask about you by name, we will consult you about whether your information can be shared with these persons.

Persons Involved in Your Care or Payment for Your Care. We may disclose to a family member, a close personal friend, or another person that you have named as being involved with your health care (or the payment for your health care) your health information that is related to the person's involvement. For example, if you ask a family member or friend to pick up a medication for you at the pharmacy, we may tell that person what the medication is and when it will be ready for pick-up. Also, we may notify a family member (or other person responsible for your care) about your location and medical condition provided that you do not object.

Disclosures in Communications with You. We may have contacts with you during which we will share your health information. For example, we may use and disclose health information to contact you as a reminder that you have an appointment for treatment here, or to tell you about or recommend possible treatment options or alternatives that might be of interest to you. We may use and disclose health information about you to tell you about health-related benefits or services that might be of interest to you. We might contact you about our fundraising activities.

Other Uses of Health Information. Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in

writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Your Rights Regarding Health Information About You

You have the following rights regarding health information we maintain about you:

- **Breach Notification.** In the case of a breach of unsecured protected personal health information, we will notify you as required by law. If you have provided us with a current email address, we may use email to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate. [Note: email notification will only be used if we are certain it will not contain PHI and it will not disclose inappropriate information. For example if our email address is "digestivediseaseassociates.com" an email sent with this address could, if intercepted, identify the patient and their condition.]
- **Right to Inspect and Copy.** You have the right to inspect and copy this health information. Usually this includes medical and billing records, but may not include some mental health information. Certain restrictions apply:
 - You must submit your request in writing. We can provide you a form for this and instructions about how to submit it.
 - If you request a photocopy, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.
 - You can expect to receive notice related to this request within 10 working days.
 - We may deny your request in certain circumstances. If you are denied access to health information, you may request that the denial be reviewed as provided by law.

- If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.
- **Right to Amend.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. We are not required to make the amendment if we determine that the existing information is accurate and complete. We are not required to remove information from your records. If there is an error, it will be corrected by adding clarifying or supplementing information. You have the right to request an amendment for as long as the information is kept by or for the facility. Certain restrictions apply:
 - You must submit your request for the amendment in writing. We can provide you a form for this and instructions about how to submit it.
 - You must provide a reason that supports your request.
 - We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
 - Was not created by us, unless the creator of the information is no longer available to make the amendment;
- Is not part of the health information kept by or for our facility;
 - Is not part of the information which you would be permitted to inspect or copy. Even if we deny your request for an amendment, you have the right to submit a written addendum, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your health record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.
- **Right to Request Special Privacy Protections.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limitation on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we do not use or disclose any information to a friend or family member about your diagnosis or treatment.

- If we agree to your request to limit how we use your information for treatment, payment, or healthcare operations we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing to your provider. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply.
- If you tell us not to disclose information to your health plan concerning mental health care items or services for which you paid for in full, out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location, for example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to your provider. We will not ask you for the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of the Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice from your provider or from any of the above referenced Programs.
- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of health information about you in the six (6) years prior to the date you request the accounting. The accounting will not include:
 - Disclosures needed for treatment, payment or health care operations.
 - Disclosures that we made to you.
 - Disclosures that were merely incidental to an otherwise permitted or required disclosure.
 - Disclosures that were made with your written authorization.

- Certain other disclosures that we made as allowed or required by law.
- To request this list or accounting of disclosures, you must submit your request in writing. We can provide you a form for this and instructions about how to submit it. Your request must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- In addition, we are required to notify you as required by law if your health information is unlawfully accessed or disclosed.

Changes to this Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facilities and on our provider website. You will receive a copy of a new notice when/if the Notice of Privacy Practices changes, or if you register at a new service site.

Complaints

All programs within the Health Care Services Agency are committed to protecting the privacy of your personal health information. If you believe your privacy rights have been violated, you may file a complaint with the department where you believe the violation occurred. We will investigate your claim in a timely manner and take corrective action if necessary.

All complaints must be submitted in writing. You will not be penalized for filing a complaint. You may obtain a copy of the form and instructions for filing a complaint by contacting:

BEHAVIORAL HEALTH CARE SERVICES	DEPARTMENT OF ENVIRONMENTAL HEALTH	ADMINISTRATION AND INDIGENT HEALTH	PUBLIC HEALTH DEPARTMENT
Consumer Assistance Office 2000 Embarcadero Cove Suite 400 Oakland, CA 94606 (800) 779-0787	Office of the Director 1131 Harbor Parkway Alameda, CA 94502 (510) 567-6700	Office of the Director 1000 San Leandro Blvd Suite 300 San Leandro, CA 94577 (510) 618-3452	Office of the Director ATTN: Privacy Issue 1000 Broadway 5 th Floor Oakland, CA 94607 (510) 267-8000

You may also file a complaint with the U.S. Department of Health and Human Services. The department will ask HCSA to investigate the complaint, so resolving your complaint may take longer than if you contact HCSA directly at the addresses above. To file a complaint with the Secretary of the U.S. Department of Health and Human Services, contact:

Office of Civil Rights
U.S. Department of Health and Human Services
50 United Nations Plaza, Room 322
San Francisco, CA 94102
415) 437-8310; (415) 437-8311 (TDD)
(415) 437-8329 FAX
Web Site: www.hhs.gov/ocr

Who Do I Contact If I Feel That I Was Discriminated Against?

Discrimination is against the law. The State of California and DMC-ODS comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. DMC-ODS:

- Provides free aids and services to people with disabilities, such as:
 - Qualified sign language interpreters
 - Written information in other formats (braille, large print, audio, accessible electronic formats, and other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified oral interpreters
 - Information in threshold languages

If you need these services, contact the Alameda County 24 Hour Toll-free Helpline for SUD Services at (844) 682-7215.

If you believe that the State of California or DMC-ODS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Alameda County Behavioral Health Consumer Assistance Office
2000 Embarcadero Cove, Suite 400, Oakland, CA 94606
1-800-779-0787 (TTY: 711); FAX: 510.639.1346

You can file a grievance in person or by mail, or fax. If you need help filing a grievance, ACBH Consumer Assistance at 1-800-779-0787.

Grievance Forms are available at <http://www.ACBH.org/consumer-grievance/>

You can also file a civil rights complaint electronically with the U.S. Department of Health and Human Services, Office for Civil Rights through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>. You can file a civil rights complaint by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/filing-with-ocr/index.html>.

SERVICES

What Are DMC-ODS Services?

DMC-ODS services are health care services for people who have at least one SUD that the regular doctor cannot treat.

DMC-ODS services include:

- Outpatient Services
- Intensive Outpatient Treatment
- Partial Hospitalization (only available in some counties)
- Residential Treatment (subject to prior authorization by the county)
- Withdrawal Management
- Opioid Treatment
- Medication Assisted Treatment (varies by county)
- Recovery Services
- Case Management

SUD treatment services may include the following modalities: Assessment, Plan Development, Individual and Group Counseling, Case Management, Drug Testing, Family Therapy, and Discharge Planning. You have a right to refuse any of the following modalities: Individual Counseling, Group Counseling, Case Management, Drug Testing, Family Therapy, and Discharge Planning. Please note that if you continue to decline program services being offered to you, your treatment staff may recommend a more appropriate placement for you. Each level of care has certain minimum program requirements (such as hours per week). If your refusal of services is such that you are unable to meet these requirements, you will likely be referred to another level of care.

In addition, there may be additional requirements for drug testing (Drug Court, SSA, Probation, etc.) outside of ACBH requirements.

Service Descriptions

Recovery Residences

Residents are required to test as a condition of living in the Recovery Residences.

Opioid Treatment Programs (OTP)*

OTPs are required to conduct drug testing per program requirements.

Grounds for discharge from the program include creating a disruptive or unsafe environment for other participants. This is sometimes due to a client being intoxicated. At that time, your counselor will discuss this with you and may recommend immediate drug testing. Although drug testing may be declined, it is important to know this needs to be part of the discussion of the behavior the counselor feels is disruptive or unsafe to other clients. Whether you agree to, or decline, drug testing in this circumstance, you may still be discharged (time period will be explored) if your behavior cannot be addressed and altered to create a non-disruptive and safe environment for all in the program.

The ethical response to a positive drug test result is to discuss the findings with the client and to consider an evidence-based change in your treatment plan. Addiction treatment professionals and provider organizations will take appropriate steps to ensure that drug test results remain confidential to the extent permitted by law.

If you would like to learn more about each DMC-ODS service that may be available to you, see the descriptions below:

Outpatient Services

Counseling services are provided to members up to nine hours a week for adults and less than six hours a week for adolescents when determined to be medically necessary and in accordance with an individualized client plan. Services can be provided by a licensed professional or a certified counselor in any appropriate setting in the community.

Outpatient Services includes intake and assessment, treatment planning, individual counseling, group counseling, family therapy, collateral services, member education, medication services, crisis intervention services, drug testing and discharge planning.

Alameda County offers comprehensive outpatient treatment services for those suffering from a substance use disorder. Interested beneficiaries may contact the Alameda County Substance Use Treatment and Referral HelpLine

at 844-682-7215 or go directly to a contracted outpatient treatment provider (please see the SUD treatment provider directory for specific program information). This service is available to all eligible Alameda County beneficiaries for as long as is medically needed.

Intensive Outpatient Services

Intensive Outpatient Services are provided to members (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 adolescents) when determined to be medically necessary and in accordance with an individualized client plan. Services consist primarily of counseling and education about addiction-related problems. Services can be provided by a licensed professional or a certified counselor in any appropriate setting in the community.

Intensive Outpatient Services include the same components as Outpatient Services. The increased number of hours of service are the main difference.

Alameda County offers comprehensive outpatient treatment services for those suffering from a substance use disorder. Interested beneficiaries may contact the Alameda County Substance Use Treatment and Referral HelpLine at 844-682-7215 or go directly to a contracted outpatient treatment provider (please see the SUD treatment provider directory for specific program information). This service is available to all eligible Alameda County beneficiaries for as long as is medically needed.

Partial Hospitalization (only available in some counties)

Partial Hospitalization services feature 20 or more hours of clinically intensive programming per week, as specified in the member's treatment plan. Partial hospitalization programs typically have direct access to psychiatric, medical, and laboratory services, and are to meet the identified needs which warrant daily monitoring or management but which can be appropriately addressed in a structured outpatient setting.

Partial Hospitalization services are similar to Intensive Outpatient Services, with an increase in number of hours and additional access to medical services being the main differences.

Currently this service is not available in Alameda County.

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 members with a SUD diagnosis when determined as medically necessary and in accordance with an individualized treatment plan. Each member shall live

on the premises and shall be supported in their efforts to restore, maintain and apply interpersonal and independent living skills and access community support systems. Providers and residents work collaboratively to define barriers, set priorities, establish goals, create treatment plans, and solve SUD 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 County Plan. Each authorization for residential services can be for a maximum of 90 days for adults and 30 days for youth. Only two authorizations for residential services are allowed in a one-year-period. It is possible to have one 30-day extension per year based on medical necessity. Pregnant women can receive residential services through the last day of the month that the 60th day after delivery occurs. Early Periodic Screening, Diagnosis, and Treatment (EPSDT) eligible members (under the age of 21) will not have the authorization limits described above as long as medical necessity establishes the need for ongoing residential services.

Residential Services includes intake and assessment, treatment planning, individual counseling, group counseling, family therapy, collateral services, member education, medication services, safeguarding medications (facilities will store all resident medication and facility staff members may assist with resident's self-administration of medication), crisis intervention services, transportation (provision of or arrangement for transportation to and from medically necessary treatment) and discharge planning.

Alameda County offers comprehensive residential treatment services for those suffering from a substance use disorder. Interested beneficiaries may contact the Alameda County Substance Use Treatment and Referral HelpLine at 844-682-7215 to complete a screening and begin the referral process. This service is available to all eligible Alameda County beneficiaries; some time and admission limitations may apply. Pregnant or recently pregnant beneficiaries may directly contact specific programs to facilitate the admission process.

Withdrawal Management

Withdrawal Management services are provided when determined as medically necessary and in accordance with an individualized client plan. Each member shall reside at the facility if receiving a residential service and will be monitored during the detoxification process. Medically necessary habilitative and rehabilitative services are provided in accordance with an individualized client plan prescribed by a licensed physician, or licensed

prescriber and approved and authorized according to the State of California requirements.

Withdrawal Management Services include intake and assessment, observation (to evaluate health status and response to any prescribed medication), medication services, and discharge planning.

Alameda County offers easy access residential withdrawal management services. Interested beneficiaries may self-refer or may contact the Alameda County Substance Use Treatment and Referral HelpLine at 844-682-7215 for specific referral and contact information. There is no time-limit and this service is available to all eligible Alameda County beneficiaries.

Opioid Treatment

Opioid (Narcotic) Treatment Program (OTP/NTP) services are provided in NTP licensed facilities. Medically necessary services are provided in accordance with an individualized client plan determined by a licensed physician or licensed prescriber, and approved and authorized according to the State of California requirements. OTPs/NTPs are required to offer and prescribe medications to members covered under the DMC-ODS formulary including methadone, buprenorphine, naloxone, and disulfiram.

A member must receive, at a minimum, 50 minutes of counseling sessions with a therapist or counselor for up to 200 minutes per calendar month, although additional services may be provided based on medical necessity.

Opioid Treatment Services include the same components as Outpatient Treatment Services, with the inclusion of medical psychotherapy consisting of a face-to-face discussion conducted by a physician on a one-on-one basis with the member. All program elements are required except group counseling which is an optional service.

Alameda County has a comprehensive Opioid Treatment Services network with 7 contracted agencies across multiple sites throughout the Bay Area. Interested beneficiaries may self-refer at any of these sites or may contact the Alameda County Substance Use Treatment and Referral HelpLine at 844-682-7215 or go directly to a contracted OTP (please see the SUD treatment provider directory for specific program information). This service is available to all eligible Alameda County beneficiaries for as long as is medically needed.

Medication Assisted Treatment (varies by county)

Medication Assisted Treatment (MAT) Services are available outside of the OTP clinic. MAT is the use of prescription medications, in combination with counseling and behavioral therapies, to provide a whole-person approach to

the treatment of SUD. Providing this level of service is optional for participating counties.

MAT services includes the ordering, prescribing, administering, and monitoring of all medications for SUD. Opioid and alcohol dependence, in particular, have well established medication options. Physicians and other prescribers may offer medications to members covered under the DMC-ODS formulary including buprenorphine, naloxone, disulfiram, Vivitrol, acamprosate, or any FDA approved medication for the treatment of SUD.

ACBH currently has 2 outpatient MAT providers available to beneficiaries and is looking to expand these services to provide comprehensive MAT services across the county. Interested beneficiaries should contact the Alameda County Substance Use Treatment and Referral Helpline at 844-682-7215 for specific referral and contact information (please see the SUD treatment provider directory for specific program information). There is no time-limit and this service is available to all eligible Alameda County beneficiaries.

Recovery Services

Recovery Services are important to the member's recovery and wellness. The treatment community becomes a therapeutic agent through which members are empowered and prepared to manage their health and health care. Therefore, treatment must emphasize the member's central role in managing their health, use effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to members.

Recovery Services include individual and group counseling; recovery monitoring/substance abuse assistance (recovery coaching, relapse prevention, and peer-to-peer services); and case management (linkages to educational, vocational, family supports, community-based supports, housing, transportation, and other services based on need).

Recovery Services are available at all ACBH contracted outpatient SUD providers to beneficiaries who have completed SUD treatment. Interested beneficiaries should contact the Alameda County Substance Use Treatment and Referral Helpline at 844-682-7215 for specific referral and contact information (please see the SUD treatment provider directory for specific program information). There is no time-limit and this service is available to all eligible Alameda County beneficiaries.

Case Management

Case Management Services assist a member to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. These services focus on coordination of SUD care,

integration around primary care especially for members with a chronic SUD, and interaction with the criminal justice system, if needed.

Case Management Services include a comprehensive assessment and periodic reassessment of individual needs to determine the need for continuation of case management services; transitions to higher or lower levels of SUD care; development and periodic revision of a client plan that includes service activities; communication, coordination, referral and related activities; monitoring service delivery to ensure member access to service and the service delivery system; monitoring the member's progress; and, member advocacy, linkages to physical and mental health care, transportation and retention in primary care services.

Case management shall be consistent with and shall not violate confidentiality of any member as set forth in Federal and California law.

Case Management services are available at every level of care and provider contacted by Alameda County Behavioral Health (ACBH) to provide SUD treatment services. Interested beneficiaries should contact the Alameda County Substance Use Treatment and Referral Helpline at 844-682-7215 for specific referral and contact information (please see the SUD treatment provider directory for specific program information). There is no time-limit and this service is available to all eligible Alameda County beneficiaries.

Early Periodic Screening, Diagnosis, and Treatment (EPSDT)

If you are under 21 years of age, you may receive additional medically necessary services under Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). EPSDT services include screening, vision, dental, hearing and all other medically necessary mandatory and optional services listed in federal law 42 U.S.C. 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions identified in an EPSDT screening whether or not the services are covered for adults. The requirement for medical necessity and cost effectiveness are the only limitations or exclusions that are applicable to EPSDT services.

For a more complete description of the EPSDT services that are available and to have your questions answered, please call ACBH EPSDT Coordination Office at 510-567-8171. Member Services.

MEDICAL NECESSITY

What Is Medical Necessity And Why Is It So Important?

One of the conditions necessary for receiving SUD treatment services through your county's DMC-ODS plan is something called 'medical necessity.' This means a doctor or other licensed professional will talk with you to decide if there is a medical need for services, and if you can be helped by services if you receive them.

The term medical necessity is important because it will help decide if you are eligible for DMC-ODS services, and what kind of DMC-ODS services are appropriate. Deciding medical necessity is a very important part of the process of getting DMC-ODS services.

What Are The 'Medical Necessity' Criteria For Coverage Of Substance Use Disorder Treatment Services?

As part of deciding if you need SUD treatment services, the county DMC-ODS plan will work with you and your provider to decide if the services are a medical necessity, as explained above. This section explains how your participating county will make that decision.

In order to receive services through the DMC-ODS, you must meet the following criteria:

- 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 (DSM) for a Substance-Related and Addictive Disorder. Any adult, or youth under the age of 21, who is assessed to be "at-risk" for developing a SUD will be eligible for Early Intervention services if they do not meet medical necessity criteria.
- You must meet the American Society of Addiction Medicine (ASAM) definition of medical necessity for services based on the ASAM Criteria (ASAM Criteria are national treatment standards for addictive and substance-related conditions).

You don't need to know if you have a diagnosis to ask for help. Your county DMC-ODS plan will help you get this information and will determine medical necessity with an assessment.

SELECTING A PROVIDER

How Do I Find A Provider For The Substance Use Disorder Treatment Services I Need?

The BHP may put some limits on your choice of providers. Your county DMC-ODS plan must give you a chance to choose between at least two providers when you first start services, unless the BHP has a good reason why it can't provide a choice, for example, there is only one provider who can deliver the service you need. Your BHP must also allow you to change providers. When you ask to change providers, the county must allow you to choose between at least two providers, unless there is a good reason not to do so.

Sometimes county contract providers leave the county network on their own or at the request of the BHP. When this happens, the BHP must make a good faith 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 SUD treatment services from the provider.

Once I Find A Provider, Can The BHP Tell The Provider What Services I Get?

You, your provider, and the BHP are all involved in deciding what services you need to receive through the county by following the medical necessity criteria and the list of covered services. Sometimes the county will leave the decision to you and the provider. Other times, the BHP may require your provider to ask the BHP to review the reasons the provider thinks you need a service before the service is provided. The BHP must use a qualified professional to do the review. This review process is called a plan payment authorization process.

The BHP's authorization process must follow specific timelines. For a standard authorization, the plan must make a decision on your provider's request within 14 calendar days. If you or your provider request or if the BHP 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 BHP had additional information from your provider and would have to

deny the request without the information. If the BHP 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 BHP 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 BHP for more information about its authorization process. Check the front section of this handbook to see how to request the information.

If you don't agree with the BHP's decision on an authorization process, you may file an appeal with the county or ask for a State Fair Hearing.

Which Providers Does My DMC-ODS Plan Use?

If you are new to the BHP, a complete list of providers in your BHP can be found at the end of this handbook and contains information about where providers are located, the SUD 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.

NOTICE OF ADVERSE BENEFIT DETERMINATION

What Is A Notice Of Adverse Benefit Determination?

A Notice of Adverse Benefit Determination, sometimes called a NOABD, is a form that your county DMC-ODS plan uses to tell you when the plan makes a decision about whether or not you will get Medi-Cal SUD treatment services. 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 BHP's timeline standards for providing services.

When Will I Get A Notice Of Adverse Benefit Determination?

You will get a Notice of Adverse Benefit Determination:

- If your BHP or one of the BHP providers decides that you do not qualify to receive any Medi-Cal SUD treatment services because you do not meet the medical necessity criteria.
- If your provider thinks you need a SUD service and asks the BHP for approval, but the BHP does not agree and denies your provider's request, or changes the type or frequency of service. Most of the time you will receive a Notice of Adverse Benefit Determination before you receive the service, but sometimes the Notice of Adverse Benefit Determination will come after you already received the service, or while you are receiving the service. If you get a Notice of Adverse Benefit Determination after you have already received the service you do not have to pay for the service.
- If your provider has asked the BHP for approval, but the BHP needs more information to make a decision and doesn't complete the approval process on time.
- If your BHP does not provide services to you based on the timelines the BHP has set up. Call your BHP to find out if the BHP has set up timeline standards.
- If you file a grievance with the BHP and the BHP does not get back to you with a written decision on your grievance within 90 calendar

days. If you file an appeal with the BHP and the BHP does not get back to you with a written decision on your appeal within 30 calendar days or, if you filed an expedited appeal, and did not receive a response within 72 hours.

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

There are some cases where you may not receive a Notice of Adverse Benefit Determination. You may still file an appeal with the BHP or if you have completed the appeal process, you can request a state fair hearing when these things happen. Information on how to file an appeal or request a fair hearing is included in this handbook. Information should also be available in your provider's office.

What Will The Notice Of Adverse Benefit Determination Tell Me?

The Notice of Adverse Benefit Determination will tell you:

- What your BHP did that affects you and your ability to get services.
- The effective date of the decision and the reason the plan made its decision.
- The state or federal rules the county was following when it made the decision.
- What your rights are if you do not agree with what the plan did.
- How to file an appeal with the plan.
- How to request a State Fair Hearing.
- How to request an expedited appeal or an expedited 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.
- If you are eligible to continue to receive services while you wait for an Appeal or State Fair Hearing decision.
- 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 form carefully. If you don't understand the form, your BHP 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 a request for 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 BHP has a way for you to work out a problem about any issue related to the SUD 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 SUD treatment services, other than an Adverse Benefit Determination.
2. The Appeal Process – review of a decision (denial or changes to services) that was made about your SUD treatment services by the BHP or your provider.
3. The State Fair Hearing Process – review to make sure you receive the SUD treatment services which you are entitled to under the Medi-Cal program.

Filing a grievance or appeal, or 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 BHP will notify you and others involved of the final outcome. When your State Fair Hearing is complete, the State Hearing Office will notify you and others involved 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 BHP will have people available to explain these processes to you and to help you report a problem either as a grievance, an appeal, or as a request for State Fair Hearing. They may also help you decide if you qualify for what's called an 'expedited' process, which means it will be reviewed more quickly because your health or stability are at risk. You may also authorize another person to act on your behalf, including your SUD treatment provider. If you would like help, call 1-844-682-7215.

What If I Need Help To Solve A Problem With My County DMC-ODS 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 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 SUD 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. If you authorize another person to act on your behalf, the BHP might ask you to sign a form authorizing the plan 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 BHP 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 BHP at any time if you are unhappy with the SUD treatment services you are receiving from the BHP or have another concern regarding the BHP.

How Can I File A Grievance?

You may call your BHP's toll-free phone number to get help with a grievance. The county will provide self-addressed envelopes at all the providers' sites

for you to mail in your grievance. Grievances can be filed orally or in writing. Oral grievances do not have to be followed up in writing.

How Do I Know If The BHP Received My Grievance?

Your BHP will let you know that it received your grievance by sending you a written confirmation.

When Will My Grievance Be Decided?

The BHP 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 BHP 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 BHP had a little more time to get information from you or other people involved.

How Do I Know If The BHP Has Made A Decision About My Grievance?

When a decision has been made regarding your grievance, the BHP will notify you or your representative in writing of the decision. If your BHP fails to notify you or any affected parties of the grievance decision on time, then the BHP will provide you with a Notice of Adverse Benefit Determination advising you of your right to request a State Fair Hearing. Your BHP will 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 BHP is responsible for allowing you to request a review of a decision that was made about your SUD treatment services by the plan or your providers. 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 forms 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 plan or your provider that involves a denial or changes to services you think you need. If you request a standard appeal, the BHP 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. If you submit your appeal in person or on the phone, you must follow it up with a signed written appeal. You can get help to write the appeal. If you do not follow-up with a signed written appeal, your appeal will not be resolved. However, the date that you submitted the oral appeal is the filing date.
- 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. If you authorize another person to act on your behalf, the plan might ask you to sign a form authorizing the plan 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 member'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 county DMC-ODS Plan:

- If your county or one of the county contracted providers decides that you do not qualify to receive any Medi-Cal SUD treatment services because you do not meet the medical necessity criteria.
- If your provider thinks you need a SUD 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 BHP for approval, but the county needs more information to make a decision and doesn't complete the approval process on time.
- If your BHP doesn't provide services to you based on the timelines the BHP has set up.
- If you don't think the BHP 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 SUD services you need.

How Can I File An Appeal?

You may call your BHP's toll-free phone number to get help with filing an appeal. The plan will provide self-addressed envelopes at all provider sites for you to mail in your appeal.

How Do I Know If My Appeal Has Been Decided?

Your county DMC-ODS 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 BHP must decide on your appeal within 30 calendar days from when the BHP receives your request for the appeal. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the BHP 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 BHP 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,

- Your appeal must meet certain requirements.
- The expedited appeals process also follows different deadlines than the standard 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 BHP agrees that your appeal meets the requirements for an expedited appeal, your county will resolve your expedited appeal within 72 hours after the BHP receives the appeal. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the BHP shows that there is a need for additional information and that the delay is in your interest. If your BHP extends the timeframes, the plan will give you a written explanation as to why the timeframes were extended.

If the BHP decides that your appeal does not qualify for an expedited appeal, the BHP 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 BHP resolves your expedited appeal, the plan 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 SUD treatment services to which you are entitled under the Medi-Cal program.

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 Fair 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 BHP's appeal process.
- If your county or one of the county contracted providers decides that you do not qualify to receive any Medi-Cal SUD treatment services because you do not meet the medical necessity criteria.
- If your provider thinks you need a SUD treatment service and asks the BHP for approval, but the BHP does not agree and denies your provider's request, or changes the type or frequency of service.

- If your provider has asked the BHP for approval, but the county needs more information to make a decision and doesn't complete the approval process on time.
- If your BHP doesn't provide services to you based on the timelines the county has set up.
- If you don't think the BHP 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 SUD treatment services you need.

How Do I Request A State Fair Hearing?

You can request a State Fair Hearing directly from the California Department of Social Services. You can ask for a State Fair Hearing by writing to:

State Hearings Division

California Department of Social Services

744 P Street, Mail Station 9-17-37

Sacramento, California 95814

You can also call 1-800-952-8349 or for TDD 1-800-952-8349.

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 either the day after the BHP personally gave you its appeal decision notice, or the day after the postmark date of the county 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 BHP 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.

What If I Can't Wait 90 Days For My State Fair Hearing Decision?

You may ask for an expedited (quicker) State Fair Hearing if you think the normal 90-calendar day time frame will cause serious problems with your health, including problems with your ability to gain, maintain, or regain important life functions. 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 STATE OF CALIFORNIA MEDI-CAL PROGRAM

Who Can Get Medi-Cal?

You may qualify for Medi-Cal if you are in one of these groups:

- 65 years old, or older
- Under 21 years of age
- An adult, between 21 and 65 based on income eligibility
- Blind or disabled
- Pregnant
- Certain refugees, or Cuban/Haitian immigrants
- Receiving care in a nursing home

You must be living in California to qualify for Medi-Cal. Call or visit your local county social services office to ask for a Medi-Cal application, or get one on the Internet at <http://www.dhcs.ca.gov/services/medi-cal/pages/MediCalApplications.aspx>

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 SUD treatment services. 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 or SUD treatment service or a prescribed drug (medicine) and a co-payment if you go to a hospital emergency room for your regular services.

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

Does Medi-Cal Cover Transportation?

If you have trouble getting to your medical appointments or drug and alcohol treatment appointments, the Medi-Cal program can help you find transportation.

- For children, the county Child Health and Disability Prevention (CHDP) program can help. You may also wish to contact your county social services office, see below. You can also get information online by visiting www.dhcs.ca.gov, then clicking on 'Services' and then 'Medi-Cal.'
- For adults, your county social services office can help, see listing below, or you can get information online by visiting www.dhcs.ca.gov, then clicking on 'Services' and then 'Medi-Cal.'
- If you are enrolled with a Medi-Cal Managed Care Plan (MCP), the MCP is required to assist with transportation according to Section 14132 (ad) of the Welfare and Institutions Code. Transportation services are available for all service needs, including those that are not included in the DMC-ODS program.

Find the address for your local county office on the web at <http://dhcs.ca.gov/COL> or see the below list of Alameda County Social Service Agency offices:

North Oakland Self Sufficiency Center
2000 San Pablo Ave
Oakland CA 94612

Eastmont Self-Sufficiency Center
6955 Foothill Blvd Suite 100
Oakland CA 94605

Enterprise Self Sufficiency Center
8477 Enterprise Way
Oakland CA 94621

Eden Area Multi-Service Center
24100 Amador St
Hayward CA 94544

Fremont Outstation
39155 Liberty St Ste C330
Fremont CA 94536

Livermore Outstation
2481 Constitution Drive, Suite B
Livermore CA 94551

By Phone: To apply over the phone, call your local county office. You can find the phone number on the web at <http://dhcs.ca.gov/COL>; see the below list of Alameda County Social Service Agency offices:

North Oakland
510-891-0700

Eden: South County
510-670-6000

Enterprise: East County
510-263-2420

Eastmont: East County
510-383-5300

Fremont Outstation

510-795-2428

Livermore Outstation

925-455-0747

Online: Apply online at www.benefitscal.com or www.coveredca.com. Applications are securely transferred directly to your local county social services office, since Medi-Cal is provided at the county level.

In-Person: To apply in person, find your local county office at <http://dhcs.ca.gov/COL>, where you can get help completing your application.

For information for Alameda County Social Service Agency: http://www.alamedasocialservices.org/public/services/medical_and_health/index.cfm

If you need help applying, or have questions, you can contact a trained Certified Enrollment Counselor (CEC) for free. Call 1-800-300-1506, or search for a local CEC at <http://www.coveredca.com/get-help/local>.

If you still have questions about the Medi-Cal program, you can learn more at <http://www.dhcs.ca.gov/individuals/Pages/Steps-to-Medi-Cal.aspx>.

MEMBER 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 pilot program county, you have a right to receive medically necessary SUD treatment services from the BHP. You have the right to:

- Be treated with respect, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information.
- Receive information on available treatment options and alternatives, presented in a manner appropriate to the Member's condition and ability to understand.
- Participate in decisions regarding your SUD 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 SUD treatment services covered by the county DMC-ODS plan, other obligations of the BHP 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 specified in 45 CFR §164.524 and 164.526.
- 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 oral interpretation services for your preferred language.
- Receive SUD treatment services from a BHP 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 minor.
- Access medically necessary services out-of-network in a timely manner, if the plan 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 BHP'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 the 24-hour Toll-Free Helpline at 1-844-682-7215 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.
- Request a State Medi-Cal fair hearing, including information on the circumstances under which an expedited 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 to exercise these rights without adversely affecting how you are treated by the BHP, providers, or the State.

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

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

- Carefully read the member informing materials that you have received from the BHP. These materials will help you understand which services are available and how to get treatment if you need it.
- Attend your treatment as scheduled. You will have the best result if you follow your treatment plan. 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 (BHP) ID card 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 in order for your plan to be accurate. 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 your treatment plan and any other information that you receive during treatment.
- Follow the treatment plan you and your provider have agreed upon.
- Be willing to build a strong working relationship with the provider that is treating you.
- Contact the BHP 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 BHP 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.
 - Information on Alameda County's Behavioral Health Care's Whistle Blower program is available online at <http://www.acbhcs.org/whistleblower-2/> or
 - Call: 1-844-729-7055
 - Fax: (510) 639-1346
 - Email: ProgIntegrity@acgov.org
 - Mail: 2000 Embarcadero, Suite 400, Oakland, CA 94606
Attn: QA Office
 - [Whistleblower Reporting Form](#)
For more information, you may review the [Whistleblower Policy](#) and [Whistleblower Poster](#).

PROVIDER DIRECTORY

Below are links to Alameda County Behavioral Health Care Services (BHCS) provider directory. Some listed providers offer only specialized services to limited populations. To initiate services, it is important that you first call the Substance Use Treatment and Referral Helpline at [1-844-682-7215](tel:1-844-682-7215) to be obtain screening and a referral to the most appropriate provider who can best meet your specific needs, including language, communication and service location, whenever possible. They also have the most up-to-date information on which providers have current openings. Once a provider has been identified, you may call the provider directly to schedule an appointment.

- For Mental Health services: call BHCS' ACCESS Program at [1-800-491-9099](tel:1-800-491-9099).
- For Substance Use services: call Substance Use Treatment and Referral Helpline at [1-844-682-7215](tel:1-844-682-7215).
- For hearing or speaking limitations, dial 711 for the California Relay Service.
- [Click here](#) for the Mental Health Provider Directory
- [Click here](#) for the Substance Use Disorders Provider Directory by Site
- [Click here](#) for the Substance Use Disorders Rendering Staff Directory

ACBH posts the Provider Directory online at http://www.ACBH.org/provider_directory/, where it is available in the following languages: Spanish; Vietnamese; Simplified Chinese; Traditional Chinese; Farsi; Korean; & Tagalog. You may also access it by calling the toll-free phone number located in the front of this handbook.

TRANSITION OF CARE REQUEST

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

- After joining the BHP, you may request to keep your out-of-network provider 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 BHP.

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 BHP. You can also the 24 Hour Toll-Free Helpline at [1-844-682-7215](tel:1-844-682-7215) for information on how to request services from an out-of-network provider.
- The BHP will send written acknowledgement 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 BHP?

- 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 BHP deny my transition of care request?

- The BHP may deny a your request to retain your previous, and now out-of-network, provider, if:
 - The BHP has documented quality of care issues with the provider

What happens if my transition of care request is denied?

- If the BHP 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 BHP offers you multiple in-network provider alternatives and you do not make a choice, then the BHP will refer or assign you to an in-network provider and notify you of that referral or assignment in writing.

What happens if my transition of care request is approved?

- Within seven (7) days of approving your transition of care request the BHP 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 BHP's provider network at anytime.

How quickly will my transition of care request be processed?

- The BHP will completed its review of your transition of care request within thirty (30) calendar days from the date the BHP received your request.

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

- The BHP 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.