




DocuSigned by:
 By: 
 Karyn J. Tribble, PsyD, LCSW, Director

<p>POLICY TITLE</p> <p>Beneficiary Rights</p>	<p>Policy No: 300-4-1</p> <p>Date of Original Approval: 03/10/2010</p> <p>Date(s) of Revision(s): 07/12/2022, 4/28/2023</p>
---	--

PURPOSE

This policy describes guaranteed beneficiary rights within Alameda County Behavioral Health Care Services (ACBH) and the process for notifying beneficiaries, providers, and employees of these rights.

AUTHORITY

- Behavioral Health Information Notice (BHIN) No: 22-060
- Title 6 of the Code of Federal Regulations (CFR)
- 42 C.F.R. §§ 438.100 (a), (b), (d), 438.206, 438.207, 438.208, and 438.210
- 45 C.F.R. §§ 164.524, and 164.526
- Section 504 of the Rehabilitation Act of 1973

SCOPE

All Alameda County Behavioral Health Care Services (ACBH) county-operated programs, in addition to entities, individuals, and programs providing mental health services and substance use services under a contract or subcontract with ACBH.

POLICY

Alameda County Behavioral Health Care Services (ACBH) will ensure that its members, providers, and employees are informed of beneficiary rights. ACBH will ensure that beneficiaries are guaranteed these rights and that treatment will not be adversely affected as a result of their exercising these rights. A list of beneficiary rights is included in the *Informing Materials Packet* and summarized in the *Mental Health Plan (MHP) Beneficiary Handbook* and *Drug Medi-Cal Organized Delivery System (DMC-ODS) Beneficiary Handbook*.

PROCEDURE

Definition of Rights

- The right to receive information in accordance with CFR, Title 42, § 438.100.
- The right to be treated with respect and with due consideration for beneficiaries' dignity and privacy.

- The right to receive information on available treatment options and alternatives presented in a manner appropriate to the beneficiary's condition and ability to understand.
- The right to participate in decisions regarding beneficiaries' health care, including the right to refuse treatment.
- The right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation, as specified in federal regulations on the use of restraints and seclusion.
- The right to request and receive a copy of beneficiaries' Protected Health Information (PHI), as specified in CFR, Title 45, § 164.524.
- The right to request that beneficiaries' PHI be amended or corrected, as specified in CFR, Title 45, § 164.526.
- The right to be furnished health care services from ACBH in accordance with CFR, Title 42, §§ 438.206, 438.207, 438.208, and 438.210 and with 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.
- The right for family members and minors to be prohibited from the expectation of providing interpretation services or being used as interpreters, as specified in CFR, Title 6, and § 504 of the Rehabilitation Act of 1973.

ACBH is required to:

- Employ or have written contracts with enough providers to ensure all Medi-Cal eligible beneficiaries who qualify for services can receive them in a timely manner.
- Cover medically necessary out-of-network services for beneficiaries in a timely manner if ACBH does not have an employee or contract provider who can deliver the services. In addition, ACBH must ensure beneficiaries do not pay anything extra for seeing an out-of-network provider.
- Ensure providers are qualified to deliver services covered under contract with ACBH.
- Ensure services are adequate in amount, duration, and scope to meet the needs of Medi-Cal eligible beneficiaries it serves. This includes ensuring the ACBH system for authorizing payment for services is based on medical necessity and uses processes that ensure fair application of the medical necessity criteria.
- Ensure its providers perform adequate assessments of beneficiaries who may receive services and work with the individuals who will receive services to develop a treatment plan that includes the goals and objectives of treatment and the services that will be delivered.
- Provide a second opinion from a qualified health care professional within the ACBH network, or one outside the network, at no additional cost to the beneficiary.
- Coordinate the services it provides with services being provided to a beneficiary through a Medi-Cal managed care health plan or with the beneficiary's primary care provider, if necessary, and in the coordination process, make sure the privacy of each beneficiary receiving services is protected as specified in federal rules on the privacy of health information.

- Provide timely access to care, including making services available 24-hours a day, 7 days a week, when medically necessary to treat an emergency psychiatric condition or an urgent or crisis condition.
- Participate in the State's efforts to promote the delivery of services in a culturally competent manner to all beneficiaries, including those with limited English proficiency and diverse cultural and ethnic backgrounds.

Notification of Beneficiaries

ACBH will provide information regarding consumer rights to all beneficiaries who enroll for services.

Each beneficiary receiving services from an ACBH program or provider, upon first admission to services, annually, and upon request, will be offered or informed of the availability of the *Informing Materials Packet*, the *Mental Health Plan (MHP) Beneficiary Handbook*, and/or the *Drug Medi-Cal Organized Delivery System (DMC-ODS) Beneficiary Handbook* outlining beneficiary guarantee of rights.

Notification of Employees and Providers

All ACBH providers and employees will be informed when they first contract with ACBH of the guaranteed beneficiary rights and the requirement to make the following available to beneficiaries upon first entry to services, annually, and upon request:

- Informing Materials Packet
- Mental Health Plan (MHP) Beneficiary Handbook
- Drug Medi-Cal Organized Delivery System (DMC-ODS) Beneficiary Handbook

Information about this requirement and the materials are also available via the ACBH Quality Assurance (QA) Department and on the ACBH Providers' Website at <https://www.acbhcs.org/providers/QA/General/informing.htm>.

All providers/employees will be notified of updates to this policy and/or informing materials. If a violation of beneficiary's rights occurs; an investigation will ensue by Alameda County Behavioral Health Care Services/Behavioral Health Plan's Quality Assurance Office.

NON-COMPLIANCE

ACBH contract with providers and agencies requires compliance with this policy. See ACBH Policy #1302-1-1, *Contract Compliance and Sanctions for BHCS - Contract Providers* for consequences of non-compliance.

CONTACT

ACBH Office	Current Date	Email/Phone
Quality Assurance Office	02/01/2022	gata@acgov.org

DISTRIBUTION

This policy will be distributed to the following:

- ACBH Staff
- ACBH Contract Providers
- Public

ISSUANCE AND REVISION HISTORY

Original Authors: ACBH Staff, Quality Assurance

Original Date of Approval: 03/10/2010 by Dr. Marye Thomas, ACBH Mental Health Director

Revision Author	Reason for Revision	Date of Approval by (Name, Title)
David Woodland, LPCC, CRC, Clinical Review Specialist	Policy updated to include regulation updates.	07/12/2022 by Karyn L. Tribble, PsyD, LCSW, Behavioral Health Director
David Woodland, LPCC, CRC, Clinical Review Specialist	Policy updated to include regulation updates and updated beneficiary handbook.	4/28/2023 by Karyn L. Tribble, PsyD, LCSW, Behavioral Health Director

DEFINITIONS

Term	Definition
Out-of-network provider	Provider who is not on the ACBH list of providers.

APPENDICES

- A. Informing Materials Packet
- B. Mental Health Plan (MHP) Beneficiary Handbook
- C. Drug Medi-Cal Organized Delivery System (DMC-ODS) Beneficiary Handbook
- D. Beneficiary Handbook Consumer Notice

APPENDIX A.

Informing Materials Packet



Informing Materials Manual

Your Guide to Service Consents & Rights and
Responsibilities under Alameda County Behavioral
Health Plan



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 ACBH ACCESS at 1-800-491-9099 (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 ACBH ACCESS at 1-800-491-9099 (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 ACBH ACCESS al 1-800-491-9099 (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 ACBH ACCESS al 1-800-491-9099 (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 ACBH ACCESS ở số 1-800-491-9099 (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 ACBH ACCESS ở số 1-800-491-9099 (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 ACBH ACCESS sa 1-800-491-9099 (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 ACBH ACCESS sa 1-800-491-9099 (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 1-800-491-9099(TTY: 711)번으로 ACBH ACCESS에 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 1-800-491-9099(TTY: 711)번으로 ACBH ACCESS에 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ACBH ACCESS, 電話號碼: 1-800-491-9099 (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ACBH ACCESS, 電話號碼: 1-800-491-9099 (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 ACBH ACCESS 1-800-491-9099 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 ACBH ACCESS 1-800-491-9099 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 ACBH ACCESS по телефону 1-800-491-9099 (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 ACBH ACCESS по телефону 1-800-491-9099 (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 ACBH ACCESS به شماره 1-800-491-9099 (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 ACBH ACCESS به شماره 1-800-491-9099 (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ACBH ACCESS、電話番号1-800-491-9099 (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A



CBH ACCESS、電話番号1-800-491-9099 (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 ACBH ACCESS ntawm 1-800-491-9099 (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 ACBH ACCESS ntawm 1-800-491-9099 (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 ACBH ACCESS ਨੂੰ 1-800-491-9099 (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 ACBH ACCESS ਨੂੰ 1-800-491-9099 (TTY: 711) ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)

انتباه: إذا كنت تتحدث لغة أخرى، فإن خدمات المساعدة اللغوية متاحة لك مجانًا. يرجى الاتصال بمزودك المعتاد مباشرة أو اتصل على ACBH ACCESS للاستفسار عن الخدمات على الرقم 1-800-491-9099 (الهاتف النصي: 711).

انتباه: تتوفر لك الوسائل والخدمات المساعدة، بما فيها دون حصر الوثائق المطبوعة بخط كبير والتنسيقات البديلة، مجانًا عند طلبها. يرجى الاتصال بمزودك المعتاد مباشرة أو اتصل على ACBH ACCESS للاستفسار عن الخدمات على الرقم 1-800-491-9099 (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)

(Cambodian) ចំណុះ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ ឬ ភាសាដទៃទៀត
បន្ទាប់ពីសេវាភាសាដទៃទៀត គឺ អាចស្វែងរកបានសម្រាប់អ្នក។
សូមទាក់ ងដោយផ្ទាល់លើកាន់អ្នកសតល់បសវនសុំលេខការ ្នលសា
ល់រស់អ្នក ឬ ប្រើប៊ីប៊ី ប្រើប៊ីប៊ីសាកសួរអំពីបសវនកម្មនានា សូម
ទូរសព្ទទៅ ACBH ACCESS តាមរយៈលេខ 1-800-491- 9099 (TTY:
711)។ ចំណុះ សា រៈនិងបសវនកម្មជំនួយ ានជាអា
រិកសារជាអ្នកតុមពុំនិងឯកសារជា ប្តង បសេងប ៀត
អាចស្វែងរកបានសម្រាប់អ្នកដោយឥតគិតថ្លៃទៅតាមការបសនើសុំ។
សូមទាក់ ងដោយផ្ទាល់លើកាន់អ្នកសតល់បសវនសុំលេខការ ្នលសា
ល់រស់អ្នក ឬ ប្រើប៊ីប៊ីសាកសួរអំពីបសវនកម្មនានា សូម ទូរសព្ទទៅ
ACBH ACCESS តាមរយៈលេខ 1-800-491- 9099 (TTY: 711).



ພາສາລາວ (Lao)

ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາອື່ນ, ພວກເຮົາມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານນຳໃຊ້ໂດຍບໍ່ເສຍຄ່າ.

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

ເອົາໃຈໃສ່: ອຸປະກອນ ແລະ ການບໍລິການຊ່ວຍເຫຼືອ, ເຊິ່ງລວມມີ ແຕ່ບໍ່ຈຳກັດ ເອກະສານຖົງພິມໃຫຍ່ ແລະ ຮູບແບບທາງເລືອກອື່ນ, ແມ່ນມີໃຫ້ທ່ານນຳໃຊ້ໂດຍບໍ່ເສຍຄ່າຕາມຄຳຂໍ. ກະລຸນາຕິດຕໍ່ຫາຜູ້ໃຫ້ບໍລິການທີ່ກຳນົດໄວ້ຂອງທ່ານໂດຍກົງ ຫຼື ເພື່ອສອບຖາມກ່ຽວກັບການບໍລິການ ໃຫ້ໂທຫາ ACBH ACCESS ທີ່ເບີ 1-800-491-9099 (TTY: 711). (TTY: 711).

Table of Contents

Welcome to Alameda County Behavioral Health Plan.....	1
Consent of Services.....	2
Freedom of Choice.....	4
Notice of Non-Discrimination	4
Confidentiality & Privacy	5
Maintaining a Welcoming & Safe Place	6
Beneficiary Guides and Provider Directory	7
Beneficiary Problem Resolution Information.....	8
➤ Additional Compliant Processes available through Board of Behavioral Sciences:.....	10
Advance Directive Information:	11
Notice of Privacy Practices	12
Notice of Information 42 CFR PART 2: Information on Drug and Alcohol Patient Disclosure	23
Acknowledgement of Receipt	25
➤ Provider Directions:	26

Welcome to Alameda County Behavioral Health Plan

Welcome! As a member (beneficiary) of the Alameda County Behavioral Health Plan (BHP) who is requesting behavioral health services with this provider, we ask that you review this packet of informing materials which explains your rights and responsibilities. Alameda County's BHP includes both mental health services offered by the County Mental Health Plan and substance use disorder (SUD) treatment services offered by the County SUD Organized Delivery System; you may be receiving only one or both types of services.

PROVIDER NAME:

The person who welcomes you to services will review these materials with you. You will be given this packet to take home to review whenever you want, and **you will be asked to sign the last page of this packet to indicate what was discussed and that you received the materials.** Your provider will keep the original signature page. Providers of services are also required to notify you about the availability of certain information in this packet every year and the last page of this packet has a place for you to indicate when those notifications happen.

This packet contains a lot of information, so take your time and feel free to ask any questions! Knowing and understanding your rights and responsibilities helps you get the care you deserve.



Consent of Services

As a member of this Behavioral Health Plan (BHP), your signature on the last page of this packet gives your consent for voluntary behavioral health services with this provider. If you are the legal representative of a beneficiary of this BHP, your signature provides that consent.

Your consent for services also means that this provider has a duty to inform you about their recommendations of care, so that your decision to participate is made with knowledge and is meaningful. In addition to having the right to stop services at any time, you also have the right to refuse to use any recommendations, behavioral health interventions or treatment procedures.

This provider may have an additional consent form for you to sign that describes in more detail the kinds of services you might receive. These may include, but are not limited to, assessments, evaluations, individual counseling, group counseling, crisis intervention, psychotherapy, case management, rehabilitation services, medication services, medication assisted treatment, referrals to other behavioral health professionals, and consultations with other professionals on your behalf.

Professional service providers may include, but are not limited to, physicians, registered nurse practitioners, physician assistants, marriage and family therapists, clinical social workers (LCSW), professional clinical counselors, psychologists, registered associates, and certified peer specialists. If your rendering service provider is an unlicensed professional (eg. student trainee or registered associate) your service provider must inform you of this in writing. All unlicensed professional staff are under the supervision of licensed professionals.

SUD outpatient 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. There may be additional requirements for drug testing (Drug Court, SSA, Probation, etc.) outside of ACBH requirements.

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 an involuntary discharge from the program include, but are not limited to, 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. In addition, if you continue to decline the program services being offered to you, your treatment staff might recommend a more appropriate placement for you.

If you have been involuntarily discharged from a program and you disagree with the decision, you may file an appeal with Alameda County Behavioral Health Consumer Assistance Office:

By phone: 1-800-779-0787

For assistance with hearing or speaking, call 711, California Relay Service

Via US mail: 2000 Embarcadero Cove, Suite 400, Oakland, CA 94606

In Person: By visiting Consumer Assistance at Mental Health Association
954-60th Street, Suite 10, Oakland, CA 94608

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.



Freedom of Choice

It is our responsibility as your behavioral health plan to tell you that anyone receiving our services (including minors and the legal representative of minors) should know the following:

- A.** Acceptance and participation in the behavioral health system is voluntary; it is not a requirement for access to other community services.
- B.** You have the right to access other behavioral health services funded by Medi-Cal and have the right to request* a change of provider and/or staff.
- C.** The Behavioral Health Plan has contracts with a wide range of providers in our community, which may include faith-based providers. There are laws governing faith-based providers receiving Federal funding, including that they must serve all eligible members (regardless of religious beliefs) and that Federal funds must not be used to support religious activities (such as worship, religious teaching or attempts to convert a member to a religion). If you are referred to a faith-based provider and object to receiving services from that provider because of its religious character, you have the right to see a different provider, upon request*.

*The BHP works with members and their families to grant every reasonable request, but we cannot guarantee that all requests to change providers will happen. Requests will be granted, however, to change a provider because of an objection to its religious character.

Notice of Non-Discrimination

Discrimination is against the law. Alameda County Behavioral Health follows Federal civil rights laws and does not discriminate, exclude people, or treat them differently because of race, religion, ethnicity, color, national origin, age, disability sexual preference, sex, or ability to pay.



Confidentiality & Privacy

Confidentiality and privacy of your health information while participating in treatment services with us is an important personal right of yours. This packet contains your copy of the "Notice of Privacy Practices", which explains how your treatment records and personal information are kept confidential, used and disclosed by Alameda County Behavioral Health Care Services and how you may access this information. If you are receiving Substance Use Disorder (SUD) treatment services this packet also contains your copy of the "Notice of Information 42 CFR PART 2 - Information on Drug and Alcohol Patient Disclosure." Your Provider must provide you with information on your rights to confidentiality and privacy.

In certain situations involving your safety or the safety of others, although providers generally cannot disclose information that would directly or indirectly identify you as a beneficiary receiving SUD services, providers are required by law to discuss your case with people outside the Behavioral Health Care Services system.

Those situations include:

1. If you threaten to harm another person(s), that person(s) and/or the police must be informed.
2. When necessary, if you pose a serious threat to your own health and safety.
3. All instances of suspected child abuse must be reported to appropriate state or local authorities.
4. All instances of suspected abuse of an elder/dependent adult must be reported to appropriate state or local authorities.
5. If a court orders us to release your records, we must do so.
6. A patient's commission of a crime on the premises or against personnel of a Substance Use Treatment Provider; such reports are not protected.

If you have any questions about these limits of confidentiality, please speak with the person explaining these materials to you. More information about the above and other limits of confidentiality are in the "Notice of Privacy Practices" and the "Notice of Information 42 CFR PART 2 - Information on Drug and Alcohol Patient Disclosure" sections of this packet.



Maintaining a Welcoming & Safe Place

It is very important to us that every member feels welcomed for care exactly as they are. Our most important job is to help you feel that you are in the right place, and that we get to know you and help you to have a happy and productive life. Please let us know if there is anything that we are doing that causes you to feel unwelcome, unsafe, or disrespected.

It is also very important that our service settings are safe and welcoming places. We want you to let us know if anything happens at our service settings that make you feel unsafe so we can try to address it.

One way we help create safety is by having rules that ask everyone (providers and members) to have safe and respectful behaviors. These rules are:

- ✓ Behave in safe ways towards yourself & others.
- ✓ Speak with courtesy towards others.
- ✓ Respect the property of others & of this service site.
- ✓ Be free of weapons of any kind.
- ✓ Respect people's privacy.
- ✓ Sale, use, and distribution of alcohol, drugs, nicotine/tobacco products and e-cigarettes are prohibited on premises.

In order to have a welcoming place for all, anyone who is intentionally unsafe may be asked to leave the facility, services may be stopped temporarily or completely, and, if necessary, legal action could be taken. So, if you think you might have trouble following these rules, please let your provider know. We will work hard to help you to feel welcome in a way that feels safe to you and those around you.

We appreciate everyone working with us to follow these rules.



Beneficiary Guides and Provider Directory

The Behavioral Health Plan's (BHP) beneficiary handbook, the **Guide to Medi-Cal Mental Health Services** OR **Guide to Drug Medi-Cal Services** will be provided to you when you begin services. They contain information on how a beneficiary is eligible for services, what services are available and how to access them, who our service providers are, more information about your rights and the Grievance, Appeal and State Fair Hearing process. The Guides also includes important phone numbers regarding the Behavioral Health Plan.

The **Provider Directory** is a list of County and County-contracted providers of behavioral health services in our community; it is updated monthly. For referrals for outpatient non-emergency mental health services or for more information about the *Provider Directory*, call the ACCESS program at 1-800-491-9099; a representative can inform you whether a mental health provider has current openings.

For referrals for substance use treatment services or more information about the *Provider Directory*, call the Substance Use Treatment and Referral Helpline at 1-844-682-7215; a representative can inform you whether a substance use treatment provider has current openings. For hearing or speaking limitations, dial 711 for the California Relay Service for assistance connecting to either customer service line.

Beneficiary Guides are available electronically here: <http://www.acbhcs.org/beneficiary-handbook/> and they are available in the following languages: English, Spanish, Chinese, Farsi, Korean, Tagalog, and Vietnamese.

The Provider Directory is updated monthly and is available electronically here: http://www.acbhcs.org/provider_directory/ and they are available in the following languages: English, Spanish, Chinese, Farsi, Korean, Tagalog, Arabic, and Vietnamese.

Regarding the Guides and Provider Directory, language assistance is available by calling the ACCESS Line at 1 (800) 491-9099.



Beneficiary Problem Resolution Information

Deciding Where to Take Your Grievance or Appeal

UNSATISFACTORY SERVICE – a Grievance can be about anything

Examples:

- If you are not getting the kind of service you want.
- If you are getting poor quality service.
- If you are being treated unfairly.
- If appointments are never scheduled at times which are good for you.
- If the facility is not clean or safe.

Where to File Your Grievance

With Alameda County BHCS:

By phone: 1-800-779-0787 BHCS Consumer Assistance

For assistance with hearing or speaking, call 711, California Relay Service

Via US mail: 2000 Embarcadero Cove, Suite 400, Oakland, CA 94606

In Person: By visiting Consumer Assistance at Mental Health Association
954-60th Street, Suite 10, Oakland, CA 94608

With your provider: Your provider may resolve your grievance internally or direct you to ACBHCS above. You may obtain forms and assistance from your provider.

ADVERSE BENEFIT DETERMINATIONS – you may Appeal

You may receive a “Notice of Adverse Benefit Determination” (**NOABD**) informing you of an action by the BHP regarding your benefits. **Examples:**

- If a service you requested is denied or limited.
- If a previously authorized service you are currently receiving is reduced, suspended or terminated.
- If the BHP denies to pay for a service you received.
- If services are not provided to you in a timely manner.
- If your grievance or appeal is not resolved within required timeframes.
- If your request to dispute financial liability is denied.
- If you have been involuntarily discharged from a program.

Where to File Your Appeal (applies only to Medi-Cal beneficiaries receiving Medi-Cal services)

With Alameda County BHCS:

By phone: 1-800-779-0787 Consumer Assistance



For assistance with hearing or speaking, call 711,
California Relay Service

Via US Mail: 2000 Embarcadero Cove, Suite 400, Oakland, CA 94606

In Person: By visiting Consumer Assistance at Mental Health Association,
954-60th Street, Suite 10, Oakland, CA 94608

You have a right to a **State Fair Hearing**, an independent review conducted by the California Department of Social Services, if you have completed the BHP's Appeals process and the problem is not resolved to your satisfaction. A request for a State Fair Hearing is included with each Notice of Appeal Resolution (NAR); you must submit the request within 120 days of the postmark date or the day that the BHP personally gave you the NAR. You may request a State Fair Hearing whether or not you have received a NOABD. To keep your same services while waiting for a hearing, you must request the hearing within ten (10) days from the date the NAR was mailed or personally given to you or before the effective date of the change in service, whichever is later. The State must reach its decision within 90 calendar days of the date of request for Standard Hearings and for Expedited Hearings within 3 days of the date of request. The BHP shall authorize or provide the disputed services promptly within 72 hours from the date it receives notice reversing the BHP's ABD. You may request a State Fair Hearing by calling 1(800) 952-5253 or for TTY 1 (800) 952-8349, online to <http://secure.dss.cahwnet.gov/shd/pubintake/cdss-request.aspx> or writing to: California Department of Social Services/State Hearings Division, P.O. Box 944243, Mail Station 9-17-37, Sacramento, CA 94244-2430.

PATIENTS' RIGHTS

Issues relating to involuntary 5150 holds, 5250 holds and conservatorships are handled through existing legal remedies such as Patient's Rights, rather than through the grievance or appeal process. Contact Patients' Rights Advocates: 1 (800) 734-2504 or (510) 835-2505.

Examples:

- If you were put in restraints and you do not think the facility had good cause to do this.
- If you were hospitalized against your will and you do not understand why or what your options were.

Where to Register Your Patient's Rights Issue

- Call the Patients' Rights Advocate at **(800) 734-2504**. This is a 24-hour number with an answering machine after hours. Collect calls are accepted.

For more detailed information on the beneficiary problem resolution process, please ask your provider for a copy of [Guide to Medi-Cal Mental Health Services](#) OR [Guide to Drug Medi-Cal Services](#) that are described on Pages 2-3 of this packet. For questions or assistance with filling out forms,



you may ask your provider or call: Consumer Assistance at 1(800) 779-0787.

Additional Compliant Processes available through Board of Behavioral Sciences:

NOTICE TO CLIENTS

Beginning July 1, 2020, the Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors). You may contact the board online at <https://www.bbs.ca.gov/consumers/> , or by calling (916) 574-7830.

For more information, please see https://www.bbs.ca.gov/pdf/ab_630.pdf

Alameda County of Behavioral Health (county clinics and contractors) continues to receive and respond to complaints regarding the practice of psychotherapy by any unlicensed or unregistered counselor. To file a complaint, contact Consumer Assistance Office; 2000 Embarcadero Cove Suite 400 Oakland, CA 94606 or (800) 779-0787.



Advance Directive Information:

“Your Right to Make Decisions about Medical Treatment”

(Only applies if you are age 18 or older)

Providers: “Your Right to Make Decisions about Medical Treatment,” is available in multiple languages at http://www.acbhcs.org/providers/QA/docs/qa_manual/10-7_ADVANCE_DIRECTIVE_BOOKLET.pdf

If you are age 18 or older, the Behavioral Health Plan is required by federal and state law to inform you of your right to make health care decisions and how you can plan now for your medical care, in case you are unable to speak for yourself in the future. Making that plan now can help make sure that your personal wishes and preferences are communicated to the people who need to know. That process is called creating an Advance Directive.

At your request, you will be given information about Advance Directives called “Your right to Make Decisions About Medical Treatment.” It describes the importance of creating an Advance Directive, what kinds of things you might consider if you decide to create one, and it describes the relevant state laws. You are not required to create an Advance Directive but we do encourage you to explore and address issues related to creating one. Alameda County BHCS providers and staff are able to support you in this process, but are not able to create an Advance Directive for you. We hope the information will help you understand how to increase your control over your medical treatment. The care provided to you by any Alameda County BHCS provider will not be based on whether you have created an Advance Directive. If you have any complaints about Advance Directive requirements, please contact Consumer Assistance at 1-800-779-0787.



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

Public Health Department Office of the Director at (510) 267-8000

Department of Environmental Health at (510) 567-6700

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 OHCAs we participate in is available from the ACCESS.

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:

- o Was not created by us, unless the creator of the information is no longer available to make the amendment;

- o Is not part of the health information kept by or for our facility;
- o 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	Consumer Assistance Office 2000 Embarcadero Cove, Suite 400 Oakland, CA 94606 (800) 779-0787
DEPARTMENT OF ENVIRONMENTAL HEALTH	Office of the Director 1131 Harbor Parkway Alameda, CA 94502 (510) 567-6700
ADMINISTRATION AND INDIGENT HEALTH	Office of the Director 1000 San Leandro Blvd, Suite 300 San Leandro, CA 94577 (510) 618-3452
PUBLIC HEALTH DEPARTMENT	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



Notice of Information 42 CFR PART 2: Information on Drug and Alcohol Patient Disclosure

PLEASE REVIEW IT CAREFULLY.

(Applicable to beneficiaries receiving substance use treatment services only)

42 CFR, Part 2: General information regarding your health care, including payment for health care, is protected by under federal laws and regulations, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C. § 1320d et seq., 45 C.F.R. Parts 160 & 164, & the Confidentiality Law, 42 U.S.C. § 290dd-2, and 42 C.F.R. Part 2. Under these laws and regulations, confidentiality of your Substance Use Disorder ("SUD") Treatment records protect confidentiality of the identity, diagnosis, prognosis, or treatment record maintained in connection with the performance of any federally assisted program or activity relating to substance abuse education, prevention, training, treatment rehabilitation or research. The Provider may not say to a person outside of the program that you attend the program, nor may the Provider disclose any information identifying you as an alcohol or drug treatment patient, or disclose any other protected information except as permitted by federal law.

A Provider must obtain your written consent before it can disclose information about you for payment purposes. For example, the Provider must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. The Provider is also required to obtain your written consent before it can sell information about you or disclose information about you for marketing purposes. Generally, you must also sign a written consent before the Provider can share information for treatment purposes or for health care operations. Although the Provider generally cannot disclose information that would directly or indirectly disclose a client as a SUD client, federal laws and regulations permit the Provider to disclose information *without* your written permission, which may include:

1. When a client is a danger to self or others;
2. When a client is a danger or has threatened harm to others;
3. When a client is gravely disabled and unable to make a rational decision as to his or her need for treatment;
4. When a client is suspected of child abuse or neglect;
5. When a client is suspected of elder abuse;
6. When a client is in a medical emergency and unable to grant permission;
7. When the client information is used for quality review;
8. Pursuant to an agreement with a qualified service organization (QSO), e.g., for record keeping, accounting, or other professional services; and



9. For review by accrediting and licensure bodies.

A violation of the federal law and regulations by a program subject to 42 CFR part 2 is a crime, and suspected violations may be reported to the appropriate authorities, including the U.S. Attorney for the Northern District of California (450 Golden Gate Avenue, San Francisco, CA 94102) and the California Department of Health Care Services (1501 Capital Avenue, MS 0000, Sacramento, California 95389-7413).

Before the Provider can use or disclose any information about your health in a manner, which is not described above or otherwise permitted under applicable laws or regulations (e.g., 42 CFR part 2), it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you orally or in writing.

Provider Duties: The Provider is required by law to maintain the privacy of your health and SUD information and to provide you with notice of its legal duties and privacy practices with respect to your health information. The Provider is required by law to abide by the terms of this notice and to make new notice provisions effective for all protected health information it maintains. Revision and update notices will be provided to individuals during treatment sessions and will be posted on the Public Notice Board in the lobby.

Grievance and Reporting Violations: If you are not satisfied with any matter related to your services including confidentiality issues or are uncomfortable with speaking to your Provider about an issue, you may contact **Consumer Assistance at 1 (800) 779-0787**. See Beneficiary Problem Resolution Process on Pages 4-5 in this packet for more information.

Beneficiary Name:		Program Name:	
Birthdate:	Admit date:	RU #, if applies:	
INSYST #:			

Acknowledgement of Receipt

Consent for Services

As described on page one of this packet, your signature below gives your consent to receive voluntary behavioral health care services from this provider. If you are a beneficiary's legal representative, your signature gives that consent.

Informing Materials

Your signature also means that the materials marked below were discussed with you in a language or way that you could understand, that you were given the Informing Materials packet for your records, and that you agree with the method of delivery for the Guide and Provider Directory as checked. You may request an explanation and/or copies of the materials again, at any time.

Initial Notification

Please mark the boxes below to show which materials were discussed with you at admission or any other time.

- Consent for Services
- Freedom of Choice
- Notice of Non-Discrimination
- Confidentiality & Privacy
- Maintaining a Welcoming & Safe Place (*not a State-required informing material*)
- "Guide to Medi-Cal Mental Health Services" OR "Guide to Drug Medi-Cal Services"
Delivery: Web E-mail Paper copy
- Provider Directory for Alameda County Behavioral Health Plan
Delivery: Web E-mail Paper copy
- Beneficiary Problem Resolution Information
- Advance Directive Information (*for age 18+ & when client turns 18*)
 - Have you ever created an Advance Directive? Yes No
 - If yes, may we have a copy for our records? Yes No
 - If no, may we support you to create one? Yes No
- Notice of Privacy Practices – HIPAA & HITECH
- Notice of Information 42 CFR PART 2: Information on Drug and Alcohol Patient Disclosure (*for clients receiving Substance Use Treatment services only*)

Beneficiary Signature: (or legal representative, if applicable)	Date:
Clinician/Staff Witness Initials:	Date:
E-mail address for delivery of Guide & Provider Directory, if applicable:	

Annual Notification: Your provider must remind you each year that the materials listed above are available for your review. Please put your initials and the date in a box below to show when that happens.

Initials & date:	Initials & date:	Initials & date:	Initials & date:
------------------	------------------	------------------	------------------

Use one box every year (see above) for the **beneficiary's** initials & date (or their legal representative).

➤ **Provider Directions:**

- ❖ *Initial Notification: Discuss each relevant item in the packet with the beneficiary (or legal representative) in their preferred language or method of communication. Complete the identifying information box at the top of the previous page. Mark the relevant checkboxes to indicate the items discussed/provided. Ask the beneficiary to sign & date in the appropriate box. Provide staff initials & date in the appropriate box. Give the remaining informing materials packet to the beneficiary for their records. File this signature page in the chart.*
- ❖ *Annual Notifications: Remind beneficiaries of the availability of all materials for their review, and review any materials, if requested. Obtain the appropriate dated initials in the boxes provided.*
- ❖ *The packet in all threshold languages & a detailed instruction sheet are available at <http://www.acbhcs.org/providers/QA/General/informing.htm> .*

APPENDIX B.

Mental Health Plan (MHP) Beneficiary Handbook



Mental Health Plan (MHP)

Beneficiary Handbook Specialty Mental Health Services

2000 Embarcadero Cove, Suite 400, Oakland, CA 94606

Published Date: 2023¹

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

TABLE OF CONTENTS

OTHER LANGUAGES AND FORMATS.....	2
GENERAL INFORMATION.....	3
NOTICE OF PRIVACY PRACTICES.....	6
INFORMATION ABOUT THE MEDI-CAL PROGRAM.....	18
HOW TO TELL IF YOU OR SOMEONE YOU KNOW NEEDS HELP.....	22
ACCESSING SPECIALTY MENTAL HEALTH SERVICES.....	24
SELECTING A PROVIDER.....	31
SCOPE OF SERVICES.....	33
ADVERSE BENEFIT DETERMINATIONS BY YOUR MENTAL HEALTH PLAN (MHP).....	39
THE PROBLEM RESOLUTION PROCESS: TO FILE A GRIEVANCE OR APPEAL.....	42
THE GRIEVANCE PROCESS.....	44
THE APPEAL PROCESS (STANDARD AND EXPEDITED).....	46
THE STATE HEARING PROCESS.....	50
ADVANCE DIRECTIVE.....	53
BENEFICIARY RIGHTS AND RESPONSIBILITIES.....	54
<u>ENCLOSURE 1: NONDISCRIMINATION NOTICE</u>	1
<u>ENCLOSURE 2: LANGUAGE TAGLINES</u>	1



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

OTHER LANGUAGES AND FORMATS

Other Languages

You can get this Beneficiary Handbook (handbook) and other materials for free in other languages. Call Alameda County Behavioral Health ACCESS Line at 1-800-491-9099 (TTY: 711). The phone call is toll free.

Este folleto está disponible en Español

Tập sách này có bằng tiếng Việt

이 책자는 한국어로 제공됩니다.

這本手冊有中文版

这本手册有中文版

این اطلاعات به زبان فارسی موجود است.

Ang impormasyong ito ay maaaring makuha sa Tagalog.

يتوفر هذا الدليل باللغة العربية.

Other Formats

You can get this information for free in other auxiliary formats, such as Braille, 18-point font large print, or audio. Call Alameda County Behavioral Health ACCESS Line at 1-800-491-9099 (TTY: 711). The phone call is toll free.

Interpreter Services

You do not have to use a family member or friend as an interpreter. Free interpreter, linguistic, and cultural services are available 24 hours a day, 7 days a week. To get this handbook in a different language or to get an interpreter, linguistic, and cultural help, call Alameda County Behavioral Health ACCESS Line at 1-800-491-9099 (TTY: 711). The phone call is toll free.



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

GENERAL INFORMATION

Welcome to Alameda County Behavioral Health Care Services

IMPORTANT TELEPHONE NUMBERS

Emergency	911
Alameda County Behavioral Health Care Services	(510) 346-1000 &
ACCESS Program for Mental Health	1-800- 491-9099
TTY	711
Alameda County 24-hour Toll-free Helpline (for Substance Use Services)	(844) 682-7215
Consumer Assistance Office	1-800- 779-0787
Patient Rights Advocates	(510) 835-2505

Terms in this Handbook:

ACBH	Alameda County Behavioral Health Care Services
BHP	Behavioral Health Plan - ACBH integrated 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 Services Agency (Alameda County)
SMHS	Specialty Mental Health Services
SUD Services	Substance Use Disorder Services

Why Is It Important to Read This Handbook?

This handbook tells you how to get Medi-Cal specialty mental health services through your county mental health plan. This handbook explains your benefits and how to get care. It will also answer many of your questions.

You will learn:

- How to access specialty mental health services
- What benefits you have access to
- What to do if you have a question or problem

Your rights and responsibilities as a Medi-Cal beneficiary



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

If you do not read this handbook now, you should keep this handbook so you can read it later. This handbook and other written materials are available electronically at <https://www.acbhcs.org/beneficiary-handbook/> or a printed copy can be requested from Alameda County Behavioral Health, free of charge. Call Alameda County ACCESS line at 1-800-491-9099 (TTY: 711) if you would like a printed copy.

Use this handbook as an addition to the information you received when you enrolled in Medi-Cal.

Need This Handbook in Your Language or a Different Format?

If you speak a language other than English, free oral interpreter services are available to you, call Alameda County ACCESS line. Your mental health plan is available 24 hours a day, seven days a week.

You can also contact your mental health plan at 1-800-491-9099 (TTY: 711) if you would like this handbook or other written materials in alternative formats such as large print, Braille, or audio. Your mental health plan will assist you.

If you would like this handbook or other written materials in a language other than English, call your mental health plan. Your mental health plan will assist you in your language over the phone.

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.
- **Arabic**
يتوفر هذا الدليل باللغة العربية.



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

What Is My Mental Health Plan Responsible For?

Your mental health plan is responsible for the following:

- Figuring out if you meet the criteria to access specialty mental health services from the county or its provider network.
- Providing an assessment to determine whether you need specialty mental health services.
- Providing a toll-free phone number that is answered 24 hours a day, seven days a week, that can tell you how to get services from Alameda County: ACCESS line at 1-800-491-9099 (TTY: 711).
- Having enough providers close to you to make sure that you can get the mental health treatment services covered by the mental health plan if you need them.
- Informing and educating you about services available from your mental health plan.
- 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 alternative forms like Braille, Audio Formats, and large-size print.
- 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 is considered significant when there is an increase or decrease in the amount or types 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 mental health plan.
- Coordinate your care with other plans or delivery systems as needed to facilitate care transitions and guide referrals for beneficiaries, ensuring that the referral loop is closed, and the new provider accepts the care of the beneficiary.



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

NOTICE OF PRIVACY PRACTICES

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 1-800-779-0787
- Public Health Department Office of the Director at (510) 267-8000
- Department of Environmental Health at (510) 567-6700

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, professional clinical counselors, 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 Responsibilities

We are required by law to maintain the privacy and security of your protected health information 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.



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

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.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- 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 can 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 can use or share your health information to enable us to bill and get payment from Medi-Cal, Medicare, health plans and other insurance carriers for the treatment and services that we had provided to you. For example, we may need to give your health plan information about the treatment or counseling you received here so that they will pay us or reimburse you for the services. We may also tell them about the treatment or services we plan to provide in order to obtain prior approval or to determine whether your plan will cover the treatment.



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

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 can use and share your health information to run our practice, improve your care, and contact you when necessary. 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 OHCAs we participate in is available from the ACCESS.

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 share information with your family, close friends, or others involved in your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death. In a disaster relief situation, we may disclose information to a relief



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

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. You have both the right and choice 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 not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Disclosures where we DO NOT have to give you a chance 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.

Suspicion of abuse or neglect. We will disclose your health information to appropriate agencies if child abuse/neglect, elder or dependent adult abuse/neglect, or domestic violence is suspected. 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 a threat to individual or public health or safety.

Help with public health risks. We can share health information about you for certain situations such as:

- Preventing disease, injury or disability
- Reporting births and deaths
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

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 can share health information about you in response to a court or administrative order, lawsuits, and legal actions, or in response to a subpoena.

Law enforcement. We may release health information if asked to do so by a law enforcement official:

- To help law enforcement officials respond to criminal activities.
- 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 prevent a threat to individual or public 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



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

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



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

- 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 directories. You can decide what health data, if any, you want to be listed in patient directories.

Persons involved in your care or payment. We may share your health data with a family member, a close friend or other person that you have named as being involved with your health care. 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 data. Other uses not covered by this notice or the



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

laws that apply to us will be made only with your written consent.

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. When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to you.

Breach notification. In the case of a breach of unsecured protected personal health information, we will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. 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.]

Get an electronic or paper copy of your medical record. 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 can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- You must submit your request in writing. We can provide you a form for this and instructions about how to submit it.
- You can expect to receive notice related to this request within 10 working days.



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

- 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.

Ask us to correct your medical record. You can ask us to correct health information about you that you think is incorrect or incomplete. We may say “no” to your request, but we’ll tell you why in writing within 60 days. 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.

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 ask us to limit what we use or share. You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. 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.



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

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 pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Right to request confidential communications. You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests. 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.

Right to get a copy of this privacy notice. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. 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 get a list of those with whom we’ve shared information.

You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. This 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.

We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but may charge a



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

reasonable, cost-based fee if you ask for another one within 12 months. 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, and should indicate in what form you want the list (for example, on paper or electronically). 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.

Right to choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

Changes to the terms of this notice. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site. 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.

File a complaint if you feel your rights are violated. 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. We will not retaliate against you for filing a complaint.

All complaints must be submitted in writing. You may obtain a copy of the form and instructions for filing a complaint by contacting:

BEHAVIORAL HEALTH CARE SERVICES	Consumer Assistance Office 2000 Embarcadero Cove, Suite 400 Oakland, CA 94606 1-800- 779-0787
DEPARTMENT OF ENVIRONMENTAL HEALTH	Office of the Director 1131 Harbor Parkway Alameda, CA 94502 (510) 567-6700
ADMINISTRATION AND INDIGENT HEALTH	Office of the Director 1000 San Leandro Blvd, Suite 300



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

	San Leandro, CA 94577 (510) 618-3452
PUBLIC HEALTH DEPARTMENT	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 Office for Civil Rights by sending a letter to:

Office of Civil Rights
U.S. Department of Health and Human Services
90 Seventh Street, Suite 4-100
San Francisco, CA 94103

Or by calling 1-800-368-1019 or visiting
www.hhs.gov/ocr/privacy/hipaa/complaints/



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

INFORMATION ABOUT THE MEDI-CAL PROGRAM

Who Can Get Medi-Cal?

Many factors are used to decide what type of health coverage you can receive from Medi-Cal. They include:

- How much money you make
- Your age
- The age of any children you care for
- Whether you are pregnant, blind, or disabled
- Whether you are on Medicare

You also must be living in California to qualify for Medi-Cal. If you think you qualify for Medi-Cal, learn how to apply below.

How Can I Apply for Medi-Cal?

You can apply for Medi-Cal at any time of the year. You may choose one of the following ways to apply. Specific addresses and lines of contact for each of the options can be found at <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>.

- **By Mail:** Apply for Medi-Cal with a Single Streamlined Application, provided in English and other languages at <https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/SingleStreamApps.aspx>. Send completed applications to your local county office:
 - **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



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

- **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>, or call Alameda County Social Service Agency at (510) 272-3663.
- **In-Person:** To apply in person, find your local county office at the local address listed below. Here, you can get help completing your application. Alternatively, if you reside in a different county, consult the website linked above.
 - **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
- **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.
- To apply for Medi-Cal online, locally, with Alameda County Social Services, please visit [MyBenefitsCalWIN](#).

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 <https://apply.coveredca.com/hix/broker/search>.

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>.



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

What Are Emergency Services?

Emergency services are services for beneficiaries experiencing an unexpected medical condition, including a psychiatric emergency medical condition.

An emergency medical condition has symptoms so severe (possibly including severe pain) that an average person could reasonably expect the following might happen at any moment:

- The health of the individual (or the health of an unborn child) could be in serious trouble
- Serious problem(s) with bodily functions
- Serious problem(s) with any bodily organ or part

A psychiatric emergency medical condition occurs when an average person thinks that someone:

- Is a current danger to himself or herself or another person because of a mental health condition or suspected mental health condition.
- Is immediately unable to provide or eat food, or use clothing or shelter because of what seems like a mental health condition.

Emergency services are covered 24 hours a day, seven days a week for Medi-Cal beneficiaries. Prior authorization is not required for emergency services. The Medi-Cal program will cover emergency conditions, whether the condition is due to a medical or mental health condition (emotional or mental). If you are enrolled in Medi-Cal, you will not receive a bill to pay for going to the emergency room, even if it turns out to not be an emergency. If you think you are having an emergency, call **911** or go to any hospital or other setting for help.

Is Transportation Available?

Non-emergency medical transportation and non-medical transportation may be provided for Medi-Cal beneficiaries who are unable to provide transportation on their own and who have a medical necessity to receive certain Medi-Cal covered services. If you need assistance with transportation, contact your managed care plan for information and assistance.

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

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



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

If you or someone you know is in crisis, please call the National Suicide Prevention Lifeline at **988** or **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.



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

HOW TO TELL IF YOU OR SOMEONE YOU KNOW NEEDS HELP

How Do I Know When I Need Help?

Many people have difficult times in life and may experience mental health problems. The most important thing to remember is that help is available. If you or your family member are eligible for Medi-Cal and need mental health services, you should call Alameda County ACCESS line at 1-800-491-9099 (TTY: 711). Your managed care plan can also help you contact your mental health plan if they believe you or a family member need mental health services that the managed care plan does not cover. The mental health plan will help you find a provider for services you may need.

You should call your mental health plan if you or a family member have one or more of the following signs:

- Depressed (or feeling hopeless, helpless, or very down) or feeling like you don't want to live
- Loss of interest in activities you generally like to do
- Significant weight loss or gain in a short period of time
- Sleeping too much or too little
- Slowed or excessive physical movements
- Feeling tired nearly every day
- Feelings of worthlessness or excessive guilt
- Difficulty thinking, concentrating, and/or making decisions
- Decreased need for sleep (feeling 'rested' after only a few hours of sleep)
- Racing thoughts too fast for you to keep up
- Talking very fast or cannot stop talking
- Believing that people are out to get you
- Hearing voices and/or sounds others do not hear
- Seeing things others do not see
- Unable to go to work or school due to feeling depressed (or feeling hopeless, helpless, or very down)
- Prolong period of time of not caring about personal hygiene (being clean)
- Having trouble understanding and relating to people
- Pulling back or withdrawing from other people
- Crying frequently and for no reason



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

- Often angry and 'blow up' for no reason
- Having severe mood swings
- Feeling anxious or worried most of the time
- Having what others call strange or bizarre behaviors that are outside of the individual's cultural norm

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

You may contact Alameda County ACCESS line at 1-800-491-9099 (TTY: 711) or managed care plan for a screening and assessment for your child or teenager if you think they are showing any of the signs of a mental health problem. If your child or teenager qualifies for Medi-Cal and the mental health plan assessment indicates that specialty mental health services covered by the mental health plan are needed, the mental health plan will arrange for your child or teenager to receive the services. Your managed care plan can also help you contact your mental health plan if they believe your child or teenager needs mental health services that the managed care plan does not cover. There are also services available for parents who feel overwhelmed by being a parent or who have mental health problems.

The following checklist can help you assess if your child needs help, such as mental health services. If more than one sign is present or persists over a long period of time, it may indicate a more serious problem requiring professional help. Here are some signs to look out for:

- A lot of trouble concentrating or staying still, putting them in physical danger or causing school problems
- Intense worries or fears that get in the way of daily activities
- Sudden overwhelming fear without reason, sometimes with racing heart rate or fast breathing
- Feels very sad or withdraws from others for two or more weeks, causing problems with daily activities
- Extreme mood swings that cause problems in relationships
- Drastic changes in behavior
- Not eating, throwing up, or using laxatives to cause weight loss
- Repeated use of alcohol or drugs
- Severe, out-of-control behavior that can hurt self or others
- Serious plans or tries to harm or kill self
- Repeated fights, or use of a weapon, or serious plan to hurt others



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

ACCESSING SPECIALTY MENTAL HEALTH SERVICES

What Are Specialty Mental Health Services?

Specialty mental health services are services for people who have a mental health condition or emotional problems that a regular doctor cannot treat. These illnesses or problems are severe enough that they get in the way of a person's ability to carry on with their daily activities.

Specialty mental health services include:

- Mental health services
- Medication support services
- Targeted case management
- Crisis intervention services
- Crisis stabilization services
- Adult residential treatment services
- Crisis residential treatment services
- Day treatment intensive services
- Day rehabilitation
- Psychiatric inpatient hospital services
- Psychiatric health facility services
- Peer support services (only available for adults in certain counties, but minors may be eligible for the service under Early and Periodic Screening, Diagnostic, and Treatment regardless of their county of residence)

In addition to the specialty mental health services listed above, beneficiaries under age 21 have access to additional mental health services under the Early and Periodic Screening, Diagnostic, and Treatment benefit. Those services include:

- Intensive home-based services
- Intensive care coordination
- Therapeutic behavioral services
- Therapeutic foster care

If you would like to learn more about each specialty mental health service that may be available to you, see the "Scope of Services" section in this handbook.



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

How Do I Get Specialty Mental Health Services?

If you think you need specialty mental health services, you can call your mental health plan and ask for an appointment for an initial screening and assessment. You can call your county's toll-free phone number. You can also request an assessment for mental health services from your managed care plan if you are a beneficiary. If the managed care plan determines that you meet the access criteria for specialty mental health services, the managed care plan will help you transition to receive mental health services through the mental health plan. There is no wrong door for accessing mental health services. You may even be able to receive non-specialty mental health services through your Medi-Cal Managed Care Plan in addition to specialty mental health services. You can access these services through your mental health provider if your provider determines that the services are clinically appropriate for you and as long as those services are coordinated and not duplicative.

You may also be referred to your mental health plan for specialty mental health services by another person or organization, including your doctor, school, a family member, guardian, your Medi-Cal managed care plan, or other county agencies. Usually, your doctor or the Medi-Cal managed care plan will need your permission or the permission of the parent or caregiver of a child, to make the referral directly to the mental health plan, unless there is an emergency. Your mental health plan may not deny a request to do an initial assessment to determine whether you meet the criteria for receiving services from the mental health plan.

Specialty mental health services can be provided by the mental health plan (county) or other providers the mental health plan contracts with (such as clinics, treatment centers, community-based organizations, or individual providers).

Where Can I Get Specialty Mental Health Services?

You can get specialty mental health services in the county where you live, and outside of your county if necessary. Alameda County residents call Alameda County ACCESS at 1-800-491-9099 (TTY: 711) to request services. Each county has specialty mental health services for children, youth, adults, and older adults. If you are under 21 years of age, you are eligible for additional coverage and benefits under Early and Periodic Screening, Diagnostic, and Treatment.

The ACCESS program will determine if you meet the criteria to access specialty mental health services. If you do, the mental health plan will refer you to receive an assessment. If you do not meet the criteria to access specialty mental health services, you will be referred to your Medi-Cal managed care plan or a fee-for-service provider who can determine whether you need non-specialty mental health services. If your mental health plan or a provider on behalf of the mental



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

health plan denies, limits, reduces, delays, or ends services you want or believe you should get, you have the right to receive a written Notice (called a "Notice of Adverse Benefit Determination") from the mental health plan informing you of the reasons for denial, and your rights to file an appeal and/or State Hearing. You also have a right to disagree with the decision by asking for an appeal. You can find additional information below regarding your rights to a Notice and what to do if you disagree with your mental health plan's decision.

Your mental health plan will help you find a provider who can get you the care you need. The mental health plan must refer you to the closest provider to your home, or within time or distance standards who will meet your needs.

When Can I Get Specialty Mental Health Services?

Your mental health plan has to meet the state's appointment time standards when scheduling an appointment for you to receive services from the mental health plan. The mental health plan must offer you an appointment:

- Within 10 business days of your non-urgent request to start services with the mental health plan;
- Within 48 hours if you request services for an urgent condition;
- Within 15 business days of your non-urgent request for an appointment with a psychiatrist; and,
- Within 10 business days from the prior appointment for ongoing conditions.

However, these waiting times may be longer if your provider has determined that a longer waiting time is appropriate and not harmful.

Who Decides Which Services I Will Receive?

You, your provider, and the mental health plan are all involved in deciding what services you need to receive through the mental health plan. A mental health professional will talk with you and will help determine what kind of specialty mental health services are appropriate based on your needs.

You do not need to know if you have a mental health diagnosis or a specific mental health condition to ask for help. The mental health plan will conduct an assessment of your condition. The provider will evaluate whether you may have a mental health disorder that negatively affects your daily life or if you may have a mental health disorder or suspected mental health disorder that



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

has the potential to negatively impact your life if you do not receive treatment. You will be able to receive the services you need while your provider conducts this assessment. You do not need to have a mental health diagnosis or a specific mental health condition to receive services during the assessment period.

If you are under age 21, you may also be able to access specialty mental health services if you have a mental health condition due to trauma, involvement in the child welfare system, juvenile justice involvement, or experiencing homelessness. Additionally, if you are under age 21, the mental health plan must provide medically necessary services to correct or help your mental health condition. Services that sustain, support, improve, or make more tolerable a mental health condition are considered medically necessary.

Some services may require prior authorization from the mental health plan. The mental health plan must use a qualified professional to do the review for service authorization. This review process is called a prior authorization of specialty mental health services. The mental health plan's authorization process must follow specific timelines. For a standard prior authorization, the mental health plan must decide based on your provider's request as quickly as your condition requires. For example, your plan must rush an authorization decision and provide notice based on a timeframe related to your health condition that is no later than 72 hours after receipt of the service request, but no longer than 14 calendar days after the mental health plan receives the request.

If you or your provider request it, or if the mental health plan needs to get more information from your provider and provides justification for it, the timeline can be extended for up to an additional 14 calendar days. An example of when an extension might be needed is when the mental health plan thinks it might be able to approve your provider's request for treatment if they get additional information from your provider. If the mental health plan extends the timeline for the provider's request, the county will send you a written notice about the extension.

Services that require prior authorization include: Intensive Home-Based Services, Day Treatment Intensive, Day Rehabilitation, Therapeutic Behavioral Services, and Therapeutic Foster Care. You may ask the mental health plan for more information about its prior authorization process. Call your mental health plan to request additional information.

If the mental health plan denies, delays, reduces, or terminates the services requested, the mental health plan must send you a Notice of Adverse Benefit Determination telling you that the services are denied, inform you that that you may file an appeal, and give you information on how to file an appeal. To find out more about your rights to file a grievance or appeal when you do not agree with



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

your mental health plan's decision to deny your services or take other actions you do not agree with, refer to the Adverse Benefit Determinations by Your Mental Health section of this handbook on page 39.

What Is Medical Necessity?

Services you receive must be medically necessary and appropriate to address your condition. For individuals 21 years of age and older, a service is medically necessary when it is reasonable and necessary to protect your life, prevent significant illness or disability, or to alleviate severe pain.

For individuals under the age of 21, service is medically necessary if the service corrects, sustains, supports, improves, or makes more tolerable a mental health condition. Services that sustain, support, improve, or make more tolerable a mental health condition are considered medically necessary and covered as Early and Periodic Screening, Diagnostic, and Treatment services.

How Do I Get Other Mental Health Services That Are Not Covered by the Mental Health Plan?

If you are enrolled in a Medi-Cal managed care plan, you have access to the following outpatient mental health services through your Medi-Cal managed care plan:

- Mental health evaluation and treatment, including individual, group and family therapy.
- Psychological and neuropsychological testing, when clinically indicated to evaluate a mental health condition.
- Outpatient services for purposes of monitoring prescription drugs.
- Psychiatric consultation.
- Outpatient laboratory, drugs (please note that most medications are covered under the Fee-For-Service Medi-Cal program), supplies, and supplements.

To get one of the above services, call your Medi-Cal managed care plan directly. If you are not in a Medi-Cal managed care plan, you may be able to get these services from individual providers and clinics that accept Medi-Cal. The mental health plan may be able to help you find a provider or clinic that can help you or may give you some ideas on how to find a provider or clinic.



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

Any pharmacy that accepts Medi-Cal can fill prescriptions to treat a mental health condition. Please note that most prescription medication dispensed by a pharmacy is covered under the Fee-For-Service Medi-Cal program, not your managed care plan.

How Do I Get Other Medi-Cal Services (Primary Care/Medi-Cal) That Are Not Covered by the Mental Health Plan?

If you are in a managed care plan, the plan is responsible to find a provider for you. If you are not enrolled in a managed care plan and have "regular" Medi-Cal, also called Fee-For-Service Medi-Cal, then you can go to any provider that accepts Medi-Cal. You must tell your provider that you have Medi-Cal before you begin getting services. Otherwise, you may be billed for those services.

You may use a provider outside your health plan for family planning services.

What If I Have an Alcohol or Drug Problem?

If you think that you need services to treat an alcohol or drug problem, contact your county at:

You can call ACBH at 1-800-491-9099 (TTY: 711). You may also be referred to ACBH for Substance Use Disorder (SUD) treatment services in other ways. ACBH is required to accept referrals for SUD treatment services from doctors and other primary care providers who think you may need these services and from your Medi-Cal Managed Care Plan (MCP), if you are a member. Usually the provider or the Medi-Cal MCP will need your permission or the permission of the parent or caregiver of a child to make the referral, unless there is an emergency. Other people and organizations may also make referrals to ACBH, including schools, county welfare or social services departments, conservators, guardians or family members, and law enforcement agencies.

The covered services are available through Alameda County's provider network. If any contracted provider raises an objection to performing or otherwise supporting any covered service, Alameda County will arrange for another provider to perform the service. Alameda County will respond with timely referrals and coordination in the event that a covered service is not available from a provider because of religious, ethical or moral objections to the covered service.



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

All current beneficiaries will receive a letter indicating a change in their service provider, when applicable, through Alameda County's DMC-ODS services plan. At the start of services and upon request from the beneficiary, the contracted provider distributes the handbook to all beneficiaries. Alameda County DMC-ODS network of providers are required to provide a copy of the Beneficiary Handbook and will assist you with your eligibility determination.

Why might I need Psychiatric Inpatient Hospital Services?

You may be admitted to a hospital if you have a mental health condition or symptoms of a mental health condition that cannot be safely treated at a lower level of care, and because of the mental health condition or symptoms of mental health condition, you:

- Represent a current danger to yourself or others, or significant property destruction
- Are unable to provide for or utilize food, clothing, or shelter
- Present a severe risk to your physical health
- Have a recent, significant deterioration in the ability to function as a result of a mental health condition
- Need psychiatric evaluation, medication treatment, or other treatment that can only be provided in the hospital



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

SELECTING A PROVIDER

How Do I Find a Provider For The Specialty Mental Health Services I Need?

Your mental health plan is required to post a current provider directory online. If you have questions about current providers or would like an updated provider directory, visit your mental health plan website at <https://acbh.my.site.com/ProviderDirectory/s/> or call the mental health plan's toll-free phone number. You can get a list in writing or by mail if you ask for one.

The mental health plan may put some limits on your choice of providers. When you first start receiving specialty mental health services you can request that your mental health plan provide you with an initial choice of at least two providers. Your mental health plan must also allow you to change providers. If you ask to change providers, the mental health plan must allow you to choose between at least two providers to the extent possible.

Your mental health plan is responsible to ensure that you have timely access to care and that there are enough providers close to you to make sure that you can get the mental health treatment services covered by the mental health plan if you need them.

Sometimes mental health plan's contracted providers choose to no longer provide specialty mental health services. Providers of the mental health plan may no longer contract with the mental health plan, or no longer accepts Medi-Cal specialty mental health services patients on their own or at the request of the mental health plan. When this happens, the mental health plan must make a good faith effort to give written notice to each person who was receiving specialty mental health services from the provider. The notice to the beneficiary shall be provided 30 calendar days prior to the effective date of the termination or 15 calendar days after the mental health plan knows the provider will stop working. When this happens, your mental health plan must allow you to continue receiving services from the provider who left the mental health plan, if you and the provider agree. This is called "continuity of care" and is explained below.

Can I Continue To Receive Services From My Current Provider?

If you are already receiving mental health services from a Medi-Cal managed care plan, you may continue to receive care from that provider even if you receive mental health services from your mental health plan provider, as long as the



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

services are coordinated between the providers and the services are not the same.

In addition, if you are already receiving specialty mental health services from another mental health plan, managed care plan, or an individual Medi-Cal provider, you may request “continuity of care” so that you can stay with your current provider, for up to 12 months, under certain conditions including, but not limited to, all of following:

- You have an existing relationship with the provider you are requesting;
- You need to stay with your current provider to continue ongoing treatment or because it would hurt your mental health condition to change to a new provider;
- The provider is qualified and meets Medi-Cal requirements; and
- The provider agrees to the mental health plan’s requirements for contracting with the mental health plan.



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

SCOPE OF SERVICES

If you meet the criteria for accessing specialty mental health services, the following services are available to you based on your need. Your provider will work with you to decide which services will work best for you.

Mental Health Services

- Mental health services are an individual, group, or family-based treatment services that help people with mental health conditions to develop coping skills for daily living. These services also include work that the provider does to help make the services better for the person receiving the services. These kinds of things include: assessments to see if you need the service and if the service is working; treatment planning to decide the goals of your mental health treatment and the specific services that will be provided; and “collateral,” which means working with family members and important people in your life (if you give permission) to help you improve or maintain your daily living abilities. Mental health services can be provided in a clinic or provider’s office, over the phone or by telemedicine, or in your home or other community setting. [County] (to include any additional information regarding: the amount, duration, and scope of benefits available under the Contract in sufficient detail to ensure that beneficiaries understand the benefits to which they are entitled. (42 C.F.R. § 438.10(g)(2)(iii)).

Medication Support Services

- These services include the prescribing, administering, dispensing, and monitoring of psychiatric medicines; and education related to psychiatric medicines. Medication support services can be provided in a clinic or provider’s office, over the phone or by telemedicine, or in the home or other community setting.

Targeted Case Management

- This service helps with getting medical, educational, social, prevocational, vocational, rehabilitative, or other community services when these services may be hard for people with a mental health condition to get on their own. Targeted case management includes, but is not limited to, plan development; communication, coordination, and referral; monitoring service delivery to ensure the person’s access to service and the service delivery system; and monitoring the person’s progress.



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

Crisis Intervention Services

- This service is available to address an urgent condition that needs immediate attention. The goal of crisis intervention is to help people in the community, so they don't end up in the hospital. Crisis intervention can last up to eight hours and can be provided in a clinic or provider's office, over the phone or by telemedicine, or in the home or other community setting.

Crisis Stabilization Services

- This service is available to address an urgent condition that needs immediate attention. Crisis stabilization lasts less than 24 hours and must be provided at a licensed 24-hour health care facility, at a hospital-based outpatient program, or at a provider site certified to provide crisis stabilization services.

Adult Residential Treatment Services

- These services provide mental health treatment and skill-building for people who are living in licensed facilities that provide residential treatment services for people with a mental health condition. These services are available 24 hours a day, seven days a week. Medi-Cal does not cover the room and board cost to be in the facility that offers adult residential treatment services.

Crisis Residential Treatment Services

- These services provide mental health treatment and skill-building for people having a serious mental or emotional crisis, but who do not need care in a psychiatric hospital. Services are available 24 hours a day, seven days a week in licensed facilities. Medi-Cal does not cover the room and board cost to be in the facility that offers crisis residential treatment services.

Day Treatment Intensive Services

- This is a structured program of mental health treatment provided to a group of people who might otherwise need to be in the hospital or another 24-hour care facility. The program lasts at least three hours a day. People can go to their own homes at night. The program includes skill-building activities and therapies as well as psychotherapy.

Day Rehabilitation

- This is a structured program designed to help people with a mental health condition learn and develop coping and life skills and to manage the symptoms of the mental health condition more effectively. The program lasts at least three hours per day. The program includes skill-building activities and therapies.



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

Psychiatric Inpatient Hospital Services

- These are services provided in a licensed psychiatric hospital based on the determination of a licensed mental health professional that the person requires intensive 24-hour mental health treatment.

Psychiatric Health Facility Services

- These services are provided in a licensed mental health facility specializing in 24-hour rehabilitative treatment of serious mental health conditions. Psychiatric health facilities must have an agreement with a nearby hospital or clinic to meet the physical health care needs of the people in the facility.

Are There Special Services Available for Children, and/or Young Adults under the age of 21?

Beneficiaries under age 21 are eligible to get additional Medi-Cal services through a benefit called Early and Periodic Screening, Diagnostic, and Treatment.

To be eligible for Early and Periodic Screening, Diagnostic, and Treatment services, a beneficiary must be under the age of 21 and have full-scope Medi-Cal. Early and Periodic Screening, Diagnostic, and Treatment cover services that are necessary to correct or help any behavioral health condition. Services that sustain, support, improve, or make more tolerable a behavioral health condition are considered to help the mental health condition and in turn, are medically necessary and covered as Early and Periodic Screening, Diagnostic, and Treatment services.

If you have questions about the Early and Periodic Screening, Diagnostic, and Treatment services, please call ACBH at 1-800-491-9099 (TTY: 711) or visit the [DHCS Early and Periodic Screening, Diagnostic, and Treatment webpage](#).

The following services are also available from the mental health plan for children, adolescents, and young adults under the age of 21: Therapeutic Behavioral Services, Intensive Care Coordination, Intensive Home-Based Services, and Therapeutic Foster Care Services.

Therapeutic Behavioral Services

Therapeutic Behavioral Services are intensive, individualized, short-term outpatient treatment interventions for beneficiaries up to age 21. Individuals receiving these services have serious emotional disturbances, are experiencing a stressful transition or life crisis, and need additional short-term, specific support services to accomplish outcomes specified in their written treatment plan.



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

Therapeutic Behavioral Services is a type of specialty mental health service available through each mental health plan if you have serious emotional problems. To get Therapeutic Behavioral Services, you must receive a mental health service, be under the age of 21, and have full-scope Medi-Cal.

- If you are living at home, a Therapeutic Behavioral Services staff person can work one-to-one with you to reduce severe behavior problems to try to keep you from needing to go to a higher level of care, such as a group home for children-and young people under the age of 21 with very serious emotional problems.
- If you are living in a group home for children and young people under the age of 21 with very serious emotional problems, a Therapeutic Behavioral Services staff person can work with you so you may be able to move to a lower level of care, such as a foster home or back home.

Therapeutic Behavioral Services will help you and your family, caregiver, or guardian learn new ways of addressing problem behavior and ways of increasing the kinds of behavior that will allow you to be successful. You, the Therapeutic Behavioral Services staff person and your family, caregiver, or guardian will work together as a team to address problematic behaviors for a short period until you no longer need Therapeutic Behavioral Services. You will have a Therapeutic Behavioral Services plan that will say what you, your family, caregiver, or guardian, and the Therapeutic Behavioral Services staff person will do during Therapeutic Behavioral Services, and when and where Therapeutic Behavioral Services will occur. The Therapeutic Behavioral Services staff person can work with you in most places where you are likely to need help with your problem behavior. This includes your home, foster home, group home, school, day treatment program, and other areas in the community.

Intensive Care Coordination

Intensive Care Coordination is a targeted case management service that facilitates the assessment of care planning for, and coordination of services to beneficiaries under age 21 who are eligible for the full-scope of Medi-Cal services and who meet medical necessity criteria for this service.

Intensive Care Coordination service components include assessing; service planning and implementation; monitoring and adapting; and transition. Intensive Care Coordination services are provided through the principles of the Integrated Core Practice Model, including the establishment of the Child and Family Team to ensure the facilitation of a collaborative relationship among a child, their family, and involved child-serving systems.

The Child and Family Team includes formal supports (such as the care coordinator, providers, and case managers from child-serving agencies), natural



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

supports (such as family members, neighbors, friends, and clergy), and other individuals who work together to develop and implement the client plan and are responsible for supporting children and their families in attaining their goals. Intensive Care Coordination also provides an Intensive Care Coordination Coordinator who:

- Ensures that medically necessary services are accessed, coordinated, and delivered in a strength-based, individualized, client-driven, and culturally and linguistically competent manner.
- Ensures that services and supports are guided by the needs of the child.
- Facilitates a collaborative relationship among the child, their family, and systems involved in providing services to them.
- Supports the parent/caregiver in meeting their child's needs.
- Helps establish the Child and Family Team and provides ongoing support.
- Organizes and matches care across providers and child serving systems to allow the child to be served in their community.

Intensive Home-Based Services

Intensive Home-Based Services are individualized, strength-based interventions designed to change or help mental health conditions that interfere with a child/youth's functioning and are aimed at helping the child/youth build skills necessary for successful functioning in the home and community and improving the child/youth's family's ability to help the child/youth successfully function in the home and community.

Intensive Home-Based Services services are provided according to an individualized treatment plan developed under the Integrated Core Practice Model by the Child and Family Team in coordination with the family's overall service plan, which may include, but are not limited to assessment, plan development, therapy, rehabilitation, and collateral. Intensive Home-Based Services are provided to beneficiaries under the age of 21 who are eligible for full-scope Medi-Cal services and who meet medical necessity criteria for this service.

Therapeutic Foster Care

The Therapeutic Foster Care service model allows for the provision of short-term, intensive, trauma-informed, and individualized specialty mental health services for children up to the age of 21 who have complex emotional and behavioral needs. Services include plan development, rehabilitation, and collateral. In Therapeutic Foster Care, children are placed with trained, intensely supervised, and supported Therapeutic Foster Care parents.



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

Available Services by Telephone or Telehealth

Services that can be provided by telephone or telehealth:

- Mental Health Services
- Medication Support Services
- Crisis Intervention Services
- Targeted Case Management
- Intensive Care Coordination
- Peer Support Services

Some service components may be delivered through telehealth or telephone:

- Day Treatment Intensive Services
- Day Rehabilitation
- Adult Residential Treatment Services
- Crisis Residential Treatment Services
- Crisis Stabilization Services

Services that cannot be provided by telephone or telehealth:

- Psychiatric Health Facility Services
- Psychiatric Inpatient Hospital Services
- Therapeutic Behavioral Services
- Intensive Home-Based Services
- Therapeutic Foster Care



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

ADVERSE BENEFIT DETERMINATIONS BY YOUR MENTAL HEALTH PLAN (MHP)

What Rights Do I Have if the Mental Health Plan Denies the Services I Want or Think I Need?

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

What Is an Adverse Benefit Determination?

An Adverse Benefit Determination is defined to mean any of the following actions taken by a mental health plan:

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



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

What Is a Notice of Adverse Benefit Determination?

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

Timing of the Notice

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

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 County Plan or if you have completed the appeal process, you can request a state 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:

- The decision your mental health plan made that affects you and your ability to get services



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

- The date the decision will take effect and the reason for the decision
- The state or federal rules the decision was based on
- Your rights to file an appeal if you do not agree with the mental health plan's decision
- How to file an appeal with the mental health plan
- How to request a State Hearing if you are not satisfied with the mental health plan's decision on your appeal
- How to request an expedited appeal or an expedited State Hearing
- How to get help filing an appeal or requesting a State Hearing
- How long you have to file an appeal or request a State Hearing
- Your right to continue to receive services while you wait for an appeal or State Hearing decision, how to request for continuation of these services, and whether the costs of these services will be covered by Medi-Cal
- When you have to file your appeal or State Hearing request if you want the services to continue

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

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

If the mental health plan tells you your services will end or get reduced and you disagree with the decision, you have the right to file an appeal of that decision. You can continue getting services until your appeal or State Hearing is decided. You must request the continuation of services no later than 10 days after receiving a Notice of Adverse Benefit Determination or before the effective date of the change.



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

THE PROBLEM RESOLUTION PROCESS: TO FILE A GRIEVANCE OR APPEAL

What If I Don't Get the Services I Want From My Mental Health Plan?

Your mental health plan must have a process for you to work out a complaint or problem about any issue related to the specialty mental health services you want or are receiving. This is called the problem resolution process and it could involve:

1. **The Grievance Process:** an expression of unhappiness about anything regarding your specialty mental health services or the mental health plan.
2. **The Appeal Process:** the review of a decision (e.g., denial, termination, or reduction to services) that was made about your specialty mental health services by the mental health plan or your provider.
3. **The State Hearing Process:** the process to request an administrative hearing before a state administrative law judge if the mental health plan denies your appeal.

Filing a grievance, appeal, or requesting a State Hearing will not count against you and will not impact the services you are receiving. Filing a grievance or appeal helps to get you the services you need and to solve any problems you have with your specialty mental health services. Grievances and appeals also help the mental health plan by giving them the information they can use to improve services. When your grievance or appeal is complete, your mental health plan will notify you and others involved, such as providers, of the final outcome. When your State Hearing is decided, the State Hearing Office will notify you and others involved of the final outcome. You can learn more about each problem resolution process below.

Can I Get Help With Filing an Appeal, Grievance, or State Hearing?

Your mental health plan will help explain these processes to you and must help you file a grievance, an appeal, or to request a State Hearing. The mental health plan can also help you decide if you qualify for what's called an "expedited appeal" process, which means it will be reviewed more quickly because your health, mental health, and/or stability are at risk. You may also authorize another person to act on your behalf, including your specialty mental health provider or advocate.

If you would like help, call the Consumer Assistance Office at 1-800-779-0787. Your mental health plan must give you reasonable assistance in completing forms



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

and other procedural steps related to a grievance or appeal. This includes, but is not limited to, providing interpreter services and toll-free numbers with TTY/TDD and interpreter capability.

Can The State Help Me with My Problem/Questions?

You may contact the Department of Health Care Services, Office of the Ombudsman, Monday through Friday, 8 a.m. to 5 p.m. (excluding holidays), by phone at **888-452-8609** or by e-mail at MMCDOmbudsmanOffice@dhcs.ca.gov. **Please note:** E-mail messages are not considered confidential. You should not include personal information in an e-mail message.

You may also get free legal help at your local legal aid office or other groups. You can also contact the California Department of Social Services (CDSS) to ask about your hearing rights by contacting their Public Inquiry and Response Unit by phone at **800-952-5253** (for TTY, call **800-952-8349**).



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

THE GRIEVANCE PROCESS

What Is a Grievance?

A grievance is an expression of dissatisfaction about anything regarding your specialty mental health services that are not one of the problems covered by the appeal and State Hearing processes.

What Is the Grievance Process?

The grievance process is the mental health plan's process for reviewing your grievance or complaint about your services or the mental health plan. A grievance can be made anytime orally or in writing, and making a grievance will not cause you to lose your rights or services. If you file a grievance, your provider will not get in trouble.

You can authorize another person, advocate, or your provider to act on your behalf. If you authorize another person to act on your behalf, the mental health plan might ask you to sign a form authorizing the mental health plan to release information to that person.

Any person who works for the mental health plan that decides the grievance must be qualified to make the decisions and not involved in any previous levels of review or decision-making.

When Can I File a Grievance?

You can file a grievance anytime with the mental health plan if you are unhappy with the specialty mental health services or have another concern regarding the mental health plan.

How Can I File a Grievance?

You may call your mental health plan at 1-800-779-0787 to get help with a grievance. Grievances can be filed orally or in writing. Oral grievances do not have to be followed up in writing. If you want to file your grievance in writing, the mental health plan will provide self-addressed envelopes at all provider sites for



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

you to mail in your grievance. If you do not have a self-addressed envelope, you may mail your grievance directly to the address that is provided on the front of this handbook.

How Do I Know If the Mental Health Plan Received My Grievance?

Your mental health plan is required to let you know that it received your grievance by sending you a written confirmation.

When Will My Grievance Be Decided?

The mental health plan must make a decision about your grievance within 90 calendar days from the date you filed your grievance. The timeframes for making a decision may be extended by up to 14 calendar days if you request an extension, or if the mental health plan 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 mental health plan believes it might be able to resolve your grievance if they have more time to get information from you or other people involved.

How Do I Know If the Mental Health Plan Has Made a Decision About My Grievance?

When a decision has been made regarding your grievance, the mental health plan will notify you or your representative in writing of the decision. If your mental health plan fails to notify you or any affected parties of the grievance decision on time, then the mental health plan will provide you with a Notice of Adverse Benefit Determination advising you of your right to request a State Hearing. Your mental health plan is required to provide you with a Notice of Adverse Benefit Determination on the date the timeframe expires. You may call the mental health plan for more information if you do not receive a Notice of Adverse Benefit Determination.

Is There a Deadline to File a Grievance?

No, you may file a grievance at any time.



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

THE APPEAL PROCESS (STANDARD AND EXPEDITED)

Your mental health plan must allow you to challenge a decision by your mental health plan that you do not agree with and request a review of certain decisions made by the mental health plan or your providers about your specialty mental health services. There are two ways you can request a review. One way is using the standard appeal process. The other way is by using the expedited appeal process. These two types of appeals are similar; however, there are specific requirements to qualify for an expedited appeal. The specific requirements are explained below.

What Is a Standard Appeal?

A standard appeal is a request for review of a decision made by the mental health plan or your provider that involves a denial or changes to services you think you need. If you request a standard appeal, the mental health plan may take up to 30 days to review it. If you think waiting 30 days will put your health at risk, you should ask for an “expedited appeal.”

The standard appeal process will:

- Allow you to file an appeal orally or in writing.
- Ensure filing an appeal will not count against you or your provider in any way.
- Allow you to authorize another person to act on your behalf, including a provider. If you authorize another person to act on your behalf, the mental health plan might ask you to sign a form authorizing the mental health plan to release information to that person.
- Have your benefits continued upon request for an appeal within the required timeframe, which is 10 days from the date your Notice of Adverse Benefit Determination was mailed or personally given to you. You do not have to pay for continued services while the appeal is pending. However, 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 provided while the appeal was pending.
- Ensure that the individuals making the decision on your appeal 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



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

medical record, and any other documents or records considered during the appeal process.

- Allow you to have a reasonable opportunity to present evidence and testimony and make legal and factual arguments, in person, or in writing.
- Allow you, your representative, or the legal representative of a deceased beneficiary's estate to be included as parties to the appeal.
- Let you know your appeal is being reviewed by sending you written confirmation.
- Inform you of your right to request a State Hearing, following the completion of the appeal process with the mental health plan.

When Can I File an Appeal?

You can file an appeal with your mental health plan in any of the following situations:

- The mental health plan or one of the contracted providers decides that you do not qualify to receive any Medi-Cal specialty mental health services because you do not meet the medical necessity criteria.
- Your provider thinks you need a specialty mental health service and asks the mental health plan for approval, but the mental health plan does not agree and denies your provider's request, or changes the type or frequency of service.
- Your provider has asked the mental health plan for approval, but the mental health plan needs more information to make a decision and doesn't complete the approval process on time.
- Your mental health plan does not provide services to you based on the timelines the mental health plan has set up.
- You don't think the mental health plan is providing services soon enough to meet your needs.
- Your grievance, appeal, or expedited appeal wasn't resolved in time.
- You and your provider do not agree on the specialty mental health services you need.



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

How Can I File an Appeal?

You may call your mental health plan at 1-800- 779-0787, TTY: 711 to get help filling an appeal. The mental health plan will provide self-addressed envelopes at all provider sites for you to mail in your appeal. If you do not have a self-addressed envelope, you may mail your appeal directly to the address in the front of this handbook or you may submit your appeal by e-mail to QAOffice@acgov.org or by fax to 510-639-1346.

How Do I Know If My Appeal Has Been Decided?

Your mental health 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 completely in your favor, the notice will also contain information regarding your right to a State Hearing and the procedure for filing a State Hearing

Is There a Deadline to File an Appeal?

You must file an appeal within 60 days of the date on the 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 mental health plan must decide on your appeal within 30 calendar days from when the mental health plan receives your request for the appeal. The timeframes for making a decision may be extended up to 14 calendar days if you request an extension, or if the mental health plan 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 mental health plan believes it might be able to approve your appeal if it has more time to get information from you or your provider.



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

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

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

What Is an Expedited Appeal?

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

When Can I File an Expedited Appeal?

If you think that waiting up to 30 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 mental health plan agrees that your appeal meets the requirements for an expedited appeal, your mental health plan will resolve your expedited appeal within 72 hours after the mental health plan receives the appeal. The timeframes for making a decision may be extended by up to 14 calendar days if you request an extension, or if the mental health plan shows that there is a need for additional information and that the delay is in your interest.

If your mental health plan extends the timeframes, the mental health plan will give you a written explanation as to why the timeframes were extended. If the mental health plan decides that your appeal does not qualify for an expedited appeal, the mental health plan must make reasonable efforts to give you prompt oral notice and will notify you in writing within two 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 mental health plan decision that your appeal doesn't meet the expedited appeal criteria, you may file a grievance.

Once your mental health plan resolves your request for an expedited appeal, the mental health plan will notify you and all affected parties orally and in writing.



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

THE STATE HEARING PROCESS

What Is a State Hearing?

A State Hearing is an independent review, conducted by an administrative law judge who works for the California Department of Social Services, to ensure you receive the specialty mental health services to which you are entitled under the Medi-Cal program. You may also visit the California Department of Social Services at <https://www.cdss.ca.gov/hearing-requests> for additional resources.

What Are My State Hearing Rights?

You have the right to:

- Have a hearing before an administrative law judge (also called a State Hearing)
- Be told about how to ask for a State Hearing
- Be told about the rules that govern representation at the State Hearing
- Have your benefits continued upon your request during the State Hearing process if you ask for a State Hearing within the required timeframes

When Can I File for a State Hearing?

You can file for a State Hearing in any of the following situations:

- You filed an appeal and received an appeal resolution letter telling you that your mental health plan denies your appeal request.
- Your grievance, appeal, or expedited appeal wasn't resolved in time.



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

How Do I Request a State Hearing?

You can request a State Hearing:

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

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

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

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

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

Is There a Deadline to Ask for a State Hearing?

Yes, you only have 120 days to ask for a State Hearing. The 120 days start either the day after the mental health plan personally gives you its appeal decision notice or the day after the postmark date of the mental health plan appeal decision notice.

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

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

If you are currently receiving authorized services and you want to continue receiving the services while you wait for the State Hearing decision, you must ask for a State Hearing within 10 days from the date of receiving the Notice of Adverse Benefit Determination, or before the date your mental health plan says services will be stopped or reduced. When you ask for a State Hearing, you must say that you want to keep getting services during the State Hearing process.



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

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

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

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

Can I get a State Hearing More Quickly?

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

The Department of Social Services, State Hearings Division, will review your request for an expedited State 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 three working days of the date your request is received by the State Hearings Division.



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

ADVANCE DIRECTIVE

What is an Advance Directive?

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

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

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

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

You may get a form for an advance directive from your mental health plan or online. In California, you have the right to provide advance directive instructions to all of your health care providers. You also have the right to change or cancel your advance directive at any time.

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

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



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

BENEFICIARY RIGHTS AND RESPONSIBILITIES

What Are My Rights as a Recipient of Specialty Mental Health Services?

As a person eligible for Medi-Cal, you have a right to receive medically necessary specialty mental health services from the mental health plan. When accessing these services, you have the right to:

- Be treated with personal respect and respect for your dignity and privacy.
- Receive information on available treatment choices and have them explained in a manner you can understand.
- Take part in decisions regarding your mental health care, including the right to refuse treatment.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, punishment, or retaliation about the use of restraints and seclusion.
- Ask for and get a copy of your medical records, and request that they be changed or corrected, if needed.
- Receive the information in this handbook about the services covered by the mental health plan, other obligations of the mental health plan, and your rights as described here. You also have the right to receive this information and other information provided to you by the mental health plan in a form that is easy to understand and is compliant with the American Disabilities Act. This means, for example, that the mental health plan must make its written information available in the languages used by at least five percent or 3,000 of its mental health plan beneficiaries, whichever is less, and make oral interpreter services available free of charge for people who speak other languages. This also means that the mental health plan must provide different materials for people with special needs, such as people who are blind or have limited vision, or people who have trouble reading.
- Receive specialty mental health services from a mental health plan that follows its contract with the state for the availability of services, assurances of adequate capacity and services, coordination and continuity of care, and coverage and authorization of services. The mental health plan is required to:
 - Employ or have written contracts with enough providers to make sure that all Medi-Cal eligible beneficiaries who qualify for specialty mental health services can receive them in a timely manner.
 - Cover medically necessary services out-of-network for you in a timely



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

manner, if the mental health plan does not have an employee or contract provider who can deliver the services. "Out-of-network provider" means a provider who is not on the mental health plan list of providers. The mental health plan must make sure you do not pay anything extra for seeing an out-of-network provider.

- Make sure providers are trained to deliver the specialty mental health services that the providers agree to cover.
 - Make sure that the specialty mental health services the mental health plan covers are enough in amount, length of time, and scope to meet the needs of Medi-Cal eligible beneficiaries. This includes making sure the mental health plan's system for approving payment for services is based on medical necessity and makes sure the medical necessity criteria is fairly used.
 - Make sure that its providers do adequate assessments of people who may receive services and that they work with people who will receive services to develop goals for the treatment and services that will be given.
 - Provide for a second opinion from a qualified health care professional within the mental health plan network, or one outside the network, at no additional cost to you if you request it.
 - Coordinate the services it provides with services being provided to you through a Medi-Cal managed care plan or with your primary care provider, if necessary, and make sure your privacy is protected as specified in federal rules on the privacy of health information.
 - Provide timely access to care, including making services available 24 hours a day, seven days a week, when medically necessary to treat an emergency psychiatric condition or an urgent or crisis condition.
 - Participate in the state's efforts to encourage the delivery of services in a culturally competent manner to all people, including those with limited English proficiency and varied cultural and ethnic backgrounds.
- Your mental health plan is required to follow applicable federal and state laws (such as: Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80; the Age Discrimination Act of 1975 as implemented by regulations at 45 CFR part 91; the Rehabilitation Act of 1973; Title IX of the Education Amendments of 1972 (regarding education programs and activities); Titles II and III of the Americans with Disabilities Act); Section 1557 of the Patient Protection and Affordable Care Act; as well as the rights described here. In other words, you should receive treatment, and must be free from discrimination.



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

- You may have additional rights under state laws about mental health treatment. If you wish to contact your county's Patients' Rights Advocate, you can do so by calling: 1-800- 734-2504 or (510) 835-2505.

What Are My Responsibilities as a Recipient of Specialty Mental Health Services?

As a recipient of specialty mental health services, it is your responsibility to:

- Carefully read this beneficiary handbook and other important informing materials from the mental health plan. 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 work with your provider to develop goals for your treatment and follow those goals. If you do need to miss an appointment, call your provider at least 24 hours in advance, and reschedule for another day and time.
- Always carry your Medi-Cal Benefits Identification Card (BIC) and a photo ID when you attend treatment.
- Let your provider know if you need an oral interpreter before your appointment.
- Tell your provider all your medical concerns. The more complete information that you share about your needs, the more successful your treatment will be.
- Make sure to ask your provider any questions that you have. It is very important you completely understand the information that you receive during treatment.
- Follow through on the planned action steps you and your provider have agreed upon.
- Contact the mental health plan 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 mental health plan if you have any changes to your personal information. This includes your address, phone number, and any other medical information that may affect your ability to participate in treatment.
- Treat the staff who provide your treatment with respect and courtesy.
- If you suspect fraud or wrongdoing, report it:
 - The Department of Health Care Services asks that anyone suspecting



Call Alameda County Behavioral Health ACCESS Program at 1-800-491-9099 (TTY:711) or visit online at <https://www.acbhcs.org/>. The ACCESS Line is available 24/7.

Medi-Cal fraud, waste, or abuse to call the DHCS Medi-Cal Fraud Hotline at **1-800-822-6222**. If you feel this is an emergency, please call **911** for immediate assistance. The call is free, and the caller may remain anonymous.

- You may also report suspected fraud or abuse by e-mail to fraud@dhcs.ca.gov or use the online form at <http://www.dhcs.ca.gov/individuals/Pages/StopMedi-CalFraud.aspx>.



NONDISCRIMINATION NOTICE

Discrimination is against the law. Alameda County Behavioral Health (ACBH) follows State and Federal civil rights laws. ACBH does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

ACBH provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, braille, audio or accessible electronic formats)
 - Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Alameda County 24/7 ACCESS line at 1-800-491-9099. Or, if you cannot hear or speak well, please call (TTY: 711). Upon request, this document can be made available to you in braille, large print, audio, or accessible electronic formats.

HOW TO FILE A GRIEVANCE

If you believe that ACBH has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with Alameda County Behavioral Health Consumer Assistance. You can file a grievance by phone, in writing, or in person:

- By phone: Contact Consumer Assistance between 9am -5pm, Monday thru Friday, by calling 1-800-779-0787. Or, if you cannot hear or speak well, please call TTY: 711.
- In writing: Fill out a grievance form or write a letter and send it to:

Consumer Assistance
2000 Embarcadero Cove, Suite 400
Oakland, CA 94606

- In person: Visit your provider's office or the Mental Health Association, 954 60th Street, Suite 10, Oakland, CA 94608, and say you want to file a grievance.
- Grievance Forms are available online, visit: <https://www.acbhcs.org/plan-administration/file-a-grievance/>.

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (California State Relay)**.
- In writing: Fill out a complaint form or send a letter to:
Department of Health Care Services Office of Civil Rights
P.O. Box 997413, MS 0009 Sacramento, CA 95899-7413
- Complaint forms are available at: <https://www.dhcs.ca.gov/discrimination-grievance-procedures>
- Electronically: Send an email to CivilRights@dhcs.ca.gov.

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**
- In writing: Fill out a complaint form or send a letter to:
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

- Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

LANGUAGE TAGLINES

English Tagline

ATTENTION: If you need help in your language call 1-800-491-9099 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-491-9099 (TTY: 711). These services are free of charge.

(Arabic) بالشعار بالعربية

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-491-9099 (TTY: 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريلا والخط الكبير. اتصل بـ 1-800-491-9099 (TTY: 711). هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

Ուշադրություն: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-491-9099 (TTY: 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-800-491-9099 (TTY: 711): Այդ ծառայություններն անվճար են:

ប្រាសាទខ្មែរជាភាសាខ្មែរ (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅ 1-800-491-9099 (TTY: 711) ។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-800-491-9099 (TTY: 711) ។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

简体中文标语 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 1-800-491-9099 (TTY: 711)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 1-800-491-9099 (TTY: 711)。这些服务都是免费的。

(Farsi) مطلب به زبان فارسی

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-800-491-9099 (TTY: 711) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-800-491-9099 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-491-9099 (TTY: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-491-9099 (TTY: 711). Такие услуги предоставляются бесплатно.

Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-491-9099 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-491-9099 (TTY: 711). Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-491-9099 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-491-9099 (TTY: 711). Libre ang mga serbisyong ito.

แท็กไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-491-9099 (TTY: 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-491-9099 (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-491-9099 (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-491-9099 (TTY: 711). Ці послуги безкоштовні.

Khẩu hiệu tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-491-9099 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-800-491-9099 (TTY: 711). Các dịch vụ này đều miễn phí.

APPENDIX C.

Drug Medi-Cal Organized Delivery System (DMC-ODS) Beneficiary Handbook



Drug Medi-Cal Organized Delivery System Beneficiary Handbook

Alameda County DMC-ODS Plan
2000 Embarcadero Cove, Suite 400, Oakland, CA 94606

Published Date: 2023¹

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

TABLE OF CONTENTS

Other Languages And Formats	2
General Information.....	3
Notice Of Privacy Practices.....	8
Services	20
How To Get Drug Medi-Cal Organized Delivery System Services	30
How To Get Mental Health Services.....	35
Access Criteria & Medical Necessity.....	36
Selecting A Provider.....	38
Problem Resolution Processes	45
The Grievance Process	47
The Appeal Process (Standard And Expedited)	50
The State Hearing Process	55
Important Information About The State Of California Medi-Cal Program.....	59
Advance Directive.....	62
Beneficiary Rights And Responsibilities	64
Transition Of Care Request	68
Enclosure 1:Nondiscrimination Notice.....	0
Enclosure 2:Language Taglines	1



Other Languages and Formats

Other Languages

You can get this Beneficiary Handbook (handbook) and other materials for free in other languages. Call Alameda County Behavioral Health ACCESS Line at 1-800-491-9099 (TTY: 711). The phone call is toll free.

Este folleto está disponible en Español

Tập sách này có bằng tiếng Việt

이 책자는 한국어로 제공됩니다.

這本手冊有中文版

这本手册有中文版

این اطلاعات به زبان فارسی موجود است.

Ang impormasyong ito ay maaaring makuha sa Tagalog.

يتوفر هذا الدليل باللغة العربية.

Other Formats

You can get this information for free in other auxiliary formats, such as Braille, 18-point font large print, or audio. Call Alameda County Behavioral Health ACCESS Line at 1-800-491-9099 (TTY: 711). The phone call is toll free.

Interpreter Services

You do not have to use a family member or friend as an interpreter. Free interpreter, linguistic, and cultural services are available 24 hours a day, 7 days a week. To get this handbook in a different language or to get an interpreter, linguistic, and cultural help, call Alameda County Behavioral Health ACCESS Line at 1-800-491-9099 (TTY: 711). The phone call is toll free.



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

GENERAL INFORMATION

Welcome to Alameda County Behavioral Health Care Services

IMPORTANT TELEPHONE NUMBERS	
Emergency	911
Alameda County Behavioral Health Helpline for Substance Use Disorder Services	(844) 682-7215
Alameda County Behavioral Health Care Services ACCESS Program for Mental Health	(510) 346-1000 (800) 491-9099
TTY	711
Consumer Assistance Office	(800) 779-0787
Patient Rights Advocates	(510) 835-2505

Terms in this Handbook:

ACBH	Alameda County Behavioral Health Care Services
BHP	Behavioral Health Plan- ACBH integrated 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
SMHS	Specialty Mental Health Services
SSA	Social Services Agency (Alameda County)
SUD	Substance Use Disorder



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](http://Substance Use – Alameda County Behavioral Health (acbhcs.org)). The Helpline is available 24/7.

Emergency Services

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

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

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

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

You have the right to use any hospital in the case of an emergency. Emergency services never require 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 **988** or **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.



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

Why Is It Important To Read This Handbook?

It is important that you understand how the Drug Medi-Cal Organized Delivery System county plan works so you can get the care you need. This handbook explains your benefits and how to get care. It will also answer many of your questions.

You will learn:

- How to receive substance use disorder treatment services through your county Drug Medi-Cal Organized Delivery System plan
- What benefits you have access to
- What to do if you have a question or problem
- Your rights and responsibilities as a beneficiary of your Drug Medi-Cal Organized Delivery System county

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

As A Beneficiary Of Your Drug Medi-Cal Organized Delivery System County Plan, Your Drug Medi-Cal Organized Delivery System county Is Responsible For:

- Determining if you meet access criteria for Drug Medi-Cal Organized Delivery System county services from the county or its provider network.
- Coordinating your care with other plans or delivery systems as needed to facilitate care transitions and guide referrals for beneficiaries, ensuring that the referral loop is closed, and the new provider accepts the care of the beneficiary.
- Providing a toll-free phone number that is answered 24 hours a day and 7 days a week that can tell you about how to get services from the Drug Medi-Cal Organized Delivery System county. You can also contact the Drug Medi-Cal Organized Delivery System county at 1-844-682-7215 to request the availability of after-hours care.



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

- Having enough providers close to you to make sure that you can get the substance use disorder treatment services covered by the Drug Medi-Cal Organized Delivery System county if you need them.
- Informing and educating you about services available from your Drug Medi-Cal Organized Delivery System county.
- Providing you services in your language or by an interpreter (if necessary) free of charge and letting you know these interpreter services are available.
- Providing you with written information about what is available to you in other languages or formats. ACBH can provide written information in large print, Braille, and Audio formats.
- 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 Drug Medi-Cal Organized Delivery System county.
- 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 current out-of-network provider for a period of time if changing providers would cause your health to suffer or increase your risk of hospitalization.

Call the Helpline, 1-844-682-7215, for information about substance use treatment programs and services in Alameda County.

Information for Beneficiaries 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 at 1-844- 682-7215.



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhc.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

This information is available in the languages listed below:

- **Spanish:**
Este folleto está disponible en Español
- **Vietnamese:**
Tập sách này có bản 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.
- **Arabic**
 - يتوفر هذا الدليل باللغة العربية.

What If I Have Trouble Reading?

To obtain assistance with reading Alameda County BHP materials, please call the Alameda County 24-Hour Toll-free Helpline at 1-844- 682-7215.

What If I Am Hearing Impaired?

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

What If I Am Vision Impaired?

Please call the Alameda County 24-Hour Toll-free Helpline at 1-844- 682-7215 to access resources for visually impaired beneficiaries.



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhc.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

NOTICE OF PRIVACY PRACTICES

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
- Public Health Department Office of the Director at (510) 267-8000
- Department of Environmental Health at (510) 567-6700

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, professional clinical counselors, 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 Responsibilities

We are required by law to maintain the privacy and security of your protected health information and to provide you with this notice of our legal



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

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.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- 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 can 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 can use or share your health information to enable us to bill and get payment from Medi-Cal, Medicare, health plans and other insurance carriers for the treatment and services that we had provided to you. For example, we may need to give your health plan information about the treatment or counseling you received here so that they will pay us or reimburse you for the services. We may also tell them about the treatment



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

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 can use and share your health information to run our practice, improve your care, and contact you when necessary. 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 OHCAs we participate in is available from the ACCESS.

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 share information with your family, close friends, or others involved in your care about your location, your general condition or, unless you had instructed us otherwise,



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

in the event of your death. In a disaster relief situation, 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. You have both the right and choice 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 not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Disclosures where we DO NOT have to give you a chance 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.

Suspicion of abuse or neglect. We will disclose your health information to appropriate agencies if child abuse/neglect, elder or dependent adult abuse/neglect, or domestic violence is suspected. 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 a threat to individual or public health or safety.

Help with public health risks. We can share health information about you for certain situations such as:

- Preventing disease, injury or disability
- Reporting births and deaths
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety



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 can share health information about you in response to a court or administrative order, lawsuits, and legal actions, or in response to a subpoena.

Law enforcement. We may release health information if asked to do so by a law enforcement official:

- To help law enforcement officials respond to criminal activities.
- 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 prevent a threat to individual or public 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



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

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 directories. You can decide what health data, if any, you want to be listed in patient directories.

Persons involved in your care or payment. We may share your health data with a family member, a close friend or other person that you have named as being involved with your health care. 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 data. Other uses not covered by this notice or the laws that apply to us will be made only with your written consent.



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

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. When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to you.

Breach notification. In the case of a breach of unsecured protected personal health information, we will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. 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.]

Get an electronic or paper copy of your medical record. 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 can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- You must submit your request in writing. We can provide you a form for this and instructions about how to submit it.
- 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.

Ask us to correct your medical record. You can ask us to correct health information about you that you think is incorrect or incomplete. We may say “no” to your request, but we’ll tell you why in writing within 60 days. 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.

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 ask us to limit what we use or share. You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. 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



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Right to request confidential communications. You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests. 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.

Right to get a copy of this privacy notice. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. 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 get a list of those with whom we’ve shared

information. You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. This 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.

We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months. 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, and should indicate in what form you want the list (for example, on paper or electronically). 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.

Right to choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

Changes to the terms of this notice. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site. 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.

File a complaint if you feel your rights are violated. 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. We will not retaliate against you for filing a complaint.

All complaints must be submitted in writing. You may obtain a copy of the form and instructions for filing a complaint by contacting:

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



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](http://Substance Use – Alameda County Behavioral Health (acbhcs.org)). The Helpline is available 24/7.

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to:

Office of Civil Rights
U.S. Department of Health and Human Services
90 Seventh Street, Suite 4-100
San Francisco, CA 94103

Or by calling 1-800-368-1019 or visiting
www.hhs.gov/ocr/privacy/hipaa/complaints/



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](http://Substance Use – Alameda County Behavioral Health (acbhcs.org)). The Helpline is available 24/7.

SERVICES

What are Drug Medi-Cal Organized Delivery System County Services?

Drug Medi-Cal Organized Delivery System county services are health care services for people who have a substance use disorder or, in some instances, are at risk of developing a substance use disorder that the regular doctor cannot treat. You can refer to the "Screening, Brief Intervention, Referral to Treatment and Early Intervention Services" section of this notice for further information.

Drug Medi-Cal Organized Delivery System county services include:

- Outpatient Treatment Services
- Intensive Outpatient Treatment Services
- Partial Hospitalization Services (only available for adults in certain counties, but minors may be eligible for the service under Early and Periodic Screening, Diagnostic, and Treatment regardless of their county of residence)
- Residential/Inpatient Treatment Services (subject to prior authorization by the county)
- Withdrawal Management Services
- Narcotic Treatment Program Services
- Medications for Addiction Treatment (MAT)
- Recovery Services
- Peer Support Services (only available for adults in certain counties, but minors may be eligible for the service under Early and Periodic Screening, Diagnostic, and Treatment irrespective of their county of residence)
- Care Coordination Services
- Contingency Management (only available in some counties)

If you would like to learn more about each Drug Medi-Cal Organized Delivery System service that may be available to you, see the following descriptions:

Outpatient Treatment Services



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

- Counseling services are provided to beneficiaries up to nine hours a week for adults and less than six hours a week for beneficiaries under the age of 21 when medically necessary. Services may exceed the maximum based on individual medical necessity. Services can be provided by a licensed professional or a certified counselor in any appropriate setting in the community in person, by telephone, or by telehealth.
- Outpatient Services include assessment, care coordination, counseling, family therapy, medication services, Medications for Addiction Treatment for opioid use disorder, Medications for Addiction Treatment for alcohol use disorder and other non-opioid substance use disorders, patient education, recovery services, and substance use disorder crisis intervention services.
- Alameda County offers comprehensive outpatient treatment services for those suffering from a SUD. Interested beneficiaries may contact the Alameda County 24-Hour Toll-free Helpline at 1-844-682-7215 or go directly to a contracted outpatient treatment provider (please see the SUD treatment provider directory for specific program information - <https://www.acbhcs.org/>). 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 beneficiaries a minimum of nine hours with a maximum of 19 hours a week for adults, and a minimum of six hours with a maximum of 19 hours a week for beneficiaries under the age of 21 when determined to be medically necessary. Services consist primarily of counseling and education about addiction-related problems. Services can be provided by a licensed professional or a certified counselor in a structured setting. Intensive Outpatient Treatment Services may be provided in person, by telehealth, or by telephone.
- Intensive Outpatient Services include the same components as Outpatient Services. The increased number of hours of service is the main difference.
- Alameda County offers comprehensive intensive outpatient treatment services for those suffering from a SUD. Interested beneficiaries may contact the Alameda County 24-Hour Toll-free Helpline at 1-844-682-



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org/). The Helpline is available 24/7.

7215 or go directly to a contracted intensive outpatient treatment provider (please see the SUD treatment provider directory for specific program information - <https://www.acbhcs.org/>). This service is available to all eligible Alameda County beneficiaries for as long as is medically needed.

Partial Hospitalization (only available for adults in certain counties, but minors may be eligible for the service under Early and Periodic Screening, Diagnostic, and Treatment irrespective of their county of residence)

- Partial Hospitalization services feature 20 or more hours of clinically intensive programming per week, as medically necessary. Partial hospitalization programs typically have direct access to psychiatric, medical, and laboratory services, as well as meeting the identified needs which warrant daily monitoring or management but which can be appropriately addressed in a clinically intensive outpatient setting. Services may be provided in person, by synchronous telehealth, or by telephone.
- Partial Hospitalization services are similar to Intensive Outpatient Services, with an increase in the number of hours and additional access to medical services being the main differences.

Residential Treatment (subject to authorization by the county)

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



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org/). The Helpline is available 24/7.

- Residential services require prior authorization by the Drug Medi-Cal Organized Delivery System county.
- Residential Services include intake and assessment, care coordination, individual counseling, group counseling, family therapy, medication services, Medications for Addiction Treatment for opioid use disorder, Medications for Addiction Treatment for alcohol use disorder and other non-opioid substance use disorders, patient education, recovery services, and substance use disorder crisis intervention services.
- Residential Services providers are required to either offer medications for addiction treatment directly on-site or facilitate access to medications for addiction treatment off-site during residential treatment. Residential Services providers do not meet this requirement by only providing the contact information for medications for addiction treatment providers. Residential Services providers are required to offer and prescribe medications to beneficiaries covered under the Drug Medi-Cal Organized Delivery System.
- Alameda County offers comprehensive Residential Treatment Services for those suffering from a SUD. Interested beneficiaries may contact the Alameda County 24-Hour Toll-free Helpline at 1-844-682-7215 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 members may directly contact specific programs to facilitate the admission process.

Inpatient Treatment Services (varies by county)

- Inpatient services are provided in a 24-hour setting that provides professionally directed evaluation, observation, medical monitoring, and addiction treatment in an inpatient setting. Most services are provided in person; however, telehealth and telephone may also be used to provide services while a person is in inpatient treatment.
- Inpatient services are highly structured and a physician is likely available on-site 24 hours daily, along with Registered Nurses, addiction counselors, and other clinical staff. Inpatient Services include assessment, care coordination, counseling, family therapy, medication services, Medications for Addiction Treatment for opioid use disorder, Medications for Addiction Treatment for Alcohol use disorder and other



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

non-opioid substance use disorders, patient education, recovery services, and substance use disorder crisis intervention services.

Narcotic Treatment Program

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

Withdrawal Management

- Withdrawal management services are urgent and provided on a short-term basis. Withdrawal Management services can be provided before a full assessment has been completed and may be provided in an outpatient, residential, or inpatient setting.
- Each beneficiary 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 prescribed by a licensed physician or licensed prescriber.
- Withdrawal Management Services include assessment, care coordination, medication services, Medications for Addiction Treatment for opioid use disorder, Medications for Addiction Treatment for alcohol use disorder and other non-opioid substance use disorders, observation, and recovery services.



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

- Alameda County offers easy access to residential Withdrawal Management Services. Interested beneficiaries may self-refer or may contact the Alameda County 24-Hour Toll-free 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.

Medications for Addiction Treatment

- Medications for Addiction Treatment Services are available in clinical and non-clinical settings. Medications for Addiction Treatment is the use of prescription medications, in combination with counseling and behavioral therapies, to provide a whole-person approach to the treatment of substance use disorders. Medications for Addiction Treatment include all FDA-approved medications and biological products to treat alcohol use disorder, opioid use disorder, and any substance use disorder. Beneficiaries have a right to be offered Medications for Addiction Treatment on-site or through a referral outside of the facility.
- Medications for Addiction Treatment may be provided with the following services: assessment, care coordination, individual counseling, group counseling, family therapy, medication services, patient education, recovery services, substance use disorder crisis intervention services, and withdrawal management services.
- Beneficiaries may access Medications for Addiction Treatment outside of the Drug Medi-Cal Organized Delivery System county as well. For instance, medications for addiction treatment, such as Naloxone, can be prescribed by some prescribers in primary care settings that work with your Medi-Cal Managed Care Plan (the regular Medi-Cal "Fee for Service" program) and can be dispensed or administered at a pharmacy.
- The 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 24-Hour Toll-free Helpline at 1-844-682-7215 for specific referral and contact information (please see the SUD treatment provider directory for specific program information - <https://www.acbhcs.org/>). There is no



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org/). The Helpline is available 24/7.

time-limit and this service is available to all eligible Alameda County beneficiaries.

Peer Support Services (varies by county)

- ACBH's Office of Peer Support Services is available to answer questions about Peer Support Services. Please visit them at <https://www.acbhcs.org/office-of-the-director/office-of-health-equity/>.
- Peer Support Services are culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities. These services can be provided to you or your designated significant support person(s) and can be received at the same time as you receive other Drug Medi-Cal Organized Delivery System services. The Peer Specialist in Peer Support Services is an individual in recovery with a current State-approved certification program and who provides these services under the direction of a Behavioral Health Professional who is licensed, waived, or registered with the State.
- Peer Support Services include educational skill-building groups, engagement services to encourage you to participate in behavioral health treatment, and therapeutic activities such as promoting self-advocacy.

Recovery Services

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



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

- Recovery Services include assessment, care coordination, individual counseling, group counseling, family therapy, recovery monitoring, and relapse prevention components.
- 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 24-Hour Toll-free Helpline at 844-682-7215 for specific referral and contact information (please see the SUD treatment provider directory for specific program information - <https://www.acbhcs.org/>) There is no time-limit and this service is available to all eligible Alameda County beneficiaries.

Care Coordination

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

Contingency Management (varies by county)

- Providing Contingency Management Services is optional for participating counties. ACBH is participating in the state pilot.
- Contingency Management Services are an evidence-based treatment for stimulant use disorder where eligible beneficiaries will participate in a structured 24-week outpatient Contingency Management service, followed by six or more months of additional treatment and recovery support services without incentives.
- The initial 12 weeks of Contingency Management services include a series of incentives for meeting treatment goals, specifically not using stimulants (e.g., cocaine, amphetamine, and methamphetamine) which will be verified by urine drug tests. The incentives consist of cash equivalents (e.g., gift cards).



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org/). The Helpline is available 24/7.

- Contingency Management Services are only available to beneficiaries who are receiving services in a non-residential setting operated by a participating provider and are enrolled and participating in a comprehensive, individualized course of treatment. Please call the Helpline at 1-844-682-7215 for more information.

Screening, Assessment, Brief Intervention and Referral to Treatment

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

Early Intervention Services

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



Early Periodic Screening, Diagnosis, and Treatment

- Beneficiaries under the age of 21 are eligible to get the services described earlier in this handbook as well as additional Medi-Cal services through a benefit called Early and Periodic Screening, Diagnostic, and Treatment.
- To be eligible for Early and Periodic Screening, Diagnostic, and Treatment services, a beneficiary must be under the age of 21 and have full-scope Medi-Cal. Early and Periodic Screening, Diagnostic, and Treatment cover services that are medically necessary to correct or help defects and physical and behavioral health conditions. Services that sustain, support, improve, or make a condition more tolerable are considered to help the condition and are covered as Early and Periodic Screening, Diagnostic, and Treatment services.
- If you have questions about EPSDT services, please reach out to the ACBH EPSDT Coordination Office at InfoACBH.CYASOC@acgov.org, or visit the [DHCS Early and Periodic Screening, Diagnostic, and Treatment webpage](#).

Services offered in the DMC-ODS Delivery System are available by telephone or telehealth, except medical evaluations for Narcotic Treatment Services and Withdrawal Management.

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

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



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

HOW TO GET DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM SERVICES

How Do I Get Drug Medi-Cal Organized Delivery System Services?

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

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

The covered services are available through ACBH's provider network. If any contracted provider objects to performing or otherwise supporting any covered service, ACBH will arrange for another provider to perform the service. ACBH will respond with timely referrals and coordination if a covered service is not available from a provider because of religious, ethical or moral objections to the covered service. Your county may not deny a request to do an initial assessment to determine whether you meet the criteria to access DMC-ODS county services.

Where Can I Get Drug Medi-Cal Organized Delivery System Services?

Alameda County is participating in the Drug Medi-Cal Organized Delivery System program. Since you are a resident of Alameda County], you can get Drug Medi-Cal Organized Delivery System services in the county where you live through the Drug Medi-Cal Organized Delivery System. Your Drug Medi-Cal Organized Delivery System county has substance use disorder treatment



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhc.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

providers available to treat conditions that are covered by the plan. Other counties that are not participating in the Drug Medi-Cal Organized Delivery System can provide the following Drug Medi-Cal services:

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

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

After Hours Care

Starting July 16, 2022, 988 is the new number for the existing National Suicide Prevention Lifeline (800-273-8255), where free, compassionate support is available 24/7 for anyone experiencing mental health-related distress—whether that is thoughts of suicide, mental health or substance use crisis, or any other kind of emotional distress. People can also dial 988 if they are worried about a loved one who may need crisis support. 988 is not 911, but if a caller is experiencing a medical emergency, is in imminent danger, or in need of an immediate intervention, 988 will contact 911. Crisis Support Services staff cover the line during the weekday nighttime hours and weekends.

The goal of the 988 Collaborative is to move toward a more cohesive system of care that is in regular contact regarding needs and resources and is working together to ensure that we live in an Alameda County in which everyone - in all of our diversity - has ease of access to lifesaving resources.

The 988 Collaborative is comprised of agencies working on the crisis continuum, including mobile crisis, crisis stabilization, police, fire, 911 dispatch, ACBH Crisis Team, Crisis Support Services (Crisis Line/Community Education).

<https://988alamedacounty.org/> is our local website that will share information regarding our local crisis resources and will help clarify what 988



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://988alamedacounty.org/). The Helpline is available 24/7.

is and what kinds of responses a caller should expect. We believe that through increased transparency, we can use this opportunity to build trust with communities that might be hesitant to use crisis resources. The site will also be an important resource to ensure unified messaging in our communities.

How Do I Know When I Need Help?

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

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

You may contact your participating Drug Medi-Cal Organized Delivery System county for an assessment for your child or teenager if you think he or she is showing any of the signs of a substance use disorder. If your child or teenager qualifies for Medi-Cal and the county assessment indicates that drug and alcohol treatment services covered by the participating county are needed, the county will arrange for your child or teenager to receive the services.

When Can I Get Drug Medi-Cal Organized Delivery System County Services?

Your Drug Medi-Cal Organized Delivery System county has to meet the state's appointment time standards when scheduling an appointment for you to receive services from the Drug Medi-Cal Organized Delivery System county. The Drug Medi-Cal Organized Delivery System county must offer you an appointment that meets the following appointment time standards:

- Within 10 business days of your non-urgent request to start services with a substance use disorder provider for outpatient and intensive outpatient services;



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhc.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

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

Who Decides Which Services I Will Get?

You, your provider, and the Drug Medi-Cal Organized Delivery System county are all involved in deciding what services you need to receive through the Drug Medi-Cal Organized Delivery System county. A substance use disorder provider will talk with you, and through their assessment they will help determine which services are appropriate based on your needs.

A substance use disorder provider will evaluate whether you have a substance use disorder and the most appropriate services for your needs. You will be able to receive the services you need while your provider conducts this assessment.

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

Medical necessity is one of the conditions required for receiving SUD treatment services through the Alameda County DMC-ODS plan. Medical necessity refers to when a licensed professional identifies a medical need for services. Once the need is verified, beneficiaries will be referred to one of our contracted providers.

DMC-ODS services require that beneficiaries meet the following criteria:

- Be enrolled in Alameda County Medi-Cal; and
- 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).

Beneficiaries are not required to know if they have a diagnosis to ask for help. Alameda County DMC-ODS plan will help beneficiaries receive



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

diagnostic information and determine medical necessity with an ASAM assessment.



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhc.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

HOW TO GET MENTAL HEALTH SERVICES

Where Can I Get Specialty Mental Health Services?

You can get specialty mental health services in the county where you live. ACBH provides SMHS to children, youth, adult, and older adult residents of Alameda County. If you are under 21 years of age, you are eligible for Early and Periodic Screening, Diagnostic and Treatment, which may include additional coverage and benefits.

Your mental health plan will determine if you meet the access criteria for specialty mental health services. If you do, the mental health plan will refer you to a mental health provider who will assess you to determine what services you need. You can also request an assessment from your managed care plan if you are a beneficiary. If the managed care plan determines that you meet the access criteria for specialty mental health services, the managed care plan will help you transition to receive mental health services through the mental health plan. There is no wrong door for accessing mental health services.



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

ACCESS CRITERIA & MEDICAL NECESSITY

What Are The Access Criteria For Coverage Of Substance Use Disorder Treatment Services?

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

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

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

Beneficiaries under the age of 21 qualify to receive all Drug Medi-Cal Organized Delivery System services when meeting the Early and Periodic Screening, Diagnostic, and Treatment medical necessity criteria irrespective of their county of residence and irrespective of the diagnosis requirement described above.



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

What Is Medical Necessity?

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



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhc.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

SELECTING A PROVIDER

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

The Drug Medi-Cal Organized Delivery System county may put some limits on your choice of providers. You can request that your Drug Medi-Cal Organized Delivery System county provide you with an initial choice of providers. Your Drug Medi-Cal Organized Delivery System must also allow you to change providers. If you ask to change providers, the county must allow you to choose between at least two providers to the extent possible.

Your county is required to post a current provider directory online. If you have questions about current providers or would like an updated provider directory, visit the ACBH website at <https://acbh.my.site.com/ProviderDirectory/s/> or call the county's toll-free phone number. A current provider directory is available electronically on the county's website, or in paper form upon request.

Sometimes Drug Medi-Cal Organized Delivery System county contract providers choose to no longer provide Drug Medi-Cal Organized Delivery System services as a provider of the county, no longer contracts with the Drug Medi-Cal Organized Delivery System county, or no longer accepts Drug Medi-Cal Organized Delivery System patients on their own or at the request of the Drug Medi-Cal Organized Delivery System county. When this happens, the Drug Medi-Cal Organized Delivery System county 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 substance use disorder treatment services from the provider.

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



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

Once I Find A Provider, Can The Drug Medi-Cal Organized Delivery System County-Tell The Provider What Services I Get?

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

This review process is called a plan authorization process. Prior authorization for services is not required except for residential and inpatient services (excluding withdrawal management services). The Drug Medi-Cal Organized Delivery System county'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 Drug Medi-Cal Organized Delivery System county thinks it is in your interest to get more information from your provider, the timeline can be extended for up to another 14 calendar days. An example of when an extension might be in your interest is when the county thinks it might be able to approve your provider's request for authorization if the Drug Medi-Cal Organized Delivery System county had additional information from your provider and would have to deny the request without the information. If the Drug Medi-Cal Organized Delivery System county extends the timeline, the county will send you a written notice about the extension.

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

You may ask the Drug Medi-Cal Organized Delivery System county for more information about its authorization process.

If you don't agree with the Drug Medi-Cal Organized Delivery System county's decision on an authorization process, you may file an appeal with the county or ask for a State Hearing. For more information, see the Problem Resolution section.



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

Which Providers Does My Drug Medi-Cal Organized Delivery System County Use?

If you are new to the Drug Medi-Cal Organized Delivery System county, a complete list of providers in your Drug Medi-Cal Organized Delivery System county can be found at <https://acbh.my.site.com/ProviderDirectory/s/> and contains information about where providers are located, the substance use disorder treatment services they provide, and other information to help you access care, including information about the cultural and language services that are available from the providers. If you have questions about providers, call the Alameda County 24-Hour Toll-free Helpline at 1-844- 682-7215.



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

NOTICE OF ADVERSE BENEFIT DETERMINATION

What Rights Do I Have if the Drug Medi-Cal Organized Delivery System County Denies the Services I Want or Think I Need?

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

What Is an Adverse Benefit Determination?

An Adverse Benefit Determination is defined to mean any of the following actions

taken by the Drug Medi-Cal Organized Delivery System county:

1. The denial or limited authorization of a requested service, including determinations based on the type or level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit;
2. The reduction, suspension, or termination of a previously authorized service;
3. The denial, in whole or in part, of payment for a service;
4. The failure to provide services in a timely manner;
5. The failure to act within the required timeframes for standard resolution of grievances and appeals (If you file a grievance with the Drug Medi-Cal Organized Delivery System county and the Drug Medi-Cal Organized Delivery System county does not get back to you with a written decision on your grievance within 90 days. If you file an appeal with the Drug Medi-Cal Organized Delivery System county and the Drug Medi-Cal Organized Delivery System county does not get back to you with a written decision on your appeal within 30 days, or if you



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

filed an expedited appeal, and did not receive a response within 72 hours.); or

6. The denial of a beneficiary's request to dispute financial liability.

What Is a Notice of Adverse Benefit Determination?

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

Timing of the Notice

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

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

Yes, you should receive a Notice of Adverse Benefit Determination. However, if you do not receive a notice, you may file an appeal with the Drug Medi-Cal Organized Delivery System county or if you have completed the appeal process, you can request a State Hearing. When you make contact with your



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhc.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

county, indicate you experienced an adverse benefit determination but do not receive notice. Information on how to file an appeal or request a State 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 Drug Medi-Cal Organized Delivery System county 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 Drug Medi-Cal Organized Delivery System 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 Hearing.
- How to request an expedited appeal or an expedited State Hearing.
- How to get help filing an appeal or requesting a State Hearing.
- How long you have to file an appeal or request a State Hearing.
- Your rights to continue to receive services while you wait for an Appeal or State Hearing decision, how to request for continuation of these services, and whether the costs of these services will be covered by Medi-Cal.
- When you have to file your Appeal or State Hearing request if you want the services to continue.

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

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



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

You can request a continuation of the service that has been discontinued when you submit an appeal or request for a State 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.



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

PROBLEM RESOLUTION PROCESSES

What If I Don't Get The Services I Want From My County Drug Medi-Cal Organized Delivery System Plan?

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

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

Filing a grievance or appeal, or requesting a State Hearing will not count against you and will not impact the services you are receiving. When your grievance or appeal is complete, your Drug Medi-Cal Organized Delivery System county will notify you and others involved of the final outcome. When your State Hearing is complete, the State Hearing Office will notify you and the provider of the final outcome.

Learn more about each problem resolution process below.

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

Your Drug Medi-Cal Organized Delivery System county will have people available to explain these processes to you and to help you report a problem either as a grievance, an appeal, or request for a State 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 is at risk. You may also authorize another person to act on your behalf, including your substance use disorder treatment provider or advocate. Your Drug Medi-Cal Organized Delivery System county must give



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

you any reasonable assistance in completing forms and other procedural steps related to a grievance or appeal. This includes, but is not limited to, providing interpreter services and toll-free numbers with TTY/TDD and interpreter capability.

What If I Need Help To Solve A Problem With My Drug Medi-Cal Organized Delivery System County Plan But Don't Want To File A Grievance Or Appeal?

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

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

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

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

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

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



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](http://Substance Use – Alameda County Behavioral Health (acbhcs.org)). The Helpline is available 24/7.

THE GRIEVANCE PROCESS

What Is A Grievance?

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

The grievance process will:

- Involve simple, and easily understood procedures that allow you to present your grievance orally or in writing.
- Not count against you or your provider in any way.
- Allow you to authorize another person to act on your behalf, including a provider or advocate. If you authorize another person to act on your behalf, the Drug Medi-Cal Organized Delivery System county 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 Drug Medi-Cal Organized Delivery System county and your provider.
- Provide resolution for the grievance in the required timeframes.

When Can I File A Grievance?

You can file a grievance with the Drug Medi-Cal Organized Delivery System county at any time if you are unhappy with the substance use disorder treatment services you are receiving from the Drug Medi-Cal Organized Delivery System county or have another concern regarding the Drug Medi-Cal Organized Delivery System county.

How Can I File A Grievance?

You may call your Drug Medi-Cal Organized Delivery System county's toll-free phone number to get help with a grievance. The Drug Medi-Cal Organized Delivery System county will provide self-addressed envelopes at



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

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 County Plan Received My Grievance?

Your Drug Medi-Cal Organized Delivery System county will let you know that it received your grievance by sending you a written confirmation.

When Will My Grievance Be Decided?

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

How Do I Know If The Drug Medi-Cal Organized Delivery System County Has Made A Decision About My Grievance?

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



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

Is There A Deadline To File A Grievance?

You may file a grievance at any time.



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

THE APPEAL PROCESS (STANDARD AND EXPEDITED)

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

What Is a Standard Appeal?

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

The standard appeals process will:

- Allow you to file an appeal in person, on the phone, or in writing.
- Ensure filing an appeal will not count against you or your provider in any way.
- Allow you to authorize another person to act on your behalf, including a provider. 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.



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

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

When Can I File an Appeal?

You can file an appeal with your county Drug Medi-Cal Organized Delivery System county:

- If your county or one of the county contracted providers decides that you do not qualify to receive any Medi-Cal substance use disorder treatment services because you do not meet the medical necessity criteria.
- If your provider thinks you need a substance use disorder treatment service and asks the county for approval, but the county does not agree and denies your provider's request, or changes the type or frequency of service.
- If your provider has asked the Drug Medi-Cal Organized Delivery System county for approval, but the county needs more information to make a decision and doesn't complete the approval process on time.
- If your Drug Medi-Cal Organized Delivery System county doesn't provide services to you based on the timelines the Drug Medi-Cal Organized Delivery System county has set up.
- If you don't think the Drug Medi-Cal Organized Delivery System county is providing services soon enough to meet your needs.
- If your grievance, appeal or expedited appeal wasn't resolved in time.



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

- If you and your provider do not agree on the substance use disorder services you need.

How Can I File an Appeal?

You may call your Drug Medi-Cal Organized Delivery System county's toll-free phone number to get help with filing an appeal. The county will provide self-addressed envelopes at all provider sites for you to mail in your appeal. Appeals can be filed orally or in writing.

How Do I Know If My Appeal Has Been Decided?

Your Drug Medi-Cal Organized Delivery System county plan will notify you or your representative in writing about their decision for your appeal. The notification will have the following information:

- The results of the appeal resolution process.
- The date the appeal decision was made.
- If the appeal is not resolved wholly in your favor, the notice will also contain information regarding your right to a State Hearing and the procedure for filing a State 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 Drug Medi-Cal Organized Delivery System county must decide on your appeal within 30 calendar days from when the Drug Medi-Cal Organized Delivery System county receives your request for the appeal. Timeframes may be extended by up to 14 calendar days if you request an extension, or



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhc.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

if the Drug Medi-Cal Organized Delivery System county believes that there is a need for additional information and that the delay is for your benefit. An example of when a delay is for your benefit is when the county believes it might be able to approve your appeal if the Drug Medi-Cal Organized Delivery System county had a little more time to get information from you or your provider.

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

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

What Is An Expedited Appeal?

An expedited appeal is a faster way to decide an appeal. The expedited appeals process follows a similar process to the standard appeals process. However,

- 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 Drug Medi-Cal Organized Delivery System county agrees that your appeal meets the requirements for an expedited appeal, your county will resolve your expedited appeal within 72 hours after the Drug Medi-Cal Organized Delivery System county receives the appeal.

Timeframes may be extended by up to 14 calendar days if you request an extension, or if the Drug Medi-Cal Organized Delivery System county shows that there is a need for additional information and that the delay is in your interest. If your Drug Medi-Cal Organized Delivery System county extends



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

the timeframes, the plan will give you a written explanation as to why the timeframes were extended.

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

Once your Drug Medi-Cal Organized Delivery System county resolves your expedited appeal, the plan will notify you and all affected parties orally and in writing.



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhc.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

THE STATE HEARING PROCESS

What Is A State Hearing?

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

What Are My State Hearing Rights?

You have the right to:

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

When Can I File For A State Hearing?

You can file for a State Hearing:

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



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhc.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

does not agree and denies your provider's request, or changes the type or frequency of service.

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

How Do I Request A State Fair Hearing?

You can request a State Fair Hearing:

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

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

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

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

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



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use - Alameda County Behavioral Health \(acbhcs.org\)](http://Substance Use - Alameda County Behavioral Health (acbhcs.org)). The Helpline is available 24/7.

Is There A Deadline For Filing For A State Hearing?

You only have 120 calendar days to ask for a State Hearing. The 120 days start either the day after the Drug Medi-Cal Organized Delivery System county 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 Hearing within 10 days from the date the appeal decision notice was postmarked or delivered to you OR before the date your Drug Medi-Cal Organized Delivery System county says services will be stopped or reduced. When you ask for a State 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 Hearing is pending.

If you do request continuation of the benefit, and the final decision of the State 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 hearing was pending.

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

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



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

Can I get a State Hearing More Quickly?

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

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 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.



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

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
- Individuals under the age of 26, or over the age of 50 regardless of immigration status

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 <https://www.dhcs.ca.gov/services/medi-cal/Pages/ApplyforMedi-Cal.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 substance use disorder 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.



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use - Alameda County Behavioral Health \(acbhcs.org\)](http://Substance Use - Alameda County Behavioral Health (acbhcs.org)). The Helpline is available 24/7.

- 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 substance use disorder 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.

Is Transportation Available?

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

Non-emergency transportation and non-medical transportation may be provided for Medi-Cal beneficiaries who are unable to provide transportation on their own and who have a medical necessity to receive certain Medi-Cal covered services. If you need assistance with transportation, contact your managed care plan for information and assistance.

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

To apply for Medi-Cal online, please visit [MyBenefitsCalWIN](#).

To apply for Medi-Cal in person, please visit your local Social Service Agency:

- **North Oakland Self Sufficiency Center**
2000 San Pablo Ave
Oakland CA 94612
- **Eastmont Self-Sufficiency Center**
6955 Foothill Blvd Suite 100
Oakland CA 94605



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](#). The Helpline is available 24/7.

- **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

To apply for Medi-Cal over the phone, please call Alameda County Social Service Agency at (510) 272-3663.



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

ADVANCE DIRECTIVE

What is an Advance Directive?

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

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

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

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

You may get a form for an advance directive from your Drug Medi-Cal Organized Delivery System county or online. In California, you have the right to provide advance directive instructions to all of your health care providers. You also have the right to change or cancel your advance directive at any time.



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

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

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



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhc.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

BENEFICIARY RIGHTS AND RESPONSIBILITIES

What Are My Rights As A Recipient Of Drug Medi-Cal Organized Delivery System Services?

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

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



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

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 Drug Medi-Cal Organized Delivery System county's list of providers. The county must make sure you don't pay anything extra for seeing an out-of-network provider. You can contact beneficiary services at [County to Insert Toll-Free Phone Number] for information on how to receive services from an out-of-network provider.
- Request a second opinion from a qualified health care professional within the county network, or one outside the network, at no additional cost to you.
- File grievances, either verbally or in writing, about the organization or the care received.
- Request an appeal, either verbally or in writing, upon receipt of a notice of Adverse Benefit Determination, including information on the circumstances under which an expedited appeal is possible.
- Request a State Medi-Cal fair hearing, including information on the circumstances under which an expedited State Hearing is possible.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Be free from discrimination to exercise these rights without adversely affecting how you are treated by the Drug Medi-Cal Organized Delivery System county, providers, or the State.

What Are My Responsibilities As A Recipient Of Drug Medi-Cal Organized Delivery System Services?

As a recipient of Drug Medi-Cal Organized Delivery System services, it is your responsibility to:

- Carefully read the beneficiary informing materials that you have received from the Drug Medi-Cal Organized Delivery System county.



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

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



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](http://www.acbhcs.org). The Helpline is available 24/7.

- Information on ACBH's Whistle Blower program is available online at <https://www.acbhcs.org/plan-administration/whistleblower/> 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](#).



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](#). The Helpline is available 24/7.

TRANSITION OF CARE REQUEST

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

- After joining the Drug Medi-Cal Organized Delivery System county, 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 Drug Medi-Cal Organized Delivery System county.

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

- You, your authorized representatives, or your current provider, may submit a request in writing to the Drug Medi-Cal Organized Delivery System county. You can also contact beneficiary services 1-844-682-7215 for information on how to request services from an out-of-network provider.
- The Drug Medi-Cal Organized Delivery System county will send written acknowledgment of receipt of your request and begin to process your request within three (3) working days.

What if I continued to see my out-of-network provider after transitioning to the Drug Medi-Cal Organized Delivery System County?

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



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

Why would the Drug Medi-Cal Organized Delivery System County deny my transition of care request?

- The Drug Medi-Cal Organized Delivery System county may deny your request to retain your previous, and now out-of-network, provider, if:
 - The Drug Medi-Cal Organized Delivery System county has documented quality of care issues with the provider.

What happens if my transition of care request is denied?

- If the Drug Medi-Cal Organized Delivery System county denies your transition of care it will:
 - Notify you in writing;
 - Offer you at least one in-network alternative provider that offers the same level of services as the out-of-network provider; and
 - Inform you of your right to file a grievance if you disagree with the denial.
- If the Drug Medi-Cal Organized Delivery System county offers you multiple in-network provider alternatives and you do not make a choice, then the Drug Medi-Cal Organized Delivery System county 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 Drug Medi-Cal Organized Delivery System county will provide you with:
 - The request approval;
 - The duration of the transition of care arrangement;
 - The process that will occur to transition your care at the end of the continuity of care period; and
 - Your right to choose a different provider from the Drug Medi-Cal Organized Delivery System county's provider network at anytime.



Call Alameda County Behavioral Health Helpline at 1-844-682-7215 (TTY:711) or visit online at [Substance Use – Alameda County Behavioral Health \(acbhcs.org\)](https://www.acbhcs.org). The Helpline is available 24/7.

How quickly will my transition of care request be processed?

- The Drug Medi-Cal Organized Delivery System county will complete its review of your transition of care request within thirty (30) calendar days from the date the Drug Medi-Cal Organized Delivery System county received your request.

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

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



NONDISCRIMINATION NOTICE

Discrimination is against the law. Alameda County Behavioral Health (ACBH) follows State and Federal civil rights laws. ACBH does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

ACBH provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, braille, audio or accessible electronic formats)
 - Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Alameda County 24/7 ACCESS line at 1-800-491-9099. Or, if you cannot hear or speak well, please call (TTY: 711). Upon request, this document can be made available to you in braille, large print, audio, or accessible electronic formats.

HOW TO FILE A GRIEVANCE

If you believe that ACBH has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with Alameda County Behavioral Health Consumer Assistance. You can file a grievance by phone, in writing, or in person:

- By phone: Contact Consumer Assistance between 9am -5pm, Monday thru Friday, by calling 1-800-779-0787. Or, if you cannot hear or speak well, please call TTY: 711.

- In writing: Fill out a grievance form or write a letter and send it to:
Consumer Assistance
2000 Embarcadero Cove, Suite 400
Oakland, CA 94606
- In person: Visit your provider's office or the Mental Health Association, 954 60th Street, Suite 10, Oakland, CA 94608, and say you want to file a grievance.
- Grievance Forms are available online, visit:
<https://www.acbhcs.org/plan-administration/file-a-grievance/>.

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (California State Relay)**.
- In writing: Fill out a complaint form or send a letter to:
Department of Health Care Services Office of Civil Rights
P.O. Box 997413, MS 0009 Sacramento, CA 95899-7413
- Complaint forms are available at:
<https://www.dhcs.ca.gov/discrimination-grievance-procedures>
- Electronically: Send an email to CivilRights@dhcs.ca.gov.

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**

- In writing: Fill out a complaint form or send a letter to:

**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201**

- Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

LANGUAGE TAGLINES

English Tagline

ATTENTION: If you need help in your language call 1-800-491-9099 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-491-9099 (TTY: 711). These services are free of charge.

(Arabic) الشعار بالعربية

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-491-9099 (TTY: 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برييل والخط الكبير. اتصل بـ 1-800-491-9099 (TTY: 711). هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-491-9099 (TTY: 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Չանգահարեք 1-800-491-9099 (TTY: 711): Այդ ծառայություններն անվճար են:

ប្រាសាទខ្មែរ (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅ 1-800-491-9099 (TTY: 711) ។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-800-491-9099 (TTY: 711) ។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

简体中文标语 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 1-800-491-9099 (TTY: 711)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 1-800-491-9099 (TTY: 711)。这些服务都是免费的。

(Farsi) مطلب به زبان فارسی

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-800-491-9099 (TTY: 711) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-800-491-9099 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-800-491-9099 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-800-491-9099 (TTY: 711) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-491-9099 (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-800-491-9099 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

日本語表記 (Japanese)

注意日本語での対応が必要な場合は 1-800-491-9099 (TTY: 711) へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。1-800-491-9099 (TTY: 711) へお電話ください。これらのサービスは無料で提供しています。

한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-800-491-9099 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-800-491-9099 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ແທກໄລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-800-491-9099 (TTY: 711). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ໃຫ້ໂທຫາເບີ 1-800-491-9099 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-800-491-9099 (TTY: 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hlou mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-800-491-9099 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-800-491-9099 (TTY: 711). ਅਧਾਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-800-491-9099 (TTY: 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-491-9099 (TTY: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-491-9099 (TTY: 711). Такие услуги предоставляются бесплатно.

Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-491-9099 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-491-9099 (TTY: 711). Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-491-9099 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-491-9099 (TTY: 711). Libre ang mga serbisyong ito.

แท็กไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-491-9099 (TTY: 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-491-9099 (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-491-9099 (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-491-9099 (TTY: 711). Ці послуги безкоштовні.

Khẩu hiệu tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-491-9099 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-800-491-9099 (TTY: 711). Các dịch vụ này đều miễn phí.

APPENDIX D.

Beneficiary Handbook Consumer Notice



Consumer Notice

Changes are being made to Alameda County Behavioral Health's (ACBH) Beneficiary Handbooks.

Updated Beneficiary Handbooks will be available by March 12, 2023.

The Beneficiary Handbook provides information on:

- How to receive Mental Health and Substance Use Disorder treatment services
- What benefits you have access to
- What to do if you have a question or problem
- Your rights and responsibilities as a member of ACBH Plan

Handbooks are available by request from your provider, or downloading from the ACBH website at <https://www.acbhcs.org/beneficiary-handbook/> (including in written and audio formats).

For more information, please contact your service provider or call ACBH ACCESS at 1-800-491-9099 (TTY: 711)

February 10, 2023