



Beneficiary Guide to Medi-Cal Mental Health Services

Update November, 2019

Quality Assurance Office

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 զանգահարել 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 զանգահարել 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 (TTY:711) 1-800-491-9099 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ACBH 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 مجاناً.

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، مجاناً عند طلبها. يرجى الاتصال بمزودك المعتاد مباشرة أو اتصل على ACBH ACCESS للاستفسار عن الخدمات على الرقم 1-800-491-9099 (الهاتف النصي: 711). (الهاتف النصي: 711).

हिंदी (Hindi)

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

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

ภาษาไทย (Thai)

โปรดทราบ: หากคุณพูดภาษาอื่น เรามีบริการช่วยเหลือด้านภาษาให้คุณโดยไม่เสียค่าใช้จ่าย

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

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

ខ្មែរ (Cambodian)

ចំណាំ: ប្រសិនបើអ្នកនិយាយភាសាផ្សេងទៀត
សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺអាចស្វែងរកបាន
សម្រាប់អ្នក។

សូមទាក់ទងដោយផ្ទាល់ទៅកាន់អ្នក
ផ្តល់សេវាដែលមានការទទួលស្គាល់របស់អ្នក ឬដើម្បី
ធ្វើការសាកសួរអំពីសេវាកម្មនានា សូមទូរសព្ទទៅ ACBH
ACCESS តាមរយៈលេខ 1-800-491-9099 (TTY: 711)។

ចំណាំ: សម្ភារៈនិងសេវាកម្មជំនួយ មានជាអាទិ៍
ឯកសារអក្សរពុម្ពធំ និងឯកសារជាន់ម្រង់ផ្សេងទៀត
អាចស្វែងរកបានសម្រាប់អ្នកដោយឥតគិតថ្លៃ ទៅ
តាមការស្នើសុំ។ សូមទាក់ទងដោយផ្ទាល់ទៅកាន់
អ្នកផ្តល់សេវាដែលមានការទទួលស្គាល់របស់អ្នក ឬ

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GENERAL INFORMATION

Welcome to Alameda County Behavioral Health Care Services

IMPORTANT TELEPHONE NUMBERS

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

Terms in the Handbook:

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

Why is it Important to Read this Handbook?

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

If you are now receiving services from Alameda County Behavioral Health (ACBH), this booklet will provide you with more information about how ACBH Specialty Mental Health services (SMHS) work. This booklet informs you about mental health services, but does not change the services you are getting. You may want to keep this booklet so you can reference our offered services in the future.

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

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

It is important that you understand how the Behavioral Health Plan (BHP) 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 Mental Health (MH) treatment services through ACBH
- What benefits you have access to
- What to do if you have a question or problem
- Your rights and responsibilities as a member of Alameda County BHP

If you don't read this handbook now, you should keep this handbook so you can read it later. This handbook and other written materials are available either electronically at <http://www.acbhcs.org/resources-documentcenter-rfp/> or in printed form from Alameda County Behavioral Health, free of charge. Call ACBH at 1-800-491-9099 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. The ACBH ACCESS Program is available 24 hours a day, seven days a week-call 1-800-491-9099.

You can also contact ACBH at 1-800-491-9099 if you would like this handbook or other written materials in alternative formats such as large print, Braille, or audio. ACBH will assist you.

If you would like this handbook or other written materials in a language other than English. ACBH 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.

What Is My BHP Responsible For?

ACBH is responsible for the following:

- Figuring out if you are eligible for behavioral health services from the county or its provider network.
- 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 Behavioral Health (1-800-491-9099.)
- Having enough providers to make sure that you can get the mental health treatment services covered by Alameda County Behavioral Health if you need them.
- Informing and educating you about services available from ACBH
- 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 format, i.e. CD with voice-over of this Guide and other informing materials in all threshold languages via your established provider and online at <http://www.acbhcs.org/>
- 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 Alameda County Behavioral Health.

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

Discrimination is against the law. The State of California and Alameda County Behavioral Health must comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, sex, age, or disability.

Alameda County Behavioral Health:

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

If you need these services, contact ACBH ACCESS at 1-800-491-9099.

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

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

Grievance Forms are available at

<http://www.ACBH.org/consumer-grievance/>

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

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

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

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

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?

There is no wrong door when applying for health coverage in California and you can apply for Medi-Cal at any time of the year. You may choose one of the following ways to apply.

By Mail: Apply for Medi-Cal with a Single Streamlined Application, provided in English and other languages at <http://www.dhca.ca.gov/services/medi-cal/eligibility/Pages/SingleStreamApps.aspx>. Send completed applications to your local county office. Find the address for your local county office on the web at <http://dhcs.ca.gov/COL> or see the below list of Alameda County Social Service Agency offices:

North Oakland Self Sufficiency Center

2000 San Pablo Ave
Oakland CA 94612

Eastmont Self-Sufficiency Center

6955 Foothill Blvd Suite 100
Oakland CA 94605

Enterprise Self Sufficiency Center

8477 Enterprise Way
Oakland CA 94621

Eden Area Multi-Service Center

24100 Amador St
Hayward CA 94544

SSA Offices Continued:

Fremont Outstation

39155 Liberty St Ste C330
Fremont CA 94536

Livermore Outstation

2481 Constitution Drive, Suite B
Livermore CA 94551

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

North Oakland

510-891-0700

Eden: South County

510-670-6000

Enterprise: East County

510-263-2420

Eastmont: East County

510-383-5300

Fremont Outstation

510-795-2428

Livermore Outstation

925-455-0747

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

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

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

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

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

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 expect the following might happen at any moment:

- The health of the individual (or with respect to a pregnant woman, the health of her unborn child) could be in serious trouble
- Serious problems with bodily functions
- Serious problem 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 what seems like a mental illness
- Is immediately unable to provide or eat food, or use clothing or shelter because of what seems like a mental illness

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 medical or psychiatric (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 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 may need assistance with transportation, contact your managed care plan for information and assistance. If you have regular Medi-Cal and are not enrolled in a managed care plan, you may contact Covered California directly at 1-800-300-1506.

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

If you or someone you know is in crisis, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

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

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 when asking yourself if you need professional help is to trust yourself. If you are eligible for Medi-Cal, and you think you may need professional help, you should request an assessment from ACBH.

You may need help if you have one or more of the following signs:

- Depressed (or feeling hopeless, helpless, or very down) most of the day, nearly every day
- 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
- Tiredness 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
- Feeling 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
- Not caring about personal hygiene (being clean)
- Having serious trouble with other people
- Pulling back or withdrawing from other people
- Crying frequently and for no reason
- 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

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

You may contact ACBH for an 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 county assessment indicates that specialty mental health services covered by Alameda County Behavioral Health are needed, Alameda County Behavioral Health will arrange for your child or teenager to receive the services. 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:

- Complains of aches/pains
- Spends more time alone
- Tires easily and has little energy
- Fidgety and is unable to sit still
- Has trouble with a teacher
- Less interested in school
- Acts as if driven by a motor
- Daydreams too much
- Distracted easily
- Is afraid of new situations
- Feels sad and unhappy
- Is irritable and angry
- Feels hopeless
- Has trouble concentrating
- Less interest in friends
- Fights with others
- Absent from school
- School grades dropping
- Is down on themselves
- Visits doctor with doctor finding nothing wrong
- Has trouble sleeping
- Worries a lot
- Wants to be with you more than before
- Feels they are 'bad'
- Takes unnecessary risks
- Gets hurt frequently
- Seems to be having less fun
- Acts younger than children their age
- Does not listen to rules
- Does not show feelings
- Does not understand other people's feelings
- Teases others
- Blames others for their troubles
- Takes things that do not belong to them
- Refuses to share

ACCESSING SPECIALTY MENTAL HEALTH SERVICES

What Are Specialty Mental Health Services?

Specialty mental health services are mental health services for people who have mental illness 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 services
- Day treatment intensive services
- Day rehabilitation
- Psychiatric inpatient hospital services
- Psychiatric health facility services

In addition to the specialty mental health services listed above, beneficiaries under age 21 may have access to additional services. 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.

How Do I Get Specialty Mental Health Services?

If you think you need specialty mental health treatment services, you can call Alameda County ACCESS line at 1-800-491-9099.

You may also be referred to specialty mental health services by another person or organization, including but not limited to your doctor, school, a family member, guardian, your Medi-Cal managed care health plan, or other county agencies. Usually your doctor 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. ACBH may not deny an initial assessment to determine whether you meet medical necessity criteria for receiving services from Alameda County Behavioral Health.

The covered specialty mental health services are available through the Alameda County provider network (such as clinics, treatment centers, community-based organizations, etc.). If a contracted provider will not provide a covered service, Alameda County Behavioral Health will arrange for another provider to perform the service.

Where Can I Get Specialty Mental Health Services?

You can get specialty mental health services in the county where you live. Alameda County residents call Alameda County ACCESS at 1-800-491-9099 to initiate services. Alameda County Behavioral Health offers specialty mental health services for children, youth, adults, and older adults. If you are under 21 years of age, you are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT), which may include additional coverage and benefits.

The ACCESS program will determine if you need specialty mental health services. If you do need specialty mental health services, Alameda County Behavioral Health ACCESS will refer you to a mental health provider.

How Do I Get Other Mental Health Services That Are Not Covered by Alameda County Behavioral Health?

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

- Individual and group mental health testing and treatment (psychotherapy)
- Psychological testing to evaluate a mental health condition
- Outpatient services that include lab work, drugs, and supplies
- Outpatient services to monitor drug therapy
- Psychiatric consultation

If you are not in a Medi-Cal managed care health plan, you may be able to get these services from individual providers and clinics that accept Medi-Cal. Alameda County Behavioral Health 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.

Any pharmacy that accepts Medi-Cal can fill prescriptions to treat a mental health condition.

How Do I Get Other Medi-Cal Services (Primary Care/Medical) That Are Not Covered by Alameda County Behavioral Health?

There are two ways you can get Medi-Cal services that are not covered by Alameda County Behavioral Health:

1. By joining a Medi-Cal managed care health plan.
If you are a member of a Medi-Cal managed care health plan:
 - Your health plan will find a provider for you if you need health care.
 - You get your health care through a health plan, an HMO (health maintenance organization), or a primary care case manager.

- You must use the providers and clinics in the health plan, unless you need emergency care.
- You may use a provider outside your health plan for family planning services.
- You can only join a health plan if you do not pay a share of cost, which is the amount you agree to pay for health care before the Medi-Cal managed care health plan starts to pay

2. From individual health care providers or clinics that take Medi-Cal.

- You get health care from individual providers or clinics that take 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.
- Individual health care providers and clinics do not have to see Medi-Cal patients, or may choose to see only a few Medi-Cal patients.

What If I Have an Alcohol or Drug Problem?

If you think you need substance use disorder (SUD) treatment services, you can get services by asking the county plan for them yourself. You can call your county toll-free phone number listed in the front section of this handbook. You may also be referred to your county plan for SUD treatment services in other ways. Your county plan 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 health plan, if you are a member. 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 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.

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.

MEDICAL NECESSITY CRITERIA

What Is Medical Necessity and Why Is It Important?

One of the requirements necessary for receiving specialty mental health services through ACBH is something called ‘medical necessity.’ This means a doctor or other licensed professional will talk with you to decide if there is a medical need for services, and if you can be helped by services if you receive them.

Medical necessity will help determine if you are eligible for specialty mental health services and what kind of specialty mental health services are appropriate. Deciding medical necessity is a very important part of the process of getting specialty mental health services.

You do not need to know if you have a diagnosis for a specific mental illness to ask for help. ACBH will help you get this information with an assessment. If the results of the assessment determine that you have a mental health condition that meets medical necessity criteria, specialty mental health inpatient or outpatient treatment will be provided based on your needs.

What Are the Medical Necessity Criteria for People Under Age 21?

If you are under age 21, have full-scope Medi-Cal, and have a diagnosis covered by Alameda County Behavioral Health, Alameda County Behavioral Health will also consider if specialty mental health services could prevent your mental health condition from getting worse. If services covered by Alameda County Behavioral Health will correct or improve your mental health, Alameda County Behavioral Health will provide the services.

What Are the Medical Necessity Criteria for Psychiatric Inpatient Hospital Services?

You may be admitted to a hospital on an emergency basis if you have a mental illness or symptoms of mental illness, cannot be safely treated at a lower level of care, and because of the mental illness or symptoms of mental illness, you:

- Represent a current danger to yourself or others, or significant property destruction
- Are prevented from providing for or using food, clothing, or shelter
- Present a severe risk to your physical health
- Have a recent, significant deterioration in ability to function
- Need psychiatric evaluation, medication treatment, or other treatment that can only be provided in the hospital

SELECTING A PROVIDER

How Do I Find a Provider for the Specialty Mental Health Services I Need?

To Initiate SMHS with ACBH, please call the ACCESS program at 1-800-491-9099.

Alameda County Behavioral Health may put some limits on your choice of providers. ACBH must give you a chance to choose between at least two providers when you first start services, unless Alameda County Behavioral Health has a good reason why it cannot provide a choice (for example, there is only one provider who can deliver the service you need). ACBH must also allow you to change providers. When you ask to change providers, Alameda County Behavioral Health must allow you to choose between at least two providers, unless there is a good reason not to do so.

Sometimes contract providers leave Alameda County Behavioral Health on their own or at the request of Alameda County Behavioral Health. When this happens, Alameda County Behavioral Health must make a good faith effort to give written notice to each person who was receiving specialty mental health services from the provider within 15 days after Alameda County Behavioral Health knows the provider will stop working.

ACBH is required to post a current provider directory online. If you have questions about current providers or would like an updated provider directory, visit ACBH's website http://www.ACBH.org/provider_directory/ or call the toll-free phone number located in the front of this handbook.

Once I Find a Provider, Can Alameda County Behavioral Health Tell the Provider What Services I Get?

You, your provider, and Alameda County Behavioral Health are all involved in deciding what services you need to receive through Alameda County Behavioral Health by following the medical necessity criteria and the list of covered services. Alameda County Behavioral Health must use a qualified professional to do the review for service authorization. This review process is called a 'plan payment authorization process.'

Alameda County Behavioral Health authorization process must follow specific timelines. For a standard authorization, Alameda County Behavioral Health must decide based on your provider's request within 14 calendar days. If you or your provider request it, or if Alameda County Behavioral Health thinks it is in your interest to get more information from your provider, the timeline can be extended for up to an additional 14 calendar days. An example of when an extension might be in your interest is when Alameda County Behavioral Health thinks it might be able to approve your provider's request for treatment if they get additional information from your provider. If Alameda County Behavioral Health extends the timeline for the provider's request, the county will send you a written notice about the extension.

If Alameda County Behavioral Health decides that you do not need the services requested, Alameda County Behavioral Health must send you a Notice of Adverse

Benefit Determination telling you that the services are denied and informing you that you may file an appeal or ask for a State Hearing.

You may ask Alameda County Behavioral Health for more information about its authorization process. Check the front of this handbook to see how to request the information.

If you don't agree with Alameda County Behavioral Health's decision on an authorization process, you may file an appeal with the county.

Which Providers Does My BHP Use?

ACBH utilizes four different types of providers to provide specialty mental health services. These include:

Individual Providers: Mental health professionals, such as doctors, who have contracts with your county BHP to provide specialty mental health services in an office and/or community setting.

Group Providers: Groups of mental health professionals who, as a group of professionals, have contracts with ACBH to offer specialty mental health services in an office and/or community setting.

Organizational Providers: Mental health clinics, agencies, or facilities that are owned or run by Alameda County Behavioral Health, or that have contracts with your county BHP to provide services in a clinic and/or community setting.

Hospital Providers: You may receive care or services in a hospital. This may be as a part of emergency or crisis/urgent treatment.

Alameda County Behavioral Health is required to post a current provider directory online. If you have questions about current providers or would like an updated provider directory, visit http://www.ACBH.org/provider_directory/ or call the toll-free phone number located in the front of this handbook.

SCOPE OF SERVICES

If you meet the medical necessity criteria for specialty mental health services, the following services may be available to you based on your need for services established by an assessment and documented in your individualized client plan.

- **Mental Health Services**

- Mental health services are individual, group, or family-based treatment services that help people with mental illness 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; plan development 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.

- **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 mental illness to get on their own. Targeted case management includes 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.

- **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 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 can last up to 20 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 mental illness. 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 mental illness learn and develop coping and life skills and to manage the symptoms of mental illness more effectively. The program lasts at least three hours per day. The program includes skill-building activities and therapies.
- **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, Adolescents, and/or Young Adults?

Beneficiaries under age 21 may be able to get additional Medi-Cal services through a national program called Early and Periodic Screening, Diagnostic and Treatment (EPSDT).

To be eligible for EPSDT services, you must be under age 21 and have full scope Medi-Cal. EPSDT services correct or improve medical problems that your doctor or other health care provider finds, even if the health problem will not go away completely.

Ask your doctor or clinic about EPSDT services. You may get these services if you and your doctor, or other health provider, clinic, or county department agree that you need them because they are medically necessary for you, and they submit a request for these services to Alameda County Behavioral Health for review.

If you have questions about the EPSDT program, please call 1-800-491-9099.

The following special services are also available from Alameda County Behavioral Health for children, adolescents, and young people under the age of 21: Therapeutic Behavioral Services, Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services.

Therapeutic Behavioral Services (TBS)

TBS 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.

TBS are a type of specialty mental health service available through each BHP if you have serious emotional problems. You must receive a mental health service, be under 21, and have full-scope Medi-Cal to get TBS.

- If you are living at home, a TBS 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, adolescents, and young people with very serious emotional problems.
- If you are living in a group home for children, adolescents, and young people with very serious emotional problems, a TBS 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. TBS 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 TBS 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 TBS. You will have a TBS plan that will say what you, your family, caregiver, or guardian, and the TBS staff person will do during TBS, and when and where TBS will occur. The TBS 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 (ICC)

ICC is a targeted case management service that facilitates 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.

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

CFT includes formal supports (such as the care coordinator, providers, and case managers from child-serving agencies), natural 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. ICC also provides an ICC 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 CFT 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 (IHBS)

IHBS are individualized, strength-based interventions designed to ameliorate 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.

IHBS services are provided according to an individualized treatment plan developed in accordance with the CPM by the CFT in coordination with the family's overall service plan, which may include IHBS. Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation, and collateral. IHBS is provided to beneficiaries under 21 who are eligible for full scope of Medi-Cal services and who meet medical necessity criteria for this service.

Therapeutic Foster Care (TFC)

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

ADVERSE BENEFIT DETERMINATIONS

What Is a Notice of Adverse Benefit Determination?

A Notice of Adverse Benefit Determination is a form that ACBH uses to tell you when it makes a decision to reduce or deny your Medi-Cal specialty mental health services. A Notice of Adverse Benefit Determination is also used to tell you if your grievance, appeal, or expedited appeal was not resolved in time, or if you didn't get services within Alameda County Behavioral Health's timeline standards for providing services.

When Will I Get a Notice of Adverse Benefit Determination?

You will get a Notice of Adverse Benefit Determination:

- If ACBH or one of its 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.
- If your provider thinks you need a specialty mental health service and asks Alameda County Behavioral Health for approval, but Alameda County Behavioral Health does not agree and denies your provider's request, or reduces the type or frequency of service. Most of the time you will receive a Notice of Adverse Benefit Determination before you receive the service, but sometimes the Notice of Adverse Benefit Determination will come after you already received the service, or while you are receiving the service. If you get a Notice of Adverse Benefit Determination after you have already received the service, you do not have to pay for the service.
- If your provider has asked Alameda County Behavioral Health for approval, but Alameda County Behavioral Health needs more information to make a decision and doesn't complete the approval process on time.
- If ACBH does not provide services to you based on the timelines it has set up. Call ACBH to find out if it has set up timeline standards.
- If you file a grievance with Alameda County Behavioral Health and Alameda County Behavioral Health does not get back to you with a written decision on your grievance within 90 days.
- If you file an appeal with Alameda County Behavioral Health and Alameda County Behavioral Health 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.

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 Alameda County Behavioral Health 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 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 ACBH did that affects you and your ability to get services
- The effective date of the decision and the reason Alameda County Behavioral Health made its decision
- The state or federal rules Alameda County Behavioral Health was following when it made the decision
- What your rights are if you do not agree with what Alameda County Behavioral Health did
- How to file an appeal with Alameda County Behavioral Health
- 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
- If you are eligible to continue to receive services while you wait for an appeal or State Hearing decision
- 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 form carefully. If you don't understand the form, ACBH can help you. You may also ask another person to help you.

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

PROBLEM RESOLUTION PROCESSES

What If I Don't Get the Services I Want from My Behavioral Health Plan?

Alameda County Behavioral Health has a way for you to work out a problem about any issue related to the Substance Use Disorder Services you 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
2. **The Appeal Process:** review of a decision (denial or changes to services) that was made to your specialty mental health services by Alameda County Behavioral Health or your provider
3. **The State Hearing Process:** review to make sure you receive the specialty mental health services that you are entitled to under the Medi-Cal program

Filing a grievance, appeal, or State Hearing will not count against you and will not impact the services you are receiving. When your grievance or appeal is complete, ACBH will notify you and others involved of the final outcome. When your State Hearing is complete, the State Hearing Office will notify you and others involved of the final outcome.

Learn more about each problem resolution process below.

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

ACBH has people available to explain these processes to you and to help you report a problem either as a grievance, an appeal, or as a request for State 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 and/or stability are at risk. You may also authorize another person to act on your behalf, including your specialty mental health provider.

If you would like help, call 1-800-779-0787.

What If I Need Help Solving a Problem with ACBH, 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 county 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 email 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 ask about your hearing rights or free legal aid from the Public Inquiry and Response Unit:

Call toll free: 1-800-952-5253
For TTY, call: 1-800-952-8349

THE GRIEVANCE PROCESS

What Is a Grievance?

A grievance is an expression of unhappiness about anything regarding your specialty mental health 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 penalize you or your provider in any way.
- Allow you to authorize another person to act on your behalf, including a specialty mental health provider. If you authorize another person to act on your behalf, Alameda County Behavioral Health might ask you to sign a form authorizing Alameda County Behavioral Health 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, ACBH and your provider.
- Provide resolution for the grievance in the required timeframes.

When Can I File a Grievance?

You can file a grievance anytime with the county plan if you are unhappy with the specialty mental health services you are receiving from Alameda County Behavioral Health or have another concern regarding Alameda County Behavioral Health.

How Can I File a Grievance?

You may call ACBH's toll-free phone number (1-800-779-0787) to get help with a grievance. The toll-free number is located at the front of this handbook. Alameda County Behavioral Health will provide self-addressed envelopes at all the providers' sites for you to mail in your grievance. If you do not have a self-addressed envelope, you may mail your grievance directly to the address on the front of this handbook. Grievances can be filed orally or in writing. Oral grievances do not have to be followed up in writing.

How Do I Know If Alameda County Behavioral Health Received My Grievance?

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

When Will My Grievance Be Decided?

Alameda County Behavioral Health 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 Alameda County Behavioral Health 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 Alameda County Behavioral Health 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 Alameda County Behavioral Health Has Made a Decision About My Grievance?

When a decision has been made regarding your grievance, Alameda County Behavioral Health will notify you or your representative in writing of the decision. If ACBH fails to notify you or any affected parties of the grievance decision on time, then Alameda County Behavioral Health will provide you with a Notice of Adverse Benefit Determination advising you of your right to request a State Hearing. ACBH will provide you with a Notice of Adverse Benefit Determination on the date the timeframe expires.

Is There a Deadline to File a Grievance?

No, you may file a grievance at any time.

THE APPEAL PROCESS (STANDARD AND EXPEDITED)

ACBH is responsible for allowing you to request a review of a decision that was made about your specialty mental health services by Alameda County Behavioral Health or your providers. 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 problem you have with Alameda County Behavioral Health or your provider that involves a denial or changes to services you think you need. If you request a standard appeal, Alameda County Behavioral Health 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. If you submit your appeal orally, you must follow it up with a signed, written appeal. You can get help with writing the appeal. If you do not follow-up with a signed, written appeal, your appeal will not be resolved. However, the date that you submitted the oral appeal is the filing date.
- Ensure filing an appeal will not count against you or your provider in any way.
- Allow you to authorize another person to act on your behalf, including a provider. If you authorize another person to act on your behalf, Alameda County Behavioral Health might ask you to sign a form authorizing BHP 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. If you do request continuation of the benefit, and the final decision of the appeal confirms the decision to reduce or discontinue the service you are receiving, you may be required to pay the cost of services furnished while the appeal was pending.
- Ensure that the individuals making the decisions are qualified to do so and not involved in any previous level of review or decision-making.
- Allow you or your representative to examine your case file, including your medical record, and any other documents or records considered during the appeal process.
- Allow you to have a reasonable opportunity to present evidence and allegations of fact or law, in person, or in writing.
- Allow you, your representative, or the legal representative of a deceased member's estate to be included as parties to the appeal.
- Let you know your appeal is being reviewed by sending you written confirmation.

- Inform you of your right to request a State Hearing, following the completion of the appeal process.

When Can I File an Appeal?

You can file an appeal with ACBH:

- If Alameda County Behavioral Health or one of the county 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
- If your provider thinks you need a specialty mental health service and asks Alameda County Behavioral Health for approval, but Alameda County Behavioral Health does not agree and denies your provider's request, or reduces the type or frequency of service
- If your provider has asked Alameda County Behavioral Health for approval, but Alameda County Behavioral Health needs more information to make a decision and doesn't complete the approval process on time
- If ACBH doesn't provide services to you based on the timelines Alameda County Behavioral Health has set up
- If you don't think Alameda County Behavioral Health 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 specialty mental health services you need

How Can I File an Appeal?

You may call ACBH's toll-free phone number to get help with filling an appeal. The toll-free number is located at the front of this handbook. Alameda County Behavioral Health will provide self-addressed envelopes at all the providers' 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 on the front of this handbook. Appeals can be filed orally or in writing. If you submit your appeal orally, you must follow it up with a signed written appeal.

How Do I Know If My Appeal Has Been Decided?

ACBH 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 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?

Alameda County Behavioral Health must decide on your appeal within 30 calendar days from when Alameda County Behavioral Health 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 Alameda County Behavioral Health 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 Alameda County Behavioral Health believes it might be able to approve your appeal if has 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 appeal process.

What Is an Expedited Appeal?

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

- Your appeal must meet certain requirements
- The expedited appeal process also follows different deadlines than the standard appeal
- 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 Alameda County Behavioral Health agrees that your appeal meets the requirements for an expedited appeal, ACBH will resolve your expedited appeal within 72 hours after Alameda County Behavioral Health 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 Alameda County Behavioral Health shows that there is a need for additional information and that the delay is in your interest. If ACBH extends the timeframes, Alameda County Behavioral Health will give you a written explanation as to why the timeframes were extended.

If Alameda County Behavioral Health decides that your appeal does not qualify for an expedited appeal, Alameda County Behavioral Health 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 Alameda County Behavioral Health's decision that your appeal doesn't meet the expedited appeal criteria, you may file a grievance.

Once ACBH resolves your request for an expedited appeal, Alameda County Behavioral Health will notify you and all affected parties orally and in writing.

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 specialty mental health services to which you are entitled under the Medi-Cal program.

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 filed an appeal and received a Notice of Adverse Benefit Determination letter telling you that ACBH will still not provide the services or denies your request
- If ACBH or one of the county 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
- If your provider thinks you need a specialty mental health service and asks Alameda County Behavioral Health for approval, but Alameda County Behavioral Health does not agree and denies your provider's request, or reduces the type or frequency of service
- If your provider has asked Alameda County Behavioral Health for approval, but Alameda County Behavioral Health needs more information to make a decision and doesn't complete the approval process on time
- If ACBH doesn't provide services to you based on the timelines Alameda County Behavioral Health has set up
- If you don't think Alameda County Behavioral Health 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 specialty mental health services you need

How Do I Request a State Hearing?

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

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

You can also call 1-800-952-5253 or for TTY 1-800-952-8349.

Is There a Deadline to Ask for a State Hearing?

You only have 120 days to ask for a State Hearing. The 120 days start either the day after Alameda County Behavioral Health personally gives 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 Hearing at any time.

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

Yes, but there may be some limitations. If you would like to continue treatment services, you must submit the request within 10 days of receiving the Notice of Adverse Benefit Determination.

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 you receive while the State Hearing is pending.

What Do I Need to Do If I Want to Continue Services While I'm Waiting for a State Hearing Decision?

If you would like to continue treatment services, you must submit the request within 10 days of receiving the Notice of Adverse Benefit Determination.

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.

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

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. 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.

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 BHPs are required to have advance directive policies in place. ACBH is required to provide written information on Alameda County Behavioral Health'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 ACBH's toll-free phone number listed in the front of this handbook 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:

1. Your appointment of an agent (a person) making decisions about your health care; and
2. 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

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 and substance use disorder services from Alameda County Behavioral Health. 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
- Get the information in this handbook about the services covered by Alameda County Behavioral Health, other obligations of Alameda County Behavioral Health, and your rights as described here. You also have the right to receive this information and other information provided to you by Alameda County Behavioral Health in a form that is easy to understand. This means, for example, that Alameda County Behavioral Health must make its written information available in the languages used by at least five percent or 3,000 of its BHP beneficiaries, whichever is less, and make oral interpreter services available free of charge for people who speak other languages. This also means that Alameda County Behavioral Health 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
- Get specialty mental health and substance use disorder services from a BHP that follows its contract with the state for availability of services, assurances of adequate capacity and services, coordination and continuity of care, and coverage and authorization of services. Alameda County Behavioral Health 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 manner, if Alameda County Behavioral Health does not have an employee or contract provider who can deliver the services. 'Out-of-network provider' means a provider who is not on Alameda County Behavioral Health's list of providers. Alameda County Behavioral Health 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 Alameda County Behavioral Health covers are enough in amount, length of time, and scope to meet the needs of Medi-Cal eligible enrollees. This includes making sure Alameda County Behavioral Health'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 put together a treatment plan that includes the goals for the treatment and services that will be given
- Provide for a second opinion from a qualified health care professional within Alameda County Behavioral Health's 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 health 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
- ACBH must make sure your treatment is not changed in a harmful way as a result of you expressing your rights. ACBH is required to follow other 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
- 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:
Patient Rights Advocates
(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 enrollee handbook and other important informing materials that you have received from Alameda County Behavioral Health. These materials will help you understand which services are available and how to get treatment if you need it

- Attend your treatment as scheduled. You will have the best result if you follow your treatment plan. If you do need to miss an appointment, call your provider at least 24 hours in advance, and reschedule for another day and time
- Always carry your Medi-Cal 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 in order for your treatment plan to be accurate. The more complete information that you share about your needs, the more successful your treatment will be
- Make sure to ask your provider any questions that you have. It is very important you completely understand your treatment plan and any other information that you receive during treatment
- Follow the treatment plan you and your provider have agreed upon.
- Be willing to build a strong, working relationship with the provider that is treating you
- Contact Alameda County Behavioral Health 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 Alameda County Behavioral Health 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 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 email to fraud@dhcs.ca.gov or use the online form at <http://www.dhcs.ca.gov/individuals/Pages/StopMedi-CalFraud.aspx>
 - You may also report to Alameda County Health Care Services Compliance Officer via 1-844-729-7055 or email: ProgIntegrity@acgov.org
Obtain More Information on Alameda County's Whistle Blower Program [Here](#)