



# **Drug Medi-Cal Organized Delivery System Beneficiary Handbook**

2000 Embarcadero Cove, Suite 400, Oakland, CA 94606

Revised Date: December 1, 2023

Effective Date: January 1, 2024

<sup>1</sup> The handbook must be provided at the time the beneficiary first accesses services.



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## 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. Read this Beneficiary Handbook to learn more about health care language assistance services, such as interpreter and translation services.

Este folleto está disponible en Español

Tập sách này có bản tiếng Việt

이 책자는 한국어로 제공됩니다.

這本手冊有中文版

这本手册有中文版

است موجود فارسی زبان به اطلاعات این.

Ang impormasyong ito ay maaaring makuha sa Tagalog.

يتوفر هذا الدليل باللغة العربية.

### Other Formats

You can get this information in other formats, such as braille, 20-point font large print, audio, and accessible electronic formats at no cost to you. Call Alameda County Behavioral Health ACCESS Line at 1-800-491-9099 (TTY: 711). The call is toll free.

### Interpreter Services

Alameda County provides oral interpretation services from a qualified interpreter, on a 24-hour basis, at no cost to you. You do not have to use a family member or friend as an interpreter. We discourage the use of minors as interpreters unless it is an emergency. Interpreter, linguistic, and cultural services are available 24 hours a day, 7 days a week. For language help or to get this handbook in a different language, call Alameda County



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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.



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## 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 or (800) 491-9099
TTY	711
Crisis/ Suicide Hotline	988
Consumer Assistance Office	(800) 779-0787
Patient Rights Advocates	(510) 835-2505

### Terms in this Handbook:

<b>ACBH</b>	Alameda County Behavioral Health
<b>BHP</b>	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.
<b>DMC-ODS</b>	Drug Medi-Cal Organized Delivery System
<b>SMHS</b>	Specialty Mental Health Services
<b>SSA</b>	Social Services Agency (Alameda County)
<b>SUD</b>	Substance Use Disorder



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ACBH welcomes you to the Alameda County's Drug Medi-Cal Organized Delivery System. While receiving services under this system, you may acquire services that include Outpatient Treatment, Residential Treatment, Recovery Services, and many other service modalities.

### **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 the Alameda County Drug Medi-Cal Organized Delivery System
- 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 county's Drug Medi-Cal Organized Delivery System

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, Alameda County Drug Medi-Cal Organized Delivery System 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



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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.

- 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 Spanish, Simplified Chinese, Traditional Chinese, Farsi, Arabic, Tagalog, Korean, and Vietnamese, as well as, 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.
- 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.



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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.



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.

### **Information for Beneficiaries Who 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.

### **Information for Beneficiaries Who Are Hearing Impaired**

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

### **Information for Beneficiaries Who Are Vision Impaired**

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



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## 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.



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## **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.

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



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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. 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



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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 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 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](http://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.



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**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,



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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 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.



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**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.



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## **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 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.

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.



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**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



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have the right to request an amendment 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 with 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 to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply.



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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



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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.



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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 <sup>th</sup> 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)



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## 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 condition or, in some instances, are at risk of developing a substance use condition that a pediatrician or dental practitioner may not be able to treat. You can refer to the “Screening, Brief Intervention, Referral to Treatment and Early Intervention Services” section of this notice for further information.

Drug Medi-Cal Organized Delivery System county services include:

- Outpatient Treatment Services
- Intensive Outpatient Treatment Services
- Partial Hospitalization Services
- 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
- Care Coordination Services
- Contingency Management
- Mobile Crisis

Services offered through Alameda County Drug Medi-Cal Organized Delivery System are available by telephone or telehealth, except medical evaluations for Narcotic Treatment Services and Withdrawal Management. If you would like to learn more about each Drug Medi-Cal Organized Delivery System service that may be available to you, see the following descriptions:



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## Outpatient Treatment Services

- Counseling services are provided to beneficiaries up to nine hours a week for adults and less than six hours a week for beneficiaries under 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-



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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**

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

### **Residential Treatment** (subject to authorization by the county)

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



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- Residential Services include intake and assessment, care coordination, individual counseling, group counseling, family therapy, medication services, Medications for Addiction Treatment for opioid use disorder, Medications for Addiction Treatment for alcohol use disorder and other non-opioid substance use disorders, patient education, recovery services, and substance use disorder crisis intervention services.
- Residential Services providers are required to either offer medications for addiction treatment directly on-site or facilitate access to medications for addiction treatment off-site during residential treatment. Residential Services providers do not meet this requirement by only providing the contact information for medications for addiction treatment providers. Residential Services providers are required to offer and prescribe medications to beneficiaries covered under the 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)**

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



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



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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 include all FDA-approved medications and biological products to treat alcohol use disorder, opioid use disorder, and any substance use disorder. Beneficiaries have a right to be offered Medications for Addiction Treatment on-site or through a referral outside of the facility. A list of approved medications included:
  - Acamprosate Calcium
  - Buprenorphine Hydrochloride
  - Buprenorphine Extended-Release Injectable (Sublocade)
  - Buprenorphine/Naloxone Hydrochloride
  - Naloxone Hydrochloride
  - Naltrexone (oral)
  - Naltrexone Microsphere Injectable Suspension (Vivitrol)
  - Lofexidine Hydrochloride (Lucemyra)
  - Disulfiram (Antabuse)
  - Methadone (delivered by Narcotic Treatment Programs)
- Medications for Addiction Treatment may be provided with the following services: assessment, care coordination, individual counseling, group counseling, family therapy, medication services, patient education, recovery services, substance use disorder crisis intervention services, and withdrawal management services.
- Medications for Addiction Treatment may be provided as part of all Drug Medical Organized Delivery System services, including Outpatient Treatment Services, Intensive Outpatient Services, and Residential Treatment, for example.



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- 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 buprenorphine, can be prescribed by some prescribers in primary care settings that work with your Medi-Cal Managed Care Plan (the regular Medi-Cal “Fee for Service” program) and can be dispensed or administered at a pharmacy.
- 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 time-limit, and this service is available to all eligible Alameda County beneficiaries.

### Peer Support Services

- 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 who has lived experience with mental health or substance use conditions and is in recovery with a county’s State-approved certification program, who is certified by the county, 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 individual and group coaching, educational skill-building groups, resource navigation, engagement services to encourage you to participate in behavioral health treatment, and therapeutic activities such as promoting self-advocacy.
- Alameda County does not currently offer these services as part of the Drug Medi-Cal Organized Delivery System.



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- Beneficiaries under age 21 may be eligible for the service under Early and Periodic Screening, Diagnostic, and Treatment regardless of their county of residence.

## Recovery Services

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



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## Contingency Management

- ACBH is participating in the state pilot to provide Contingency Management Services. .
- Contingency Management Services are an evidence-based treatment for stimulant use disorder where eligible beneficiaries will participate in a structured 24-week outpatient Contingency Management service, followed by six or more months of additional treatment and recovery support services without incentives.
- The initial 12 weeks of Contingency Management services include a series of incentives for meeting treatment goals, specifically not using stimulants (e.g., cocaine, amphetamine, and methamphetamine) which will be verified by urine drug tests. The incentives consist of cash equivalents (e.g., gift cards).
- Contingency Management Services are only available to beneficiaries who are receiving services in a non-residential setting operated by a participating provider and are enrolled and participating in a comprehensive, individualized course of treatment. Please call the Helpline at 1-844-682-7215 for more information.
- Beneficiaries under age 21 may be eligible for the service under Early and Periodic Screening, Diagnostic, and Treatment regardless of their county of residence.

## Mobile Crisis Services

- Mobile Crisis Services are available if you are experiencing a mental health and/or substance use crisis (“behavioral health crisis”).
- Mobile Crisis Services are services provided by licensed mental health professionals at the location where you are experiencing a crisis, including at your home, work, school, or any other locations, excluding a hospital or other facility setting. Mobile Crisis Services are available 24 hours a day, 7 days a week, and 365 days a year.
- Mobile Crisis Services include rapid response, individual assessment and community-based stabilization. If you need further care, the mobile providers will also facilitate warm handoffs or referrals to other services including voluntary or involuntary psychiatric hospitalization. Teams transport to a variety of dispositions if appropriate.



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- ACBH will provide follow-up linkage to referral services within 72 hours of a crisis event.
- You may reach the ACBH mobile crisis team by calling 988, Alameda County Behavioral Health Helpline at 1- 844- 682- 7215, or 911 for emergent situations.
- Beneficiaries under age 21 may be eligible for the service under Early and Periodic Screening, Diagnostic, and Treatment regardless of their county of residence.

### **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 age 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 age 21.







## Early Periodic Screening, Diagnosis, and Treatment

- Beneficiaries under age 21 are eligible to get the services described earlier in this handbook as well as additional Medi-Cal services through a benefit called Early and Periodic Screening, Diagnostic, and Treatment.
- To be eligible for Early and Periodic Screening, Diagnostic, and Treatment services, a beneficiary must be under 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](mailto:InfoACBH.CYASOC@acgov.org), or visit the [DHCS Early and Periodic Screening, Diagnostic, and Treatment webpage](#).

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

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



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

The covered services are available through 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. 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 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:

- Intensive Outpatient Treatment



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

If you are under 21, 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 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 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.



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.



## **How Do I Know When I Need Help?**

Many people have difficult times in life and may experience substance use related problems. The most important thing to remember is that help is available. If you are eligible for Medi-Cal, and you think you may need professional help, you should request an assessment from your 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 they are showing any of the signs of a substance use. If your child or teenager qualifies for Medi-Cal and the county assessment indicates that drug and alcohol treatment services covered by the participating county are needed, the county will arrange for your child or teenager to receive the services.

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

However, these times may be longer if your provider has determined that a longer waiting time is medically appropriate and not harmful to your health. If you have been told you have been placed on a waitlist and feel the length of time is detrimental to your health, contact the Health Helpline at 1-844-682-7215 (TTY: 711). You have the right to file a grievance if you do not



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receive timely care. For more information about filing a grievance, please see “The Grievance Process” section of this handbook.

### **Who Decides Which Services I Will Get?**

You, your provider, and the 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 recommend which services are appropriate based on your needs. You will be able to receive some services while your provider conducts this assessment.

If you are under 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 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 \(acbhcs.org\)](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 and outside of your county if necessary. ACBH provides SMHS to children, youth, adult, and older adult residents of Alameda County. If you are under 21, you are eligible for additional coverage and benefits under Early and Periodic Screening, Diagnostic and Treatment.

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



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## ACCESS CRITERIA & MEDICAL NECESSITY

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

As part of deciding if you need substance use 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 21 may receive all Drug Medi-Cal Organized Delivery System services when a provider determines that the service would correct or help substance misuse or a substance use disorder, even if a diagnosis has not been determined. Even if your county of residence does not participate in the Drug Medi-Cal Organized Delivery system, if you are under age 21, you may still receive these services\*\*..



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## What Is Medical Necessity?

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



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## 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 county must also allow you to change providers. If you ask to change providers, the county must allow you to choose a provider to the extent possible and appropriate.

Your county is required to post a current provider directory online. If you have questions about current providers or would like an updated provider directory, visit 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 you can get a paper copy in the mail 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 an effort to give written notice of termination of a county contracted provider within 15 days after receipt or issuance of the termination notice, to each person who was receiving substance use disorder treatment services from the provider.

American Indian and Alaska Native individuals who are eligible for Medi-Cal and reside in counties that have opted into the 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.



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## **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 allowed only 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 Drug Medi-Cal Organized Delivery System county 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 Fair 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



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the county or ask for a State Fair Hearing. For more information, see the Problem Resolution section.

### **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.



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

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

ACBH will have an API system available in the near future. Please check [ACBH's public website announcement page](#), [www.acbhcs.org](http://www.acbhcs.org), for an announcement on our implementation and access to the API system.



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## 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 written 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 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.



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## **What Is a Notice of Adverse Benefit Determination?**

A Notice of Adverse Benefit Determination is a written 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.

### **Timing of the Notice**

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

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

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

### **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.



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- The effective date of the decision and the reason the Drug Medi-Cal Organized Delivery System county 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 receive copies of the documents, records, and other information related to the Drug Medi-Cal Organized Delivery System county's decision.
- How to file an appeal with the Drug Medi-Cal Organized Delivery System county.
- How to request a State Fair Hearing.
- How to request an expedited appeal or an expedited State Fair Hearing.
- How to get help filing an appeal or requesting a State Fair Hearing.
- How long you have to file an appeal or request a State Fair Hearing.
- Your rights to continue to receive services while you wait for an Appeal or State Fair Hearing decision, how to request for continuation of these services, and whether the costs of these services will be covered by Medi-Cal.
- When you have to file your Appeal or State Fair Hearing request if you want the services to continue.

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

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

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



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## 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 Fair Hearing Process** – review to make sure you receive the substance use disorder treatment services which you are entitled to under the Medi-Cal program.

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

Learn more about each problem resolution process below.

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

Your 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 Fair Hearing. They may also help you decide if you qualify for what's called an 'expedited' process, which means it will be reviewed more quickly because your health or stability is at risk. You may also authorize another person to act on your behalf, including your substance use disorder treatment provider or advocate. If you would like help, call 1- 844- 682- 7215. †Your Drug Medi-Cal Organized Delivery System county must give you any reasonable assistance in completing forms and other procedural steps related to a



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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](mailto: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**



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## THE GRIEVANCE PROCESS

### What Is A Grievance?

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

The grievance process will:

- Involve simple, and easily understood procedures that allow you to present your grievance orally or in writing.
- Not count against you or your provider in any way.
- Allow you to authorize another person to act on your behalf, including a provider or advocate. If you authorize another person to act on your behalf, the Drug Medi-Cal Organized Delivery System county might ask you to sign a form authorizing the Drug Medi-Cal Organized Delivery System county to release information to that person.
- Ensure that the individuals making the decisions are qualified to do so and not involved in any previous levels of review or decision-making.
- Identify the roles and responsibilities of you, your 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 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 Drug Medi-Cal Organized Delivery System county will provide self-addressed envelopes at all the providers' sites for you to mail in your grievance. If you do not have a self-addressed envelope, you



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may mail your grievance directly to the address that is provided on the front of this handbook.

### **How Do I Know If The Drug Medi-Cal Organized Delivery System County Received My Grievance?**

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

### **When Will My Grievance Be Decided?**

The 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 is required to provide you with a Notice of Adverse Benefit Determination advising you of your right to request a State Fair 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.

### **Is There A Deadline To File A Grievance?**

You may file a grievance at any time.



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## 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 Drug Medi-Cal Organized Delivery System county or your providers that you do not agree with. There are two ways you can request a review. One way is using the standard appeals process. The second way is by using the expedited appeals process. These two types of appeals are similar; however, there are specific requirements to qualify for an expedited appeal. The specific requirements are explained below.

### What Is a Standard Appeal?

A standard appeal is a request for review of a problem you have with the Drug Medi-Cal Organized Delivery System county 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 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 Drug Medi-Cal Organized Delivery System county to release information to that person.
- Have your benefits continued upon request for an appeal within the required timeframe, which is 10 calendar days from the date your Notice of Adverse Benefit Determination was post-marked or personally given to you. You do not have to pay for continued services while the appeal is pending. If you do request continuation of the benefit, and the final decision of the appeal confirms the decision to reduce or discontinue the service you are receiving, you may be required to pay the cost of services furnished while the appeal was pending.



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

### **When Can I File an Appeal?**

You can file an appeal with your 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.



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- If your grievance, appeal or expedited appeal wasn't resolved in time.
- If you and your provider do not agree on the substance use disorder services you need.

### **How Can I File an Appeal?**

You may call your 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. 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](mailto:QAOffice@acgov.org) or by fax to 510-639-1346.

### **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 Fair Hearing and the procedure for filing a State Fair Hearing.

### **Is There A Deadline To File An Appeal?**

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

### **When Will A Decision Be Made About My Appeal?**

The 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 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



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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, you must show that waiting for a standard appeal could make your substance use condition worse. The expedited appeal process also follows different deadlines than the standard appeal. The Drug Medi-Cal Organized Delivery System county has 72 hours to review expedited appeals. You can make a verbal request for an expedited appeal. You do not have to put your expedited appeal request in writing.

### **When Can I File An Expedited Appeal?**

If you think that waiting up to 30 calendar days for a standard appeal decision will jeopardize your life, health or ability to attain, maintain or regain maximum function, you may request an expedited resolution of an appeal. If the 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 the timeframes, the Drug Medi-Cal Organized Delivery System county 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



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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 Drug Medi-Cal Organized Delivery System county will notify you and all affected parties orally and in writing.



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## THE STATE FAIR HEARING PROCESS

### What Is A State Fair Hearing?

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

### What Are My State Fair Hearing Rights?

You have the right to:

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

### When Can I File For A State Fair Hearing?

You can file for a State Fair Hearing:

- If you have completed the 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 access 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 does not agree and denies your provider's request, or changes the type or frequency of service.



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- 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 Fair Hearings Division

P.O. Box 944243, Mail Station 9-17-37

Sacramento, CA 94244-2430

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

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

- By phone: Call the State Fair 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**.



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## **Is There A Deadline For Filing For A State Fair Hearing?**

You only have 120 calendar days to ask for a State Fair Hearing. The 120 days start from the date of the Drug Medi-Cal Organized Delivery System county's written appeal decision notice.

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

## **Can I Continue Services While I'm Waiting For A State Fair Hearing Decision?**

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

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

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

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

## **Can I get a State Fair Hearing More Quickly?**

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

The Department of Social Services, State Fair Hearings Division, will review your request for an expedited State Fair Hearing and decide if it qualifies. If



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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 Fair Hearing Division.



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.



## IMPORTANT INFORMATION ABOUT THE MEDI-CAL PROGRAM

### Is Transportation Available?

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

Transportation may be provided for Medi-Cal beneficiaries who are unable to provide transportation on their own and who have a medical necessity to receive certain Medi-Cal covered services. There are two types of transportation, for appointments:

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

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

If you have Medi-Cal but are not enrolled in a managed care plan and you need non-medical transportation, to a health-related service, you can contact your 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).

### What Are Emergency Services?

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

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



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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.

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

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

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

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



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

### **Where Can I go for more Information about Medi-Cal?**

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

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
- **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.



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## ADVANCE DIRECTIVE

### What is an Advance Directive?

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

California law defines an advance directive as either an oral or written individual 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.



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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



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## 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.



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- Receive substance use disorder treatment services from a Drug Medi-Cal Organized Delivery System county that follows the requirements of its contract with the State in the areas of availability of services, assurances of adequate capacity and services, coordination and continuity of care, and coverage and authorization of services.
- Access Minor Consent Services if you are a beneficiary under age 21.
- Access medically necessary services out-of-network in a timely manner, if the Drug Medi-Cal Organized Delivery System county doesn't have an employee or contract provider who can deliver the services. "Out-of-network provider" means a provider who is not on the 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 Fair Hearing is possible.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Be free from discrimination to exercise these rights without adversely affecting how you are treated by the 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:



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- Carefully read the beneficiary informing materials that you have received from the Drug Medi-Cal Organized Delivery System county. 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 Benefits Identification Card (BIC) and a photo ID when you attend treatment.
- Let your provider know if you need an interpreter before your appointment.
- Tell your provider all your medical concerns. The more complete information that you share about your needs, the more successful your treatment will be.
- Make sure to ask your provider any questions that you have. It is very important you completely understand the information that you receive during treatment.
- Be willing to build a strong working relationship with the provider that is treating you.
- Contact the 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](mailto:fraud@dhcs.ca.gov) or use the online form at <http://www.dhcs.ca.gov/individuals/Pages/StopMedi-CalFraud.aspx>.
- Information on ACBH's Whistle Blower program is available online at <https://www.acbhcs.org/plan-administration/whistleblower/> or
  - Call: 1-844-729-7055;
  - Complete the [Whistleblower Reporting Form and](#)
    - Fax: (510) 639-1346,
    - Email: [ProgIntegrity@acgov.org](mailto:ProgIntegrity@acgov.org), or
    - Mail: 2000 Embarcadero, Suite 400, Oakland, CA 94606 Attn: QA Office



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## 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 for a period of time if:

- Moving to a new provider would result in a serious detriment to your health or would increase your risk of hospitalization or institutionalization; and
- You were receiving treatment from the out-of-network provider prior to the date of your transition to the 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.

### **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.



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.





## **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 any time.

## **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



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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.



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## **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 60<sup>th</sup> 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](mailto: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: Զանգահարեք 1-800-491-9099 (TTY: 711): Այդ ծառայություններն անվճար են:

## ប្រាសាទសាសនាខ្មែរ (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.

## ເທກໄລພາສາລາວ (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).

ਅਪਾਰਜ 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 serbisyo ng 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.