



SANTA CLARA COUNTY
Behavioral Health Services

2018

**Drug Medi-Cal
Beneficiary Handbook**



BHSD
Substance Use
Treatment Services

DRUG MEDI-CAL BENEFICIARY HANDBOOK

MANAGED CARE PLAN

Substance Use Treatment Services

Santa Clara County
Behavioral Health Services Department
Substance Use Treatment Services
Quality Improvement Division

Contact Substance Use Treatment Services (SUTS)
Managed Care Plan (MCP)
408-792-5666

English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call: 1-408-792-5666;

TTY: 1-800-855-7100

ATTENTION: Auxiliary aids and services, including but not limited to large print documents and alternative formats, are available to you free of charge upon request. Call: 1-408-792-5666; TTY: 1-800-855-7100.

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-408-792-5666; TTY: 1-800-855-7100.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-408-792-5666; TTY: 1-800-855-7100.

Tagalog (Tagalog/Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-408-792-5666; (TTY: 1-800-855-7100).

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주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-408-792-5666; TTY: 1-800-855-7100. 번으로 전화해 주십시오.

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注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-408-792-5666; TTY: 1-800-855-7100。

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Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-408-792-5666; телетайп: 1-800-855-7100.

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-408-792-5666; TTY: 1-800-855-7100 تماس بگیرید

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-408-792-5666; TTY: 1-800-855-7100 まで、お電話にてご連絡ください。

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-408-792-5666; TTY: 1-800-855-7100.

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-408-792-5666; TTY: 1-800-855-7100 'ਤੇ ਕਾਲ ਕਰੋ।

قېبرعل ا (Arabic)

تظو ح ل م: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل 1-800-855-7100 (رقم هاتف الصم والبكم 1-408-792-5666 برقم

हदिी (Hindi)

ध्यान दें: यदि आप हदिी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-408-792-5666; TTY: 1-800-855-7100 पर कॉल करें।

ภาษาไทย (Thai)

เรียน:

ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-408-792-5666; TTY: 1-800-855-7100.

ខ្មែរ (Cambodian)

ប្រយ័ត្ន: រ រ សើ ិនជាអ្នកនិយាយ ភាសាខ្មែរ ,
រសវាជំនួយមននកភាសា រោយមិនគិត ្នួន
គឺអាចមានសំរា ំ ំរ រ រ ើ នក។ ចូ ទូ សំព្វ 1-408-792-5666;
TTY: 1-800-855-7100។

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າ ວ່າ ທ່ານ ເວົ້າ ພາສາ ລາວ,
ການ ບໍລິ ການ ຊ່ວຍ ເຫຼືອ ດ້ານ ພາສາ,

ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-408-792-5666; TTY: 1-800-855-7100.

**Drug Medi-Cal Beneficiary Handbook
 Substance Use Treatment Services (SUTS)
 Managed Care Plan (MCP)
 Table of Contents**

Table of Contents 7

Mission..... 11

Vision..... 11

Why Is It Important To Read This Handbook? 11

GENERAL INFORMATION..... 12

Emergency Services..... 13

Who Do I Contact If I’m having Suicidal Thoughts?..... 14

HOW DO I KNOW WHEN I NEED HELP? 14

How Do I Know When A Child or Teenager Needs Help?..... 14

How to get Specialty Mental Health Services 15

MEDICAL NECESSITY..... 15

What Is Medical Necessity and Why Is It So Important?..... 15

What Are the Medical Necessity Criteria for Coverage of Substance Use Treatment Services?. 15
 Access to Treatment for Uninsured..... 16

Managed Care Plan (MCP) Responsibilities 16

Contact SUTS MCP Member Services..... 18
 Information for Members Who Need Materials in A Different Language 18
 Information for Members Who Have Trouble Reading..... 18

Information for Members Who Are Hearing Impaired..... 18

Information for Members Who Are Vision Impaired..... 18

NOTICE OF PRIVACY PRACTICES..... 18

Who Do I Contact If I Feel That I Was Discriminated Against?..... 19

ADVANCE DIRECTIVES..... 20

HOW TO APPLY FOR MEDI-CAL 21

Automatic Mandatory Enrollment	21
Where to Apply?	22
SERVICES.....	24
What Are DMC (Drug Medi-Cal) Treatment Services?.....	24
Outpatient Services	24
Intensive Outpatient Services.....	25
Partial Hospitalization.....	26
Residential Treatment (Subject to authorization by the county).....	26
Withdrawal Management	28
Opioid Treatment	28
Medication Assisted Treatment.....	29
Recovery Services	30
Targeted Case Management.....	31
Early Periodic Screening, Diagnosis, and Treatment (EPSDT).....	31
Transition of Care	32
HOW TO GET DMC TREATMENT SERVICES.....	32
After Hours Care.....	33
SELECTING A PROVIDER.....	33
How Do I Find a Provider For Substance Use Treatment Services?.....	33
Once I Find A Provider, Can The MCP Tell The Provider What Services I Get?	34
Which Providers Does My Managed Care Plan Use?	35
NOTICE OF ADVERSE BENEFIT DETERMINATION	35
What Is A Notice Of Adverse Benefit Determination?	35
When Will I Get A Notice Of Adverse Benefit Determination?	36
Will I Always Get A Notice Of Adverse Benefit Determination When I Don't Get The Services I Want?.....	37
What Will The Notice Of Adverse Benefit Determination Tell Me?	37
The Notice of Adverse Benefit Determination will tell you:	37
What Should I Do When I Get A Notice Of Adverse Benefit Determination?	38
PROBLEM RESOLUTION PROCESSES	38
What If I Don't Get The Services I Want From My County Managed Care Plan?.....	38
Can I Get Help To File An Appeal, Grievance Or State Fair Hearing?	39

What If I Need Help To Solve A Problem With My County Managed Care Plan But Don't Want To File A Grievance Or Appeal?	40
THE GRIEVANCE PROCESS	40
What Is A Grievance?.....	40
When Can I File A Grievance?	42
How Can I File A Grievance?	42
How Do I Know If The MCP Received My Grievance?	42
When Will My Grievance Be Decided?.....	42
How Do I Know If the MCP Has Made A Decision About My Grievance?	43
Is There A Deadline To File A Grievance?.....	43
THE APPEAL PROCESS (STANDARD AND EXPEDITED).....	43
What Is A Standard Appeal?.....	43
When Can I File An Appeal?	45
How Can I File An Appeal?.....	46
How Do I Know If My Appeal Has Been Decided?.....	47
Is There A Deadline To File An Appeal?	47
When Will A Decision Be Made About My Appeal?.....	47
What If I Can't Wait 30 Days For My Appeal Decision?.....	48
What Is An Expedited Appeal?.....	48
When Can I File An Expedited Appeal?.....	48
THE STATE FAIR HEARING PROCESS.....	49
What Is A State Fair Hearing?	49
What Are My State Fair Hearing Rights?	49
When Can I File For A State Fair Hearing?.....	49
How Do I Request A State Fair Hearing?	50
Is There A Deadline For Filing For A State Fair Hearing?.....	51
What If I Can't Wait 90 Days For My State Fair Hearing Decision?	52
IMPORTANT INFORMATION ABOUT THE STATE OF CALIFORNIA DRUG MEDI-CAL PROGRAM.....	52
Who Can Get Medi-Cal?	52
Do I Have To Pay For Medi-Cal?	53
Does Medi-Cal Cover Transportation?	53
What Are My Rights As A Recipient Of Drug Medi-Cal Services?	54
What Are My Responsibilities As A Recipient Of Drug Medi-Cal Services?.....	56
APPENDIX A: PROVIDER DIRECTORY.....	58
Adult Provider List	58

Adolescent Provider List..... 60

APPENDIX B: ACRONYMS GLOSSARY 61

Mission

The Substance Use Treatment Services (SUTS) Behavioral Health Services Department (BHSD) mission is dedicated to improving the health and well-being of individuals in our community who are affected by substance use disorders and to helping to achieve their hopes, dreams and quality of life goals. To accomplish this, SUTS strives to deliver services in a manner that is non-stigmatizing, easily accessible and focused on whole person care. Services are offered within a trauma-informed, culturally and linguistically competent and coordinated system of care. Services also take into consideration a person's gender identification and sexual orientation.

Vision

The SUTS Continuum of Care is designed to ensure that individuals in need of Substance Use Treatment services are:

- Treated as individuals deserving of respect, regardless of their personal stage of readiness to change.
- Treated with an understanding of the whole person with a focus inclusive of their current substance use issues and their mental health, physical health, living situation and social support network.
- Provided at the appropriate level of intensity.
- Provided in their preferred language and with acknowledgement of their cultural perspective and beliefs.
- Linked to services in a timely manner including access to walk-in services where possible.

Why Is It Important To Read This Handbook?

It is important that you understand how the Drug Medi-Cal Managed Care Plan (MCP) 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 treatment services through your county MCP
- What benefits you have access to
- What to do if you have a question or problem
- Your rights and responsibilities as a member of your county MCP

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

GENERAL INFORMATION

Drug Medi-Cal (DMC) is a type of health insurance that pays for Substance Use Treatment services for Medi-Cal members. The State contracts with the Santa Clara County - Substance Use Treatment Services (SUTS) to provide treatment services to Medi-Cal beneficiaries. These benefits are rendered by a group of providers in Santa Clara County who have an agreement with the SUTS Managed Care Plan (MCP) to provide outpatient, intensive outpatient, partial hospitalization outpatient, residential

and withdrawal management services. The MCP is responsible for the coordination of these services.

Drug Medi-Cal pays for youth over age 12 and adults who want and need Substance Use Treatment services through our SUTS managed system of care. The MCP ensures available, accessible, and quality care for all Medi-Cal beneficiaries.

Emergency Services

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

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

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

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

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

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

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

For local residents seeking assistance in a crisis and to access local mental health programs, please call 1-855-278-4204.

How Do I Know When I Need Help?

Many people have difficult times in life and may experience substance use problems. The most important thing to remember when asking yourself if you need professional help is to trust yourself. If you are eligible for Medi-Cal, and you think you may need professional help, you should request an assessment from your Santa Clara County Managed Care Plan (MCP).

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

You may contact your Santa Clara County MCP for an assessment for your child or teenager if you think he or she is showing any of the signs of substance use. If the county assessment indicates that drug and alcohol treatment services are needed, the county will arrange for your child or teenager to receive the services.

How to get Specialty Mental Health Services

Santa Clara County has specialty mental health services for children, youth, adults, and older adults. The number for the Mental Health Service Call Center is 1-800-704-0900.

Your MCP will coordinate needed specialty mental health services.

MEDICAL NECESSITY

What Is Medical Necessity and Why Is It So Important?

One of the conditions necessary for receiving SUD treatment services through the Managed Care Plan is something called ‘medical necessity’. This means a doctor or other licensed professional will talk with you to decide if there is a medical need for services, and if you can be helped by services if you receive them.

Medical Necessity is important because it will help the Managed Care Plan (MCP) decide if you are eligible for substance use treatment services and what kind of services are appropriate.

What Are the Medical Necessity Criteria for Coverage of Substance Use Treatment Services?

As part of deciding if you need SUD treatment services, the MCP will work with you and your provider to decide if the services are medically necessary, as explained above. This section explains how they will make that decision.

In order to receive services you must meet the following criteria:

- You must be enrolled in Medi-Cal

- You must reside in Santa Clara County
- You must have at least one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders 5 (DSM) for a Substance-Related and Addictive Disorder. Any adult, or youth under the age of 21, who is assessed to be “at-risk” for developing a SUD will be eligible for Early Intervention services if they do not meet medical necessity criteria.
- You must meet the American Society of Addiction Medicine (ASAM) definition of medical necessity for services based on the ASAM Criteria (These are national treatment standards for addictive and substance-related conditions).

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

Access to Treatment for Uninsured

The Managed Care Plan provides treatment for those who are not covered by Medi-Cal, provided they do not have private insurance. Our system of care may be accessed by anyone who has Medi-Cal or has no insurance whatsoever.

Managed Care Plan (MCP) Responsibilities

The Managed Care Plan is Responsible for:

- Determining if you are eligible for substance use treatment services from the county or its provider network.
- Coordinating your care.
- Providing a toll-free phone number that is answered 24 hours a day and 7 days a week that can tell you about how to get services from the MCP: 1-800-488-9919.

- You can also contact the MCP at this number to request availability of after-hours care: 408-792-5666.
- Having enough providers to make sure that you can get the substance use treatment services covered by the MCP, if you need them.
- Informing and educating you about services available from your MCP.
- Providing sensitivity to culturally and linguistically appropriate substance use treatment services. Oral and written interpretation services are available free of cost in the threshold languages, English, Spanish, Vietnamese, Mandarin, Tagalog and Farsi, free of charge.
- Providing free aids and services to people with disabilities, such as: qualified sign language interpreters and written information in other formats (braille, large print, audio, accessible electronic formats, and other 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 MCP.
- Informing you if any contracted provider is unable to perform or otherwise support any covered service, and informing you of alternative providers that do offer the covered service.

Contact SUTS MCP Member Services

408-792-5666

Information for Members Who Need Materials in A Different Language

408-792-5666, (TTY: 800-855-7100 or 711)

Information for Members Who Have Trouble Reading

408-792-5666

Information for Members Who Are Hearing Impaired

California Relay Service: 800-855-7100 (TTY)

For Spanish 800-855-7200 (TTY)

Information for Members Who Are Vision Impaired

408-792-5666

NOTICE OF PRIVACY PRACTICES

As a part of the Santa Clara Valley Health and Hospital System BHSD/SUTS values your privacy and wants to protect your personal health information (PHI). Your information can only legally be shared with your permission or within the statutes of the law. We will not disclose any health information that is not in accord with the Federal, State and County laws. We want to make sure you have been given a copy of the Beneficiary Handbook your Notice of Privacy Practices and have signed the “Acknowledgement of Receipt” for the Managed Care Plan Problem Resolution Procedure.

We take great effort to maintain your PHI. We follow HIPAA privacy rules that define your right to be informed of your privacy rights. We also follow the Code of Federal Regulations (CFR) 42 part 2 – The Confidentiality of Alcohol and Drug Patient Records, about how to exchange of information, with your consent. We offer a statement at the beginning of treatment

that provides an explanation of your rights and practices. It is our policy to always have posted the Notice of Privacy Practices in a public place at each of our sites. You may ask for a copy of the privacy notice any time you wish.

Any individual identifiable information, either in electronic or physical form, regarding your medical history, mental or physical condition or treatment that includes elements of identifying information or would reveal your identity, is protected. You have rights concerning the access, use and disclosure of your PHI.

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

Discrimination is against the law. The State of California and the Drug Medi-Cal (DMC) Managed Care Plan (MCP) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. If you believe that the State of California or the MCP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Director of Alcohol Drug and Access Services
976 Lenzen Ave, San Jose, CA 95126
Phone: 408-792-5680
Fax: 408-947-8702

You can also file a civil rights complaint electronically with the U.S. Department of Health and Human Services, Office for Civil Rights through the Office for Civil Rights Complaint Portal,

available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>.

You can file a civil rights complaint by mail or phone at:

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

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

ADVANCE DIRECTIVES

An Advance Directive is a legal document that allows you to say, in advance, what your wishes would be, if you become unable to make health care decisions. It is designed to allow you to have control over your own treatment. You have the right to have an Advance Directive.

It is also a written instruction about your health care that is recognized under California law stating how you would like health care provided, and outlines 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.

We provide any adult who is Medi-Cal eligible with written information on the Advance directive policies if you ask for the information. If you would like to request the information, you should talk to your direct provider. Or you may call MCP's beneficiary membership number at 408-792-5666.

The California Advance Directive consists of two parts:

Your appointment of an agent (a person of your choosing) to make decisions about your health care, and

Your individual health care instructions.

If you have a complaint about advance directive requirements, you may contact:

California Department of Health Care Services,

Licensing and Certification Services

P.O. Box 997413

Sacramento, CA 95899-1413

You may also call **(800) 236-9747**

You may have additional rights under state laws about Substance Use Treatment and may wish to contact the Managed Care Plan at 408-792-5666.

HOW TO APPLY FOR MEDI-CAL

Automatic Mandatory Enrollment

If you are already placed with a provider and you have not enrolled for Medi-Cal, your provider will assist you in doing so. You may also be assisted by the Managed Care Plan at 408-792-5666.

If you wish to apply prior to entering treatment, please note the following:

Where to Apply?

Office Name	Address	Phone #	Apply for:
Assistance Application Center	1867 Senter Rd. San Jose, CA 95112	408-758-3800 877-962-3633	<ul style="list-style-type: none"> • Health Coverage • Food Assistance • Financial Assistance
North County Office	1330 W Middlefield Road Mountain View, CA 94043	408-278-2400	<ul style="list-style-type: none"> • Health Coverage • Food Assistance • Financial Assistance
South County Office	379 Tomkins Court Gilroy, CA 95020	408-758-3300	<ul style="list-style-type: none"> • Health Coverage • Food Assistance • Financial Assistance
General Assistance Services	1919 Senter Road San Jose, CA 95112	408-793-8900	<ul style="list-style-type: none"> • General Assistance • Cash Assistance Program for Immigrants (CAPI)
Central Wellness & Benefits Center (CWBC)	2221 Enborg Lane San Jose, CA 95128	408-885-6220	<ul style="list-style-type: none"> • Health Coverage • Food Assistance • Financial Assistance (families with Children)

Children's Health Initiative:	Contact by Phone	1-888-244-5222	<ul style="list-style-type: none"> • Health Coverage for Children
Online	www.mybenefitscalwin.org		<ul style="list-style-type: none"> • Health Coverage • Food Assistance • Financial Assistance (families with Children)
DHCS - Medical Managed Care Office of the Ombudsman (MMCO)	M-F 8-5 PST	1-888-452-8609	<ul style="list-style-type: none"> • Any questions you may have about the MCP • Understanding MCP and choices and process • Navigating the Grievance process

SERVICES

What Are DMC (Drug Medi-Cal) Treatment Services?

Drug Medi-Cal substance use treatment services are health care services for people who have at least one Substance Use Disorder (SUD).

Services include:

- Outpatient Services
- Intensive Outpatient Treatment
- Partial Hospitalization
- Residential Treatment (subject to prior authorization)
- Withdrawal Management
- Opioid Treatment
- Medication Assisted Treatment
- Recovery Services
- Case Management

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

Outpatient Services

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

certified counselor in any appropriate setting in the community.

- Outpatient Services includes intake and assessment, treatment planning, individual counseling, group counseling, family therapy, collateral services, member education, medication services, crisis intervention services, and discharge planning.
- On-going assessment and a six month review is provided to ensure continued medically necessary services.
- Services are provided face to face in the community and may occasionally be provided by phone.

Intensive Outpatient Services

- Intensive Outpatient Services are provided to members (a minimum of nine hours with a maximum of 19 hours a week for adults and a minimum of six hours with a maximum of 19 hours a week for adolescents) when determined to be medically necessary and in accordance with an individualized client plan. Services consist primarily of counseling and education about addiction-related problems. Services can be provided by a licensed professional or a certified counselor in any appropriate setting in the community.
- Intensive Outpatient Services include the same components as Outpatient Services. The increased number of hours of service are the main difference.
- On-going assessment and a six month review is provided to ensure that services provided meet medical necessity for that level of care.

- Services are provided face to face in the community and may occasionally be provided by phone.

Partial Hospitalization

- Partial Hospitalization services feature 20 or more hours of clinically intensive programming per week, as specified in the member's treatment plan. Partial hospitalization programs typically have direct access to psychiatric, medical, and laboratory services, and are to meet the identified needs which warrant daily monitoring or management but which can be appropriately addressed in a structured outpatient setting. Partial Hospitalization services are similar to Intensive Outpatient Services, with an increase in number of hours and additional access to medical services being the main differences.
- On-going assessment and a six month review is provided to ensure continued medically necessary services
- Services are provided face to face in the community and may occasionally be provided by phone

Residential Treatment (Subject to authorization by the county)

- Residential Treatment offers supportive, 24-hour, non-medical, short-term "live-in" treatment which includes rehabilitation services to members with a Substance Use Disorder (SUD) diagnosis that is determined to be medically necessary and in accordance with an individualized treatment plan. Each member shall live on the premises and will be supported in their efforts to

restore, maintain and apply interpersonal and independent living skills and access community support systems. Providers and residents work collaboratively to define barriers, set priorities, establish goals, create treatment plans, and solve SUD related problems. Goals include sustaining abstinence, preparing for relapse triggers, improving personal health and social functioning, and engaging in continuing care.

- Residential services **require prior authorization** by the MCP. Each authorization for residential services can be for a maximum of 90 days for adults and 30 days for youth. Only two authorizations for residential services are allowed in a one-year-period. It is possible to have one 30-day extension per year based on medical necessity. This time frame is measured in a fiscal year, which begins on July first and ends on June 30 the following year.
- Residential Services includes intake and assessment, treatment planning, individual counseling, group counseling, family therapy, collateral services, member education, medication services, safeguarding medications (facilities will store all resident medication and facility staff members may assist with resident's self-administration of medication), crisis intervention services, transportation (provision of or arrangement for transportation to and from medically necessary treatment) and discharge planning.
- Early Periodic Screening, Diagnosis, and Treatment (EPSDT) eligible members (under the age of 21) will not have the authorization limits described above as long as

medical necessity establishes the need for ongoing residential services.

- Pregnant women have a benefit that allows them to continue in residential for 60 days after delivery.

Withdrawal Management

- Withdrawal Management services are provided when determined as medically necessary and in accordance with an individualized client plan. Each member shall reside at the facility and will be monitored during the detoxification process. Medically necessary and rehabilitative services are provided in accordance with an individualized client plan prescribed by a licensed physician, or licensed prescriber and approved and authorized according to the State of California requirements.
- Withdrawal Management Services include intake and assessment, observation (to evaluate health status and response to any prescribed medication), medication services, and discharge planning.
- Withdrawal management typically lasts, but is not limited to, three to seven days

Opioid Treatment

- Opioid (Narcotic) Treatment Program (OTP/NTP) services are provided in NTP licensed facilities. Medically necessary services are continually monitored. An individualized client plan is determined by a licensed physician or licensed prescriber, and approved and authorized according to the State of California requirements. OTP/NTP programs are required to offer

and prescribe medications to members covered under the DMC formulary including methadone, buprenorphine, naloxone, and disulfiram.

- A member must receive, at a minimum, 50 minutes of counseling sessions with a therapist or counselor for up to 200 minutes per calendar month, although additional services may be provided based on medical necessity.
- Opioid Treatment Services include the same components as Outpatient Treatment Services, with the inclusion of medical psychotherapy consisting of a face-to-face discussion conducted by a physician on a one-on-one basis with the member.
- On-going assessment and an annual review is provided to ensure continued medically necessary services

Medication Assisted Treatment

- Medication Assisted Treatment (MAT) Services are available outside of the OTP clinic and prescribed by a licensed physician. MAT is the use of prescription medications, in combination with counseling and behavioral therapies, to provide a whole-person approach to the treatment of SUD.
- MAT services include the ordering, prescribing, administering, and monitoring of all medications for SUD. Opioid and alcohol dependence, in particular, have well established medication options. Physicians and other prescribers may offer medications to members covered under the DMC formulary including buprenorphine,

naloxone, disulfiram, Vivitrol, Acamprosate, or any FDA approved medication for the treatment of SUD.

- On-going assessment and an annual review is provided to ensure continued medically necessary services

Recovery Services

- Recovery Services are important to the member's recovery and wellness. The treatment community becomes a therapeutic agent through which members are empowered and prepared to manage their health and health care. Therefore, treatment must emphasize the member's central role in managing their health, use effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to members.
- Recovery Services include individual and group counseling; recovery monitoring/substance use assistance (recovery coaching, relapse prevention, and peer-to-peer services); and case management (linkages to educational, vocational, family supports, community-based supports, housing, transportation, and other services based on need).
- Recovery Services are available to those who have been in treatment and are in partial remission, who need continuing education and support for relapse prevention
- On-going assessment and a six month review is provided to ensure continued medically necessary services

Targeted Case Management

- Targeted Case Management (TCM) Services assist members to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. These services focus on coordination of SUD care, integration around primary care especially for members with a chronic SUD, and interaction with the criminal justice system, if needed.
- TCM Services include a comprehensive assessment and periodic reassessment of individual needs to determine the need for continuation of case management services; transitions to higher or lower levels of care; development and periodic revision of a client plan that includes service activities; communication, coordination, referral and related activities; monitoring the member's progress; and member advocacy, linkages to physical and mental health care, transportation and retention in primary care services.

Early Periodic Screening, Diagnosis, and Treatment (EPSDT)

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

Transition of Care

SUTS believes that seamless transitions from one level of care to another are a high priority. The counselor will discuss any changes in the level of care with the member, and make direct referrals as warranted. Counselors will inform members of transition options, contact new providers and facilitate a warm handoff.

HOW TO GET DMC TREATMENT SERVICES

If you, or someone in your family needs Substance Use Treatment Services, call the 24-hour beneficiary access line - Gateway Call Center at **1-800-488-9919**. The Gateway Call Center will discuss your Substance Use treatment options, based on your current situation and needs. You can also call your county toll-free phone number: 408-792-5666

You may also be referred to treatment services in other ways. Your MCP accepts referrals for treatment services from doctors and other primary care providers. Usually the provider or the Medi-Cal managed care health plan will need your permission or the permission of the parent or caregiver of a child to make the referral, unless there is an emergency. Other people and organizations may also make referrals to SUD services, including but not limited to schools; social services departments; conservators, guardians or family members; probation officers and judges.

The covered services are available through Santa Clara County Member Service's provider network. If for any reason a contracted provider is unable to provide a covered service, Santa

Clara County will arrange for another provider to perform the service.

After Hours Care

For after-hours care, call the 24-hour beneficiary access line - Gateway Call Center at **1-800-488-9919**.

Residential: you will be given information on the process to be screened for eligibility and referred to residential, beginning at 8a.m.

Withdrawal Management: there are two sites that you can call 24 hours per day to request an open bed:

Men: Horizon South: **408-283-8555**

Women: Pathway Mariposa Lodge: **408-281-6550**

SELECTING A PROVIDER

How Do I Find a Provider For Substance Use Treatment Services?

The MCP may put some limits on your choice of providers.

Your county MCP must give you a chance to choose between at least two providers when you first start services, unless the MCP has a good reason why it can't provide a choice, for example, there is only one provider who can deliver the service you need.

Your MCP must also allow you to change providers. When you ask to change providers, the county must allow you to choose between at least two providers, unless there is a good reason not to do so.

Sometimes county contract providers leave the county network on their own or at the request of the MCP. When this happens, the MCP must make a good faith effort to give written notice of termination of a county contracted provider within 15 days after receipt or issuance of the termination notice, to each person who was receiving SUD treatment services from the provider.

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

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

The MCP's authorization process must follow specific timelines. For a standard authorization, the plan must make a decision on your provider's request within 14 calendar days. If you or your provider requests, or if the MCP 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 MCP had additional information from your provider and would have to deny the request without the information. If the MCP 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 MCP 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 MCP for more information about its authorization process. Check the front section of this handbook to see how to request the information.

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

Which Providers Does My Managed Care Plan Use?

If you are new to the Santa Clara County Managed Care Plan, a complete list of providers can be found at the end of this handbook and contains information about where providers are located, the 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 these numbers: Gateway 1-800-488-9919 (toll-free) or MCP 408-792-5666.

NOTICE OF ADVERSE BENEFIT DETERMINATION

What Is A Notice Of Adverse Benefit Determination?

A Notice of Adverse Benefit Determination, sometimes called a NOABD, is a form that your Managed Care Plan uses to tell you when the plan makes a decision about whether or not you will get Medi-Cal SUD treatment services. A Notice of Adverse Benefit Determination is also used to tell you if your grievance, appeal, or expedited appeal was not resolved in time, or if you

didn't get services within the MCP's timeline standards for providing services.

When Will I Get A Notice Of Adverse Benefit Determination?

You will get a Notice of Adverse Benefit Determination (NOABD):

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

within 30 calendar days or, if you filed an expedited appeal, and did not receive a response within 72 hours.

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

There are some cases where you may not receive a Notice of Adverse Benefit Determination. You may still file an appeal with the MCP or if you have completed the appeal process, you can request a state fair hearing when these things happen.

Information on how to file an appeal or request a fair hearing is included in this handbook. Information should also be available in your provider's office.

What Will The Notice Of Adverse Benefit Determination Tell Me?

The Notice of Adverse Benefit Determination will tell you:

- What your MCP did that affects you and your ability to get services.
- The effective date of the decision and the reason the plan made its decision.
- The state or federal rules the county was following when it made the decision.
- What your rights are if you do not agree with what the plan did.
- How to file an appeal with the plan.
- How to request a State Fair Hearing.
- How to request an expedited appeal or an expedited fair hearing.
- How to get help filing an appeal or requesting a State Fair Hearing.

- How long you have to file an appeal or request a State Fair Hearing.
- If you are eligible to continue to receive services while you wait for an Appeal or State Fair Hearing decision.
- When you have to file your Appeal or State Fair Hearing request if you want the services to continue.

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

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

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

PROBLEM RESOLUTION PROCESSES

What If I Don't Get The Services I Want From My County Managed Care Plan?

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

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

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

Learn more about each problem resolution process below.

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

Your MCP will have people available to explain these processes to you and to help you report a problem either as a grievance, an appeal, or as a request for State Fair Hearing. They may also help you decide if you qualify for what's called an 'expedited' process, which means it will be reviewed more quickly because your health or stability are at risk. You may also authorize another person to act on your behalf, including your substance use treatment provider.

If you would like help, call the Managed Care Plan at 408-792-5666 or toll free: Gateway 1-800-488-9919.

What If I Need Help To Solve A Problem With My County Managed Care Plan But Don't Want To File A Grievance Or Appeal?

You can get help from the CA Department of Health Care Services (DHCS) if you are having trouble finding the right people at the county to help you find your way through the system.

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

Call toll free: 1-800-952-5253

If you are hearing impaired and use TDD, call: 1-800-952-8349

THE GRIEVANCE PROCESS

What Is A Grievance?

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

The grievance process will:

- Involve simple, and easily understood procedures that allow you to present your grievance orally or in writing.
- Not count against you or your provider in any way.
- Allow you to authorize another person to act on your behalf, including a provider. If you authorize another person to act on your behalf, the MCP might ask you to sign a form authorizing the plan to release information to that person.

- Ensure that the individuals making the decisions are qualified to do so and not involved in any previous levels of review or decision-making.
- Identify the roles and responsibilities of you, your MCP 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 MCP at any time if you are unhappy with the SUD treatment services you are receiving from the MCP or have another concern regarding the MCP.

How Can I File A Grievance?

You may call your Managed Care Plan at 408-792-5666 or the toll-free number at Gateway 1-800-488-9919 to get help with a grievance. The county will provide self-addressed envelopes at all the providers' sites for you to mail in your grievance.

Grievances can be filed orally or in writing. Oral grievances do not have to be followed up in writing.

How Do I Know If The MCP Received My Grievance?

If you filed your grievance in writing, our MCP will let you know that it received your grievance by sending you a written confirmation.

When Will My Grievance Be Decided?

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

How Do I Know If the MCP Has Made A Decision About My Grievance?

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

Is There A Deadline To File A Grievance?

You may file a grievance at any time.

THE APPEAL PROCESS (Standard and Expedited)

Your MCP is responsible for allowing you to request a review of a decision that was made about your SUD treatment services by the plan or your providers. There are two ways you can request a review. One way is using the standard appeals process. The second way is by using the expedited appeals process. These two forms of appeals are similar; however, there are specific requirements to qualify for an expedited appeal. The specific requirements are explained below.

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.

What Is A Standard Appeal?

A standard appeal is a request for review of a problem you have with the plan or your provider that involves a denial or changes to services you think you need. If you request a standard appeal,

the MCP may take up to 30 calendar days to review it. If you think waiting 30 calendar days will put your health at risk, you should ask for an ‘expedited appeal.’

The standard appeals process will:

- Allow you to file an appeal in person, on the phone, or in writing. If you submit your appeal in person or on the phone, you must follow it up with a signed written appeal. You can get help to write the appeal. If you do not follow-up with a signed written appeal, your appeal will not be resolved. However, the date that you submitted the oral appeal is the filing date.
- Ensure filing an appeal will not count against you or your provider in any way.
- Allow you to authorize another person to act on your behalf, including a provider. If you authorize another person to act on your behalf, the plan might ask you to sign a form authorizing the plan to release information to that person.
- Have your benefits continued upon request for an appeal within the required timeframe, which is 10 calendar days from the date your Notice of Adverse Benefit Determination was post-marked or personally given to you. You do not have to pay for continued services while the appeal is pending. If you do request continuation of the benefit, and the final decision of the appeal confirms the decision to reduce or discontinue the service you are receiving, you may be required to pay the cost of services furnished while the appeal was pending;
- Ensure that the individuals making the decisions are qualified to do so and not involved in any previous level of review or decision-making.

- Allow you or your representative to examine your case file, including your medical record, and any other documents or records considered during the appeal process, before and during the appeal process.
- Allow you to have a reasonable opportunity to present evidence and allegations of fact or law, in person or in writing.
- Allow you, your representative, or the legal representative of a deceased member's estate to be included as parties to the appeal.
- Let you know your appeal is being reviewed by sending you written confirmation.
- Inform you of your right to request a State Fair Hearing, following the completion of the appeal process.

When Can I File An Appeal?

You can file an appeal with your county Managed Care Plan:

- If your county or one of the county contracted providers decides that you do not qualify to receive any Drug Medi-Cal treatment services because you do not meet the medical necessity criteria.
- If your provider thinks you need substance use treatment services 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 MCP for approval, but the county needs more information to make a decision and doesn't complete the approval process on time.

- If the MCP doesn't provide services to you based on the timelines they have set up.
- If you don't think the MCP is providing services soon enough to meet your needs.
- If your grievance, appeal or expedited appeal wasn't resolved in time.
- If you and your provider do not agree on the SUD services you need.

How Can I File An Appeal?

You may call the Managed Care Plan at 408-792-5666 or toll free: Gateway 1-800-488-9919 to get help with filing an appeal.

The plan will provide self-addressed envelopes at all provider sites for you to mail in your appeal.

How Do I Know If My Appeal Has Been Decided?

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

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

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

What Is An Expedited Appeal?

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

- Your appeal must meet certain requirements.
- The expedited appeals process also follows different deadlines than the standard appeals.
- You can make a verbal request for an expedited appeal. You do not have to put your expedited appeal request in writing.

When Can I File An Expedited Appeal?

If you think that waiting up to 30 calendar days for a standard appeal decision will jeopardize your life, health or ability to attain, maintain or regain maximum function, you may request an expedited resolution of an appeal. If the MCP agrees that your appeal meets the requirements for an expedited appeal, your county will resolve your expedited appeal within 72 hours after the MCP receives the appeal. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the MCP shows that there is a need for additional information and that the delay is in your interest. If your MCP extends the timeframes, the plan will give you a written explanation as to why the timeframes were extended.

If the MCP decides that your appeal does not qualify for an expedited appeal, the MCP must make reasonable efforts to give you a prompt oral notice and will notify you in writing within 2 calendar days giving you the reason for the decision. Your

appeal will then follow the standard appeal timeframes outlined earlier in this section. If you disagree with the county's decision that your appeal doesn't meet the expedited appeal criteria, you may file a grievance.

Once your MCP resolves your expedited appeal, the plan will notify you and all affected parties orally and in writing.

THE STATE FAIR HEARING PROCESS

What Is A State Fair Hearing?

A State Fair Hearing is an independent review conducted by the California Department of Social Services to ensure you receive the SUD treatment services to which you are entitled under the Medi-Cal program.

What Are My State Fair Hearing Rights?

You have the right to:

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

When Can I File For A State Fair Hearing?

You can file for a State Fair Hearing:

- If you have completed the MCP's appeal process.

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

How Do I Request A State Fair Hearing?

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

**State Hearings Division
California Department of Social Services
744 P Street, Mail Station 9-17-37
Sacramento, California 95814**

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

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

You only have 120 calendar days to ask for a State Fair Hearing. The 120 days start either the day after the MCP personally gave you its appeal decision notice, or the day after the postmark date of the county appeal decision notice.

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

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

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

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

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

You may ask for an expedited (quicker) State Fair Hearing if you think the normal 90-calendar day time frame will cause serious problems with your health, including problems with your ability to gain, maintain, or regain important life functions. The Department of Social Services, State Hearings Division, will review your request for an expedited State Fair Hearing and decide if it qualifies. If your expedited hearing request is approved, a hearing will be held and a hearing decision will be issued within 3 working days of the date your request is received by the State Hearings Division.

IMPORTANT INFORMATION ABOUT THE STATE OF CALIFORNIA DRUG Medi-Cal PROGRAM

Who Can Get Medi-Cal?

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

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

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

Do I Have To Pay For Medi-Cal?

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

- If your income is less than Medi-Cal limits for your family size, you will not have to pay for Medi-Cal services.
- If your income is more than Medi-Cal limits for your family size, you will have to pay some money for your medical or SUD treatment services. The amount that you pay is called your ‘share of cost.’ Once you have paid your ‘share of cost,’ Medi-Cal will pay the rest of your covered medical bills for that month. In the months that you don’t have medical expenses, you don’t have to pay anything.
- You may have to pay a ‘co-payment’ for any treatment under Medi-Cal. This means you pay an out of pocket amount each time you get a medical or SUD treatment service or a prescribed drug (medicine) and a co-payment if you go to a hospital emergency room for your regular services.

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

Does Medi-Cal Cover Transportation?

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

- For children, the county Child Health and Disability Prevention (CHDP) program can help. You may also wish to contact your county social services office at 408-937-2250 or 1-800-689-6669. You can also get information online by

visiting www.dhcs.ca.gov, then clicking on ‘Services’ and then ‘Medi-Cal.’

- For adults, Medi-Cal has approved Nonmedical Transportation (NMT) providers. Contact your MCP at 408-792-5666 to ask about transportation services. You can also contact your county social services office for information: 408-758-3800 or 1-877-962-3633.

MEMBER RIGHTS AND RESPONSIBILITIES

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

As a person eligible for Medi-Cal and residing in Santa Clara County, you have a right to receive medically necessary substance use treatment services from the MCP. You have the right to:

- Be treated with respect, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information.
- Receive information on available treatment options and alternatives, presented in a manner appropriate to the Member’s condition and ability to understand.
- Participate in decisions regarding your substance use treatment 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 substance use treatment services covered by the Santa Clara County DMC plan, other obligations of the MCP and your rights as described here.
- Have your confidential health information protected.

- Request and receive a copy of your medical records, and request that they be amended or corrected as specified in 45 CFR §164.524 and 164.526.
- Receive written materials in alternative formats (including Braille, large size print, and audio format) upon request and in a timely fashion appropriate for the format being requested.
- Receive oral interpretation services for your preferred language.
- Receive SUD treatment services from a MCP that follows the requirements of its contract with the State in the areas of availability of services, assurances of adequate capacity and services, coordination and continuity of care, and coverage and authorization of services.
- Access Minor Consent Services, if you are a minor.
- Access medically necessary services out-of-network in a timely manner, if the plan doesn't have an employee or contract provider who can deliver the services. "Out-of-network provider" means a provider who is not on the MCP'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 member services at 408-792-5666 for information on how to receive services from an out-of-network provider.
- Request a second opinion from a qualified health care professional within the county network, or one outside the network, at no additional cost to you.
- File grievances, either verbally or in writing, about the organization or the care received.
- Request an appeal, either verbally or in writing, upon receipt of a notice of adverse benefit determination.

- Request a State Medi-Cal fair hearing, including information on the circumstances under which an expedited fair hearing is possible.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Be free to exercise these rights without adversely affecting how you are treated by the MCP, providers, or the State.

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

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

- Carefully read the member informing materials that you have received from the MCP. These materials will help you understand which services are available and how to get treatment if you need it.
- Attend your treatment as scheduled. You will have the best result if you follow your treatment plan. If you do need to miss an appointment, call your provider at least 24 hours in advance and reschedule for another day and time.
- Always carry your Medi-Cal ID card and a photo ID when you attend treatment.
- Let your provider know if you need an interpreter before your appointment.
- Tell your provider all your medical concerns in order for your plan to be accurate. The more complete information that you share about your needs, the more successful your treatment will be.

- Make sure to ask your provider any questions that you have. It is very important you completely understand your treatment plan and any other information that you receive during treatment.
- Follow the treatment plan you and your provider have agreed upon.
- Be willing to build a strong working relationship with the provider that is treating you.
- Contact the MCP 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 MCP 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.
 - 1-800-822-6222 or
 - Email fraud@dhcs.ca.gov
 - You can use an on-line form:
<https://apps.dhcs.ca.gov/stopfraud/Default.aspx>

APPENDIX A: Provider Directory

Adult Provider List

Adult Provider	Address	Phone	Type of Services	Non – English Languages Spoken
Alexian Health Center	2101 Alexian Dr. Suites A & B San Jose, CA 95116	408-272- 6577	OTP/NTP (Opioid & Narcotics Treatment Program)	In-house access to Spanish; (Nursing Only: Cantonese, Mandarin)
CADS (Countywide Alcohol and Drug Services)	264 N. Morrison Av. San Jose, CA95126	408-885- 1003	Residential Male and Co- Ed NON MEDI- CAL	English only
Caminar/Fami ly & Children Services	950 W. Julian St. San Jose, CA 95126	408-292- 9353	Outpatient	Spanish
Caminar/Fami ly & Children Services	2218 N. 1 st St. San Jose, CA 95131	408-538- 0880	Outpatient, Intensive Outpatient, Partial Hospitalizatio n	Mandarin, Russian, Spanish
Caminar/Fami ly & Children Services	375 Cambridge Ave. Palo Alto, CA 94306	650-326- 6576	Outpatient	English only
Gardner- Proyecto Primavera	614 Tully Rd. San Jose, CA 95111	408-977- 1591	Outpatient	Spanish
Central Valley Clinic	2425 Enborg Ln. San Jose, CA 95128	408-885- 5400	OTP/NTP (Opioid & Narcotics Treatment Program)	Spanish, Tagalog, Polish (MD only: Vietnamese, Arabic)

Adult Provider	Address	Phone	Type of Services	Non – English Languages Spoken
Central Treatment & Recovery	976 Lenzen Ave. San Jose, CA 95126	408-792-5656	Outpatient	Spanish
HealthRight 360 / AARS	1340 Tully Rd. #304 San Jose, CA 95122	408-271-3900	Outpatient	Spanish, Tagalog, Vietnamese; (In-house access to Chinese dialects, Japanese)
Horizon South	650 S. Bascom Ave. #C San Jose, CA 95128	408-283-8555	Residential & Withdrawal Management; Men only	English only
Indian Health Center	602 E. Santa Clara St. San Jose 95112	408-445-3400	Outpatient NON MEDICAL	English only
Parisi House on the Hill	San Jose, CA 95138	408-281-6570	Perinatal Residential; Women w/ child up to age 5	Spanish
Pathway Outpatient	16433 Monterey Rd. #140 Morgan Hill, CA 95037	408-782-6300	Outpatient	Spanish
Pathway House	San Jose, CA 95112	408-998-5191	Residential Co-Ed	Spanish, Tagalog, Vietnamese
Pathway Mariposa Lodge	San Jose, CA 95138	408-281-6555	Residential & Withdrawal Management; Women only	English only

Perinatal Substance Abuse Program (PSAP)	2425 Enborg Ln. San Jose, CA 95128	408-885-5400	Outpatient Women w/ small children	Spanish, Tagalog
South County Clinic	90 W Highland Ave. San Martin, CA 95046	408-852-2420	OTP/NTP (Opioid & Narcotics Treatment Program)	Spanish; (MD only: Arabic & Vietnamese)

Adolescent Provider List

Adolescent Provider	Address	Phone	Type of Services	Non – English Languages Spoken
Advent Group Ministries	90 Great Oaks Blvd. #108 San Jose, CA 95119	408-281-0708	Residential All Male and All Female Sites	English only
Advent Group Ministries	90 Great Oaks Blvd. #108 San Jose, CA 95119	408-281-0708	Outpatient, Intensive Outpatient	Cantonese, Spanish
Asian Americans for Community Involvement	2400 Moorpark Ave Suite 300 San Jose, CA 95128	408-975-2730	Outpatient NON MEDICAL	Japanese, Spanish
Children, Families and Community Services (CFCS)	2101 Alexian Dr. San Jose, CA 95116	408-272-6518	Outpatient and school sites	Spanish, Vietnamese
HealthRight 360 / AARS	1340 Tully Rd. # 304 San Jose, CA 95122	408-271-3900	Outpatient and school sites	Spanish; (*in-house access to Vietnamese, Chinese dialects, Japanese)

Pathway James Ranch	19050 Malaguerra Ave Morgan Hill, CA 95037	408-201-7600	Juvenile Detention Ranch	Spanish, Vietnamese
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APPENDIX B: Acronyms Glossary

BHSD:	Behavioral Health Services Department
CHDP:	Child Health and Disability Prevention
DHCS:	Department of Health Care Services
DMC:	Drug Medi-Cal
DSM:	Diagnostic and Statistical Manual of Mental
EPSDT:	Early Periodic Screening, Diagnosis, and
MAT	Medication Assisted Treatment
MCP:	Managed Care Plan
NMT:	Nonmedical Transportation
NOABD:	Notice of Adverse Benefit Determination
OTP-NTP	Opioid and Narcotics Program
SUD:	Substance Use Disorder
SUTS:	Substance Use Treatment Services
TCM:	Targeted Case Management