Behavioral Health

Drug Medi-Cal Organized Delivery System Beneficiary Handbook

San Bernardino County

Published Date: January 2023

LANGUAGE TAGLINES

English Tagline

ATTENTION: If you need help in your language call 1-800-968-2636 (TTY: 7-1-1). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-968-2636 (TTY: 7-1-1). These services are free of charge.

الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-968-2636 (TTY: 7-1-1) تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ 1-800-968-2636 (TTY: 7-1-1). هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-968-2636 (TTY: 7-1-1): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-800-968-2636 (TTY: 7-1-1): Այդ ծառայություններն անվճար են:

ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Cambodian)

ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-800-968-2636 (TTY: [7-1-1)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-800-968-2636 (TTY: 7-1-1)។ 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 1-800-968-2636 (TTY: 7-1-1)。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 1-800-968-2636 (TTY: 7-1-1) 。这些服务都是免费的。

مطلب به زبان فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-800-968-2636 (TTY: 7-1-1) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-800-968-2636 (TTY: 7-1-1) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-800-968-2636 (TTY: 7-1-1) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-800-968-2636 (TTY: 7-1-1) 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 1-800-968-2636 (TTY: 7-1-1). 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 1-800-968-2636 (TTY: 7-1-1). 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 1-800-968-2636 (TTY: 7-1-1)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。 1-800-968-2636 (TTY: 7-1-1) 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 1-800-968-2636 (TTY: 7-1-1) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-800-968-2636 (TTY: 7-1-1) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ແທກໄລພາສາລາວ (Laotian)

ປະກາດ:
ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-800-968-2636 (TTY: 7-1-1).
ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-800-968-2636 (TTY: 7-1-1).
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 1-800-968-2636 (TTY: 7-1-1). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-800-968-2636 (TTY: 7-1-1). 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 1-800-968-2636(TTY: 7-1-1). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ| ਕਾਲ ਕਰੋ 1-800-968-2636 (TTY: 7-1-1). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ|

Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-968-2636 (линия TTY: 7-1-1). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-968-2636 (линия TTY:7-1-1). Такие услуги предоставляются бесплатно.

Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-968-2636 (TTY: 7-1-1). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-968-2636 (TTY: 7-1-1). Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa
1-800-968-2636 (TTY: 7-1-1). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan,tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-968-2636 (TTY: 7-1-1). Libre ang mga serbisyong ito.

แท็กไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข
1-800-968-2636 (TTY: 7-1-1) นอกจากนี้
ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ
สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ
ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่
กรุณาโทรศัพท์ไปที่หมายเลข 1-800-968-2636 (TTY: 7-1-1)
ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-968-2636 (TTY: 7-1-1). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-968-2636 (TTY: 7-1-1). 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 1-800-968-2636 (TTY: 7-1-1). 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 1-800-968-2636 (TTY: 7-1-1). Các dịch vụ này đều miễn phí.

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GENERAL INFORMATION

Emergency Services

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

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

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

- Put your health in serious danger, or
- If you are pregnant, put your health or the health of your unborn child in serious danger, or

- Cause serious harm to the way your body works, or
- Cause serious damage to any body organ or part.

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

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

If you or someone you know is in crisis, please call the National Suicide Prevention Lifeline at **988** or **1-800-273-TALK (8255)**.

For local residents seeking assistance in a crisis and to access local mental health programs, please call the Department of Behavioral Health Access Unit 24/7 at 888-743-1478. For all phone numbers, TTY users dial 7-1-1.

Why Is It Important To Read This Handbook?

Welcome to the San Bernardino County Drug Medi-Cal Organized Delivery System. As your Drug Medi-Cal Organized Delivery System provider, San Bernardino County Department of Behavioral Health is responsible for providing substance use disorder treatment services to beneficiaries residing in and obtaining their Medi-Cal benefits through San Bernardino County. As a member, you have certain rights and responsibilities, which are outlined in this handbook.

The Drug Medi-Cal Organized Delivery System is a Medi-Cal benefit provided through county-operated and community-based organizations contracted by the County. The Drug Medi-Cal Organized Delivery System waiver program covers only Drug Medi-Cal services and is limited to the coverage of Drug Medi-Cal Organized Delivery System services.

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

Call San Bernardino County Substance Use Disorder and Recovery Services Screening Assessment and Referral Center (SARC) toll-free at *1-800-968-2636* and/or visit online at https://wp.sbcounty.gov/dbh/. Services are available 24/7.

benefits and how to get care. It will also answer many of your questions.

You will learn:

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

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

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

- Determining if you meet access criteria for Drug Medi-Cal Organized Delivery System County services from the county or its provider network;
- Coordinating your care with other plans or delivery systems as needed to facilitate care transitions and guide referrals for beneficiaries, ensuring that the referral loop is closed, and the new provider accepts the care of the beneficiary;
- Providing a toll-free phone number that is answered 24 hours a day and seven (7) days a week that can tell you about how to get services from the Drug Medi-Cal Organized Delivery System providing county. You can also contact the providing county at 1-800-968-2636 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 providing county if you need them;

- Informing and educating you about services available from your providing 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. All beneficiary informing materials, including this handbook and the Grievance/Appeals forms, can be requested in alternative formats by calling toll-free 1-800-968-2636. For all phone numbers, TTY users dial 7-1-1;
- 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;

- Informing you if any contracted provider refuses to perform or otherwise support any covered service due to moral, ethical, or religious objections and informing you of alternative providers that do offer the covered service, and
- 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 24/7 toll-free number at 1-800-968-2636 for member services. For all phone numbers, TTY users dial 7-1-1.

Information for Beneficiaries Who Need Materials In A Different Language

All beneficiary informing materials, including this handbook and Grievance/Appeal forms, are available at Drug Medi-Cal Organized Delivery System County provider sites in English, Spanish, Vietnamese, and Mandarin. Additionally, this handbook and Grievance/Appeal forms can be requested by calling the toll-free number 1-800-968-2636. For all phone numbers, TTY users dial 7-1-1. Language assistance services are available upon request by calling 1-800-968-2636 or TTY users dial 7-1-1.

Information for Beneficiaries Who Have Trouble Reading

For assistance, call the toll-free number 1-800-968-2636.

Information for Beneficiaries Who Are Hearing Impaired

For all phone numbers, TTY users dial 7-1-1.

Information for Beneficiaries Who Are Vision Impaired

For assistance, call the toll-free number 1-800-968-2636.

Notice of Privacy Practices

Your health information is confidential and protected by certain laws. It is our responsibility to protect your information as required by these laws and to provide you with a Notice of Privacy Practices (NOPP) that explains our legal duties and privacy practices. It is also our responsibility to abide by the terms of the Notice of Privacy Practices (NOPP) currently in effect.

Nondiscrimination Notice

Discrimination is against the law. San Bernardino County Department of Behavioral Health follows State

and Federal civil rights laws. San Bernardino County Department of Behavioral Health 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.

San Bernardino County Department of Behavioral Health 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 the Department of Behavioral Health Access Unit 24 hours a day, 7 days a week by calling 1-888-743-1478. Or, if you cannot

hear or speak well, please call TYY/TDD 7-1-1. 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 San Bernardino County Department of Behavioral Health 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 the Department of Behavioral Health Access Unit. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact the Department of Behavioral Health Access Unit 24 hours a day, 7 days a week by calling 1-888-743-1478. Or, if you cannot hear or speak well, please call

TTY/TTD 7-1-1.

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

San Bernardino County

Department of Behavioral Health

Attn: Access Unit

303 E. Vanderbilt Way

San Bernardino, CA 92415

- In person: Visit your doctor's office or San Bernardino County Department of Behavioral Health and say you want to file a grievance.
- Electronically: Visit San Bernardino County Department of Behavioral Health website at https://wp.sbcounty.gov/dbh/consumerforms/

Office Of Civil Rights – California Department Of Health Care Services

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

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (California State Relay)**.
- In writing: Fill out a complaint form or send a letter to:
  Department of Health Care Services Office of Civil Rights
  P.O. Box 997413, MS 0009 Sacramento, CA 95899-7413

  Complaint forms are available at: https://www.dhcs.ca.gov/discrimination-grievance-procedures
- Electronically: Send an email to CivilRights@dhcs.ca.gov.

Office Of Civil Rights – U.S. Department Of Health And Human Services

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

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:

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

- Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

- Electronically: Visit the Office for Civil Rights Complaint Portal at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

SERVICES

What Are Drug Medi-Cal Organized Delivery System Services?

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

Drug Medi-Cal Organized Delivery System services include:

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

- Care Coordination Services, and
- Contingency Management (only available in some counties).

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

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.

- Services listed above will be provided in an outpatient setting by Substance Use Disorder and Recovery Services providers.

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 (6) hours with a maximum of 19 hours a week for beneficiaries under the age of twenty-one (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.
- Services listed above will be provided in an outpatient setting by Substance Use Disorder and Recovery Services providers.

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

- Partial Hospitalization services feature 20 or more hours of clinically intensive programming per week, as medically necessary. Partial hospitalization programs typically have direct access to psychiatric, medical, and laboratory services, as well as meeting the identified needs which warrant daily monitoring or

management, but which can be appropriately addressed in a clinically intensive outpatient setting. Services may be provided in person, by synchronous telehealth, or by telephone.

- Partial Hospitalization services are similar to Intensive Outpatient Services, with an increase in the number of hours and additional access to medical services being the main differences.
  *Partial Hospitalization services are currently not available in San Bernardino County.

Residential Treatment (subject to pre-authorization by the providing 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 providing county.
- Residential Services include intake and assessment, care coordination, individual counseling, group counseling, family therapy, medication services, Medications for Addiction Treatment for opioid use disorder, Medications for Addiction Treatment for alcohol use disorder and other non-opioid substance use disorders, patient education, recovery services,

and substance use disorder crisis intervention services.

- Residential Services providers are required to either offer medications for addiction treatment directly on-site or facilitate access to medications for addiction treatment off-site during residential treatment. Residential Services providers do not meet this requirement by only providing the contact information for medications for addiction treatment providers. Residential Services providers are required to offer and prescribe medications to beneficiaries covered under the Drug Medi-Cal Organized Delivery System.
- Beneficiaries shall be assessed to the appropriate level of care as determined by a comprehensive biopsychosocial assessment, application of American Society of Addiction Medicine criteria, diagnosis of substance use disorder(s) and determination of medical necessity.
- Perinatal and criminal justice involved beneficiaries may receive longer lengths of stay based on medical necessity.

Inpatient Treatment Services (*varies by county)

- Inpatient services are provided in a 24-hour setting that provides professionally directed evaluation, observation, medical monitoring, and addiction treatment in an inpatient setting. Most services are provided in person; however, telehealth and telephone may also be used to provide services while a person is in inpatient treatment.
- Inpatient services are highly structured, and a physician is likely available on-site 24 hours daily, along with Registered Nurses, addiction counselors, and other clinical staff. Inpatient Services include assessment, care coordination, counseling, family therapy, medication services, Medications for Addiction Treatment for opioid use disorder, Medications for Addiction Treatment for Alcohol use disorder and other non-opioid substance use disorders, patient education, recovery services, and substance use disorder crisis intervention services. *Inpatient Treatment services are currently not

available in San Bernardino County.

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.

- Narcotic Treatment Programs 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.
- Narcotic Treatment Program services are based on medical necessity and individualized to meet the needs of each client.

Withdrawal Management

- Withdrawal management services are urgent and provided on a short-term basis. Withdrawal Management services can be provided before a full assessment has been completed and may be provided in an outpatient, residential, or inpatient setting.

- Each beneficiary shall reside at the facility if receiving a residential service and will be monitored during the detoxification process. Medically necessary habilitative and rehabilitative services are prescribed by a licensed physician or licensed prescriber.
- Withdrawal Management Services include assessment, care coordination, medication services, Medications for Addiction Treatment for opioid use disorder, Medications for Addiction Treatment for alcohol use disorder and other non-opioid substance use disorders, observation, and recovery services.

Medications for Addiction Treatment

- Medications for Addiction Treatment Services are available in clinical and non-clinical settings. Medications for Addiction Treatment is the use of prescription medications, in combination with counseling and behavioral therapies, to provide a whole-person approach to the treatment of substance use disorders. Medications for Addiction Treatment

include all FDA-approved medications and biological products to treat alcohol use disorder, opioid use disorder, and any substance use disorder. Beneficiaries have a right to be offered Medications for Addiction Treatment on-site or through a referral outside of the facility.

- Medications for Addiction Treatment may be provided with the following services: assessment, care coordination, individual counseling, group counseling, family therapy, medication services, patient education, recovery services, substance use disorder crisis intervention services, and withdrawal management services.
- Beneficiaries may access Medications for Addiction Treatment outside of the providing county as well. For instance, medications for addiction treatment, such as Naloxone, can be prescribed by some prescribers in primary care settings that work with your Medi-Cal Managed Care Plan (the regular Medi-Cal “Fee for Service” program) and can be dispensed or administered at a pharmacy.

Call San Bernardino County Substance Use Disorder and Recovery Services Screening Assessment and Referral Center (SARC) toll-free at *1-800-968-2636* and/or visit online at https://wp.sbcounty.gov/dbh/. Services are available 24/7.

Peer Support Services (varies by county)

- Providing Peer Support Services is optional for participating counties. San Bernardino County is a participating county.
- Peer Support Services are culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities. These services can be provided to you or your designated significant support person(s) and can be received at the same time as you receive other Drug Medi-Cal Organized Delivery System services. The Peer Specialist in Peer Support Services is an individual in recovery with a current State-approved certification program and who provides these services under the direction of a Behavioral Health Professional who is licensed, waivered, or registered with the State.

Call San Bernardino County Substance Use Disorder and Recovery Services Screening Assessment and Referral Center (SARC) toll-free at *1-800-968-2636* and/or visit online at https://wp.sbcounty.gov/dbh/. Services are available 24/7.

- Peer Support Services include educational skill-building groups, engagement services to encourage you to participate in behavioral health treatment, and therapeutic activities such as promoting self-advocacy.

Recovery Services

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

- Recovery Services include assessment, care coordination, individual counseling, group counseling, family therapy, recovery monitoring, and relapse prevention components.
- Recovery Services may be delivered at the same time as other levels of care as clinically appropriate.

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.

- Care Coordination shall be consistent with and shall not violate confidentiality of any member as set forth in Federal and California law.
- Care Coordination services may be provided face-to-face, by telephone and may be provided anywhere in the community.
- Care Coordination will be provided by the Department of Behavioral Health Substance Use Disorder and Recovery Services for Residential Treatment beneficiaries and by Community Based Organizations Contracted Provider Staff for all other levels of care.

Contingency Management (*varies by county)

- Providing Contingency Management Services is optional for participating counties. San Bernardino is a participating County.

- 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. *Contingency Management services are currently not available in San Bernardino County.

Screening, Assessment, Brief Intervention and Referral to Treatment

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

Early Intervention Services

Early intervention services are a covered Drug Medi-Cal Organized Delivery System service for beneficiaries under the age of 21. Any beneficiary under the age of 21 who is screened and determined to be at risk of developing a substance use disorder may receive any service covered

under the outpatient level of service as early intervention services. A substance use disorder diagnosis is not required for early intervention services for beneficiaries under the age of 21.

Early Periodic Screening, Diagnosis, and Treatment

Beneficiaries under the age of 21 are eligible to get the services described earlier in this handbook as well as additional Medi-Cal services through a benefit called Early and Periodic Screening, Diagnostic, and Treatment.

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

condition and are covered as Early and Periodic Screening, Diagnostic, and Treatment services.

If you have questions about the Early and Periodic Screening, Diagnostic, and Treatment services, please call 1-800-968-2636 or visit the DHCS Early and Periodic Screening, Diagnostic, and Treatment webpage.

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

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

Managed care plans must provide covered substance use disorder services, including alcohol and drug use screening, assessment, brief interventions, and referral to treatment (SABIRT) for beneficiaries ages 11 and older,

including pregnant members, in primary care settings and tobacco, alcohol, and illicit drug screening. Managed care plans must also provide or arrange for the provision of Medications for Addiction Treatment (also known as Medication-Assisted Treatment) provided in primary care, inpatient hospital, emergency departments, and other contracted medical settings. Managed care plans must also provide emergency services necessary to stabilize the beneficiary, including voluntary inpatient detoxification.

HOW TO GET DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM SERVICES

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

If you think you need substance use disorder treatment services, you can get services by asking the providing 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 providing county for substance use disorder treatment services in other ways.

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

The covered services are available through San Bernardino County's provider network. If any contracted provider objects to performing or otherwise supporting any covered service, San Bernardino County will arrange for another provider to perform the service. San Bernardino

will respond with timely referrals and coordination if a covered service is not available from a provider because of religious, ethical, or moral objections to the covered service. Your county may not deny a request to do an initial assessment to determine whether you meet the criteria to access Drug Medi-Cal Organized Delivery System services.

- Clients, their authorized representatives, or their current provider may submit a request to SUDRS to retain their current provider through the Department of Behavioral Health Substance Use Disorder and Recovery services contract agencies or by calling the 24-hour Substance Use Disorder Helpline at 1-800-968-2636 (TTY 711) to make the request.
- The request may be in person, in writing or be taken via telephone. If a client needs assistance in the completion of the Out of Network Services Request form, they can request from the Department of Behavioral Health Substance Use Disorder and Recovery services providers or they can call the above phone number. Assistance may include

providing the client with oral interpretation and auxiliary aids.

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

San Bernardino County is participating in the Drug Medi-Cal Organized Delivery System program. Since you are a resident of San Bernardino 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 providing 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:

- Outpatient Treatment;
- Narcotic Treatment;
- Naltrexone Treatment;
- Intensive Outpatient Treatment, and

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

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

After Hours Care

Beneficiaries have access to after-hours care, 24 hours a day, seven (7) days a week, including holidays by calling the toll-free number 1-800-968-2636. Staff are available to assist with access to care should you need it.

How Do I Know When I Need Help?

Many people have difficult times in life and may experience substance use disorder problems. The most important thing to remember is that help is available. If you are eligible for Medi-Cal, and you think you may need

professional help, you should request an assessment from your providing 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 county for an assessment for your child or teenager if you think he or she is showing any of the signs of a substance use disorder. If your child or teenager qualifies for Medi-Cal and the county assessment indicates that drug and alcohol treatment services covered by the participating county are needed, the county will arrange for your child or teenager to receive the services.

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

Your providing county has to meet the state's appointment time standards when scheduling an appointment for you to receive services from the providing county. The providing 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 three (3) business days of your request for Narcotic Treatment Program services, and
- A follow-up appointment within one (1) day if you're undergoing a course of treatment for an ongoing substance use disorder, except for certain cases identified by your treating provider.

Who Decides Which Services I Will Get?

You, your provider, and the providing county are all involved in deciding what services you need to receive through the Drug Medi-Cal Organized Delivery System. A substance use disorder provider will talk with you, and

through their assessment they will help determine which services are appropriate based on your needs.

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

If you are under the age of 21, the providing 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.

HOW TO GET MENTAL HEALTH SERVICES

Where Can I Get Specialty Mental Health Services?

Upon your request, the Mental Health Plan can provide you with the following:

Call San Bernardino County Substance Use Disorder and Recovery Services Screening Assessment and Referral Center (SARC) toll-free at *1-800-968-2636* and/or visit online at https://wp.sbcounty.gov/dbh/. Services are available 24/7.

- A directory of providers and supportive individuals;
- Clinics and hospitals where you can get mental health services in your area. This is called a 'provider list' and contains names, phone numbers and addresses of doctors, therapists, hospitals, and other places where you may be able to get help. You may need to contact the Mental Health Plan first before you seek help, and
- Department of Behavioral Health Member Services 24-hour Helpline at **1-888-743-1478.** This is a statewide and available seven (7) days a week toll free number to request a provider list and to ask if you need to contact the Mental Health Plan before going to a service provider's office, clinic, or hospital for help. Each county has specialty mental health services for children, youth, adults, and older adults. If you are under 21 years of age,

you are eligible for Early and Periodic Screening, Diagnostic and Treatment, which may include additional coverage and benefits.

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

ACCESS CRITERIA & MEDICAL NECESSITY

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

As part of deciding if you need substance use disorder treatment services, the providing 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, and

- You must have at least one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders for a Substance-Related and Addictive Disorder (with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders) or have had at least one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders for Substance Related and Addictive disorders prior to being incarcerated or during incarceration (with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders).

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

What Is Medical Necessity?

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

SELECTING A PROVIDER

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

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

Your county is required to post a current provider directory online. If you have questions about current providers or would like an updated provider directory, visit your county website https://wp.sbcounty.gov/dbh/resources/ or call the county's toll-free phone number at 1-800-968-2636. A current provider directory is available electronically on the county's website, or in paper form upon request.

Sometimes Drug Medi-Cal Organized Delivery System County contract providers choose to no longer provide Drug Medi-Cal Organized Delivery System services as a provider of the county, no longer contracts with the providing county, or no longer accepts Drug Medi-Cal Organized Delivery System patients on their own or at the request of the providing county. When this happens, the providing county must make a good faith effort to give written notice of termination of a county contracted provider within fifteen (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, can also receive Drug Medi-Cal Organized Delivery System services through Indian Health Care Providers that have the necessary Drug Medi-Cal certification.

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

You, your provider, and the providing 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 providing county may require your provider to demonstrate the reasons the provider thinks you need a service before the service is provided. The providing county must use a qualified professional to do the review.

This review process is called a plan authorization process. Prior authorization for services is not required except for residential and inpatient services (excluding withdrawal management services). The providing county's authorization process must follow specific timelines. For a standard authorization, the plan must make a decision on your provider's request within 14 calendar days.

Call San Bernardino County Substance Use Disorder and Recovery Services Screening Assessment and Referral Center (SARC) toll-free at *1-800-968-2636* and/or visit online at https://wp.sbcounty.gov/dbh/. Services are available 24/7.

If you or your provider request, or if the providing 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 providing county had additional information from your provider and would have to deny the request without the information. If the providing 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 providing county must send you a Notice of Adverse Benefit Determination telling you that the services are denied and that you may file an appeal or ask for a State Hearing.

You may ask the providing county for more information about its authorization process.

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

Which Providers Does My Providing County Use?

If you are new to San Bernardino County, a complete list of providers in your providing county can be found at https://wp.sbcounty.gov/dbh/resources/ 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 your county toll-free phone number located in the front section of this handbook.

NOTICE OF ADVERSE BENEFIT DETERMINATION

What Rights Do I Have if the Providing County Denies the Services I Want or Think I Need?

If your providing county denies, limits, reduces, delays, or ends services you want or believe you should get, you have the right to a Notice (called a "Notice of Adverse Benefit Determination") from the providing 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 providing 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 providing 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 providing county and the providing county does not get back to you with a written decision on your grievance within 90 days. If you file an appeal with the providing county and the providing 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.

What Is a Notice of Adverse Benefit Determination?

Call San Bernardino County Substance Use Disorder and Recovery Services Screening Assessment and Referral Center (SARC) toll-free at *1-800-968-2636* and/or visit online at https://wp.sbcounty.gov/dbh/. Services are available 24/7.

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

Timing of the Notice

The Plan must mail the notice to the beneficiary at least 10 days before the date of action for termination, suspension, or reduction of a previously authorized Drug Medi-Cal

Organized Delivery System County service. The plan must also mail the notice to the beneficiary within two (2) business days of the decision for denial of payment or for decisions resulting in denial, delay, or modification of all or part of the requested Drug Medi-Cal Organized Delivery System services. If you get a Notice of Adverse Benefit Determination after you have already received the service, you do not have to pay for the service.

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

Yes, you should receive a Notice of Adverse Benefit Determination. However, if you do not receive a notice, you may file an appeal with the providing 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 do 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 providing county did that affects you and your ability to get services;
- The effective date of the decision and the reason the plan made its decision;
- The state or federal rules the providing county was following when it made the decision;
- What your rights are if you do not agree with what the plan did;
- How to file an appeal with the plan;
- How to request a State Hearing;
- How to request an expedited appeal or an expedited State Hearing;

- How to get help filing an appeal or requesting a State Hearing;
- How long you have to file an appeal or request a State Hearing;
- Your rights to continue to receive services while you wait for an Appeal or State Hearing decision, how to request for continuation of these services, and whether the costs of these services will be covered by Medi-Cal, and
- When you have to file your Appeal or State Hearing request if you want the services to continue.

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

When you get a Notice of Adverse Benefit Determination you should read all the information on the notice carefully. If you don't understand the notice, your providing 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 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 Drug Medi-Cal Organized Delivery System Plan?

Your providing 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 providing 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 providing county will notify you and others involved 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.

Call San Bernardino County Substance Use Disorder and Recovery Services Screening Assessment and Referral Center (SARC) toll-free at *1-800-968-2636* and/or visit online at https://wp.sbcounty.gov/dbh/. Services are available 24/7.

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

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

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

Call San Bernardino County Substance Use Disorder and Recovery Services Screening Assessment and Referral Center (SARC) toll-free at *1-800-968-2636* and/or visit online at https://wp.sbcounty.gov/dbh/. Services are available 24/7.

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

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

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

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

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

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

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 providing county might ask you to sign a form authorizing the plan to release information to that person;

- Ensure that the individuals making the decisions are qualified to do so and not involved in any previous levels of review or decision-making;
- Identify the roles and responsibilities of you, your providing county, and your provider, and
- Provide resolution for the grievance in the required timeframes.

When Can I File A Grievance?

You can file a grievance with the providing county at any time if you are unhappy with the substance use disorder treatment services you are receiving from the providing county or have another concern regarding the providing county.

How Can I File A Grievance?

You may call your providing county's toll-free phone number to get help with a grievance. The providing 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 County Plan Received My Grievance?

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

When Will My Grievance Be Decided?

The providing 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

providing 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 providing county had a little more time to get information from you or other people involved.

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

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

Additional County Specific Information

To file a grievance regarding services provided within San Bernardino County, please call 1-800-968-2636.

THE APPEAL PROCESS (STANDARD AND EXPEDITED)

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

qualify for an expedited appeal. The specific requirements are explained below.

What Is a Standard Appeal?

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

The standard appeals process will:

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

to sign a form authorizing the plan to release information to that person;

- Have your benefits continued upon request for an appeal within the required timeframe, which is 10 calendar days from the date your Notice of Adverse Benefit Determination was post-marked or personally given to you. You do not have to pay for continued services while the appeal is pending. If you do request continuation of the benefit, and the final decision of the appeal confirms the decision to reduce or discontinue the service you are receiving, you may be required to pay the cost of services furnished while the appeal was pending;
- 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, and
- 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:

- 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 providing county for approval, but the county needs more information to make a decision and doesn't complete the approval process on time;
- If your providing county doesn't provide services to you based on the timelines the providing county has set up;

- If you don’t think the providing county is providing services soon enough to meet your needs;
- If your grievance, appeal or expedited appeal wasn’t resolved in time, and
- 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 providing county’s toll-free phone number to get help with filing an appeal. The county will provide self-addressed envelopes at all provider sites for you to mail in your appeal. Appeals can be filed orally or in writing.

How Do I Know If My Appeal Has Been Decided?

Your providing 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, and
- 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 providing county must decide on your appeal within 30 calendar days from when the providing 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 providing county believes that there is a need for additional information and that the delay is for your benefit. An example of when a delay is for your benefit is when the county believes it might be able to approve your appeal if the providing county had a little more time to get information from you or your provider.

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

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

What Is An Expedited Appeal?

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

- Your appeal must meet certain requirements;
- The expedited appeals process also follows different deadlines than the standard appeals, and

- 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 providing county agrees that your appeal meets the requirements for an expedited appeal, your county will resolve your expedited appeal within 72 hours after the providing county receives the appeal.

Timeframes may be extended by up to 14 calendar days if you request an extension, or if the providing county shows that there is a need for additional information and that the delay is in your interest. If your providing county extends the timeframes, the plan will give you a written explanation as to why the timeframes were extended.

If the providing county decides that your appeal does not qualify for an expedited appeal, the providing county must make reasonable efforts to give you prompt oral notice and will notify you in writing within two (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 providing county 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 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, and

- 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 providing county's appeal process;
- If your county or one of the county contracted providers decides that you do not qualify to receive any Medi-Cal substance use disorder treatment services because you do not meet the medical necessity criteria;
- If your provider thinks you need a substance use disorder treatment service and asks the providing county for approval, but the providing county does not agree and denies your provider's request, or changes the type or frequency of service;
- If your provider has asked the providing county for approval, but the county needs more information to

make a decision and doesn't complete the approval process on time;

- If your providing county doesn't provide services to you based on the timelines the county has set up;
- If you don't think the providing 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, and
- If your grievance, appeal, or expedited appeal wasn't resolved in time.

How Do I Request A State Fair Hearing?

You can request a State Fair Hearing:

- Online at: https://acms.dss.ca.gov/acms/login.request.do

- In Writing: Submit your request to the county welfare department at the address shown on the Notice of Adverse Benefit Determination, or by fax or mail to:

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

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

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

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

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

Call San Bernardino County Substance Use Disorder and Recovery Services Screening Assessment and Referral Center (SARC) toll-free at *1-800-968-2636* and/or visit online at https://wp.sbcounty.gov/dbh/. Services are available 24/7.

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

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

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

Yes, if you are currently receiving treatment and you want to continue your treatment while you appeal, you must ask for a State Fair Hearing within 10 days from the date the appeal decision notice was postmarked or delivered to you OR before the date your providing 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 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 doctor or other provider to write a letter for you. You can also write a letter yourself. The letter must

explain in detail how waiting for up to 90 days for your case to be decided will seriously harm your life, your health, or your ability to attain, maintain, or regain maximum function. Then, make sure you ask for an "expedited hearing" and provide the letter with your request for a hearing.

You may ask for an expedited (quicker) State Fair Hearing if you think the normal 90 calendar daytime 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 three (3) working days of the date your request is received by the State Hearings Division.

IMPORTANT INFORMATION ABOUT THE STATE OF CALIFORNIA MEDI-CAL PROGRAM

Who Can Get Medi-Cal?

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

- 65 years old, or older;
- Under 21 years of age;
- An adult, between 21 and 65 based on income eligibility;
- Blind or disabled;
- Pregnant;
- Certain refugees, or Cuban/Haitian immigrants;
- Receiving care in a nursing home, and
- Individuals under the age of 26, or over the age of 50 regardless of immigration status.

You must be living in California to qualify for Medi-Cal. Call or visit your local county social services office to ask

for a Medi-Cal application, or get one on the Internet at https://www.dhcs.ca.gov/services/medi-cal/Pages/ApplyforMedi-Cal.aspx.

Do I Have To Pay For Medi-Cal?

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

- If your income is less than Medi-Cal limits for your family size, you will not have to pay for Medi-Cal services;
- If your income is more than Medi-Cal limits for your family size, you will have to pay some money for your medical or substance use disorder treatment services. The amount that you pay is called your 'share of cost.' Once you have paid your 'share of cost,' Medi-Cal will pay the rest of your covered medical bills for that month. In the months that you don't have medical expenses, you don't have to pay anything, and
- You may have to pay a 'co-payment' for any treatment under Medi-Cal. This means you pay an out

of pocket amount each time you get a medical or substance use disorder treatment service or a prescribed drug (medicine) and a co-payment if you go to a hospital emergency room for your regular services.

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

Is Transportation Available?

If you have trouble getting to your medical appointments or drug and alcohol treatment appointments, the Medi-Cal program can help you find transportation.
Non-emergency transportation and non-medical transportation may be provided for Medi-Cal beneficiaries who are unable to provide transportation on their own and who have a medical necessity to receive certain Medi-Cal covered services. If you need assistance with transportation, contact your managed care plan for information and assistance.

Call San Bernardino County Substance Use Disorder and Recovery Services Screening Assessment and Referral Center (SARC) toll-free at *1-800-968-2636* and/or visit online at https://wp.sbcounty.gov/dbh/. Services are available 24/7.

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

ADVANCE DIRECTIVE

What is an Advance Directive?

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

California law defines an advance directive as either an oral or written individual health care instruction or a power of attorney (a written document giving someone permission to make decisions for you). All Drug Medi-Cal Organized Delivery System counties are required to have advance directive policies in place. Your providing 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 health care, and
- Your individual health care instructions

You may get a form for an advance directive from your providing 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.

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

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

BENEFICIARY RIGHTS AND RESPONSIBILITIES

What Are My Rights As A Recipient Of 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 providing 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, seven (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 providing county, other obligations of the providing 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 providing county's beneficiaries, whichever is less;
- Receive oral interpretation services for your preferred language;

- Receive substance use disorder treatment services from a providing 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 minor;
- Access medically necessary services out-of-network in a timely manner, if the plan doesn't have an employee or contract provider who can deliver the services. "Out-of-network provider" means a provider who is not on the Drug Medi-Cal Organized Delivery System county's list of providers. The county must make sure you don't pay anything extra for seeing an out-of-network provider. You can contact beneficiary services at 1-800-968-2636 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, and
- Be free from discrimination to exercise these rights without adversely affecting how you are treated by the Drug Medi-Cal Organized Delivery System County, providers, or the State.

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

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

- Carefully read the beneficiary informing materials that you have received from the providing 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 (Drug Medi-Cal Organized Delivery System County) ID card and a photo ID when you attend treatment;
- Let your provider know if you need an interpreter before your appointment;

- Tell your provider all your medical concerns. The more complete information that you share about your needs, the more successful your treatment will be;
- Make sure to ask your provider any questions that you have. It is very important you completely understand the information that you receive during treatment;
- Be willing to build a strong working relationship with the provider that is treating you;
- Contact the providing 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 providing 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, and

- If you suspect fraud or wrongdoing, report it:
    - The Department of Health Care Services asks that anyone suspecting Medi- Cal fraud, waste, or abuse to call the DHCS Medi-Cal Fraud Hotline at **1-800-822-6222**. If you feel this is an emergency, please call **911** for immediate assistance. The call is free, and the caller may remain anonymous.
    - You may also report suspected fraud or abuse by e-mail to fraud@dhcs.ca.gov or use the online form at http://www.dhcs.ca.gov/individuals/Pages/StopMedi-CalFraud.aspx.

TRANSITION OF CARE REQUEST

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

- After joining San Bernardino County, you may request to keep your out-of-network provider if:

- Moving to a new provider would result in a serious detriment to your health or would increase your risk of hospitalization or institutionalization; and
- You were receiving treatment from the out-of-network provider prior to the date of your transition to the providing 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 providing county. You can also contact beneficiary services at 1-800-968-2636. (TTY dial 7-1-1) for information on how to request services from an out-of-network provider.
- The providing 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 30 calendar days of receiving services from an out-of-network provider.

Why would San Bernardino County deny my transition of care request?

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

What happens if my transition of care request is denied?

- If the providing county denies your transition of care, it will:

Call San Bernardino County Substance Use Disorder and Recovery Services Screening Assessment and Referral Center (SARC) toll-free at *1-800-968-2636* and/or visit online at https://wp.sbcounty.gov/dbh/. Services are available 24/7.

    - 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 providing county offers you multiple in-network provider alternatives and you do not make a choice, then the providing 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 providing 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 providing county's provider network at any time.

How quickly will my transition of care request be processed?

- The providing county will complete its review of your transition of care request within 30 calendar days from the date the providing county received your request.

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

- The providing county will notify you in writing 30 calendar days before the end of the transition of care period about the process that will occur to transition your care to an in-network provider at the end of your transition of care period.