



Partnership HealthPlan of California
Drug Medi-Cal Organized Delivery System
Wellness and Recovery Member Handbook
Calendar Year 2023



Other languages and formats

Other languages

You can get this Member Handbook and other plan materials for free in other languages. Call us at (800) 863-4155 (TTY: (800) 735-2929 or 711). The call is toll free.

Other formats

You can get this information for free in other auxiliary formats, such as braille, 18 point font large print and audio. Call us at (800) 863-4155 (TTY: (800) 735-2929 or 711). The call is toll free.

Interpreter services

You do not have to use a family member or friend as an interpreter. For free interpreter, linguistic and cultural services and help available 24 hours a day, 7 days a week, or to get this handbook in a different language, call us at (800) 863-4155 (TTY: (800) 735-2929 or 711). The call is toll free.

English Tagline

ATTENTION: If you need help in your language call 1-800-863-4155 (TTY: 1-800-735-2929). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-863-4155 (TTY: 1-800-735-2929). These services are free of charge.

الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-863-4155 (TTY: 1-800-735-2929). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برايل والخط الكبير. اتصل بـ 1-800-863-4155 (TTY: 1-800-735-2929). هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-863-4155 (TTY: 1-800-735-2929): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված կյութեր: Չանգահարեք 1-800-863-4155 (TTY: 1-800-735-2929): Այդ ծառայություններն անվճար են:

ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-800-863-4155 (TTY: 1-800-735-2929)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពផ្ទុក ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-800-863-4155 (TTY: 1-800-735-2929)។ 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 1-800-863-4155 (TTY: 1-800-735-2929)。另外还提供针对残疾人士的帮助和服务，例如文盲和需要较大字体阅读，也是方便取用的。请致电 1-800-863-4155 (TTY: 1-800-735-2929)。这些服务都是免费的。

فارسی زبان به مطلب (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-800-863-4155 (TTY: 1-800-735-2929) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-800-863-4155 (TTY: 1-800-735-2929) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-800-863-4155 (TTY: 1-800-735-2929) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-800-863-4155 (TTY: 1-800-735-2929) 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 1-800-863-4155 (TTY: 1-800-735-2929). 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 1-800-863-4155 (TTY: 1-800-735-2929). 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 1-800-863-4155 (TTY: 1-800-735-2929)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。1-800-863-4155 (TTY: 1-800-735-2929)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 1-800-863-4155 (TTY: 1-800-735-2929) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-800-863-4155 (TTY: 1-800-735-2929) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ແທກໄລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໃຫ້ທ່ານ 1-800-863-4155 (TTY: 1-800-735-2929). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕເພີ່ມໃຫຍ່ໃຫ້ໃຫ້ທ່ານ 1-800-863-4155 (TTY: 1-800-735-2929). ການບໍລິການເຫຼົ່ານີ້ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

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 1-800-863-4155 (TTY: 1-800-735-2929). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hlou mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-800-863-4155 (TTY: 1-800-735-2929). 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 1-800-863-4155 (TTY: 1-800-735-2929). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ

ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-800-863-4155 (TTY: 1-800-735-2929).
ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-863-4155 (линия TTY: 1-800-735-2929). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-863-4155 (линия TTY: 1-800-735-2929). Такие услуги предоставляются бесплатно.

Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-863-4155 (TTY: 1-800-735-2929). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-863-4155 (TTY: 1-800-735-2929). Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-863-4155 (TTY: 1-800-735-2929). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-863-4155 (TTY: 1-800-735-2929). Libre ang mga serbisyong ito.

แท็กไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-863-4155 (TTY: 1-800-735-2929) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-863-4155 (TTY: 1-800-735-2929) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-863-4155 (TTY: 1-800-735-2929). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-863-4155 (TTY: 1-800-735-2929). 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 1-800-863-4155 (TTY: 1-800-735-2929). 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 1-800-863-4155 (TTY: 1-800-735-2929). Các dịch vụ này đều miễn phí

Notice of non-discrimination

Discrimination is against the law in the State of California. Partnership HealthPlan of California complies with applicable federal and State civil rights laws and does not discriminate (exclude or treat people differently) on the basis of race, color, national origin, creed, ancestry, religion, language, age, marital status, sex, sexual orientation, gender identity, health status, physical or mental disability, or identification with any other persons or groups defined in Penal Code 422.56, and Partnership HealthPlan of California will provide all Covered Services in a culturally and linguistically appropriate manner.

Partnership HealthPlan of California 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, audio, accessible electronic formats, other formats such as braille)
- 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 Partnership HealthPlan of California between 8 a.m. – 5 p.m. by calling (800) 863-4155. Or, if you cannot hear or speak well, please call (TTY (800) 735-2929) or 711. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

Partnership HealthPlan of California
4665 Business Center Drive, Fairfield, CA 94534
(800) 863-4155
(800) 735-2929 or California Relay 711

HOW TO FILE A GRIEVANCE

If you believe that Partnership HealthPlan of California has failed to provide these services or 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 Partnership HealthPlan of California. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact Partnership HealthPlan of California between 8 a.m. – 5 p.m. by calling (800) 863-4155. Or, if you cannot hear or speak well, please call (800) 735-2929 or 711.
- **In writing:** Fill out a complaint form or write a letter and send it to:

Partnership HealthPlan of California	Or	Partnership HealthPlan of California
ATTN: Grievance		ATTN: Grievance
4665 Business Center Drive		3688 Avtech Parkway
Fairfield, CA 94534		Redding, CA 96002

- **In person:** Visit your doctor's office or Partnership HealthPlan of California and say you want to file a grievance.
- **Electronically:** Visit website Partnership HealthPlan of California at www.partnershipphp.org

OFFICE OF CIVIL RIGHTS

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 **(800) 368-1019**. If you cannot speak or hear well, please call **TTY/TDD (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>.

For substance use services call Carelon at **(855) 765-9703**
(TTY (800) 735-2929 or 711). Available 24 hours a day 7 days a week.

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1. General information

Emergency Services

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

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

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

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

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

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

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

For local residents seeking assistance in a crisis and to access local mental health programs, please call:

- Humboldt (707) 445-7715
- Lassen (530) 251-8108
- Mendocino (855) 838-0404
- Modoc (800) 699-4880
- Shasta (530) 225-5252
- Siskiyou (800) 842-8979
- (888) 385-5201 (Shingletown, Burney, Fall River Areas)

- Solano (707) 428-1131
- Trinity (888) 624-5820

Why Is It Important to Read This Handbook?

Welcome to Partnership HealthPlan of California's (PHC) Wellness and Recovery Program (W&R). We are here to help you on your path to wellness! PHC's W&R program is the Drug Medi-Cal Organized Delivery System (DMC-ODS) for substance use services. If you live in Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, Solano or Trinity counties and have Medi-Cal, you are enrolled.

To provide substance use services PHC work's with Carelon Behavioral Health. For help finding a substance use provider call Carelon at (855) 765-9703, TTY Users: (800) 735-2929. Beacon is ready to help you 24 hours a day 7 days a week.

It is important that you understand how PHC's W&R program, which is your local Drug Medi-Cal Organized Delivery System (DMC-ODS), works. This handbook explains your benefits and how to get care. It will also answer many of your questions.

You will learn:

- How to receive substance use disorder (SUD) treatment services through our W&R, program
- What benefits you have access to
- What to do if you have a question or problem
- Your rights and responsibilities

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 member handbook that you received when you enrolled in your current Medi-Cal benefit. That could be with a Medi-Cal managed care plan (PHC) or with the regular Medi-Cal "Fee for Service" program.

As a member of your Drug Medi-Cal Organized Delivery System County Plan, your Drug Medi-Cal Organized Delivery System County is responsible for:

- Determining if you are eligible for DMC-ODS services from through the PHC W&R program or our provider network.
- Coordinating your care.
- Providing a toll-free phone number that is answered 24 hours a day and 7 days a week that can tell you about how to get services from our W&R program. Call Beacon at (855) 765-9703, TTY Users: (800) 735-2929.

For substance use services call Carelon at **(855) 765-9703**
(TTY (800) 735-2929 or 711). Available 24 hours a day 7 days a week.

- Having enough providers to make sure that you can get the SUD treatment services covered by us if you need them.
- Informing and educating you about services available to you through PHC's W&R program.
- Providing services in your language or by an interpreter (if necessary) free of charge and letting you know that these interpreter services are available.
- Providing you with written information about what is available to you in other languages or formats. All of our materials are available in English, Spanish, Tagalog, and Russian on our website, www.partnershiphp.org. Call us at (800) 863-4155 (TTY: (800) 735-2929 or 711) to request the materials in print, other languages or in other formats. Other formats include Braille, large print or audio. There is no cost to you.
- 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 PHC W&R program.
- Informing you if any contracted provider refuses to perform or otherwise support any covered service due to moral, ethical, or religious objections and informing you of alternative providers that do offer the covered service.
- Ensuring that you have continued access to your previous, and now out-of-network, provider for a period of time if changing providers would cause your health to suffer or increase your risk of hospitalization.

To get substance use or mental health services, call Carelon at (855) 765-9703. They are available 24 hours a day seven (7) days a week. You can also call us at (800) 863-4155 (TTY users: (800) 735-2929 or 711) if you have questions or need help getting care.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date of this Notice

This notice has been updated and is effective March 1, 2023.

Why am I receiving this Notice?

PHC is required by law to provide you with adequate notice of the uses and disclosures of your protected health information that we may make, and of your rights and our legal duties and to notify you following a breach of your unsecured health information where your protected health information (PHI) is concerned. PHI is health information that contains identifiers, such as your name, Social Security number, or other information that reveals who you are.

We agree to follow the terms of this Notice of Privacy Practices. We also have the right to change the terms of this notice if it becomes necessary, and to make the new notice effective for all health information we maintain. If we need to make any changes, we will post it on our web site and notifying you via mail in our next annual mailing to you at your address in our records. If you received this notice electronically, you have the right to request a paper copy from us at any time.

How does Partnership HealthPlan of California (PHC) use and disclose my health information?

PHC stores health-related records about you, including your claims history, health plan enrollment information, case management records, and prior authorizations for treatment you receive. We use this information and disclose it to others for the following purposes:

- **Treatment.** PHC uses your health information to coordinate your health care, and we disclose it to hospitals, clinics, physicians and other health care providers to enable them to provide health care services to you. For example, PHC maintains your health information in electronic form, and allows pharmacies to have on-line access to it to provide appropriate prescriptions for you.
- **Payment.** PHC uses and discloses your health information to facilitate payment for health care services you receive, including determining your eligibility for benefits, and your provider's eligibility for payment. For example, we inform providers that you are a member of our plan, and tell them your eligible benefits.
- **Health care operations.** PHC uses and discloses your health information as necessary to enable us to operate our health plan. For example, we use our members' claims information for conducting quality assessment and improvement activities, patient safety activities, business management and general administrative activities, and reviewing competence or qualifications of health care professionals.

For underwriting or related purposes, such as premium rating or other activities related to the creation, renewal or replacement of a contract of health insurance or benefits as required by law, but may not include genetic information.

- **Business Associates.** PHC may contract with business associates to perform certain functions or activities on our behalf, such as facilitating a health-information exchange, where your health information can be quickly accessed by your doctors or to provide appointment reminders.
- **Health Information Exchange (HIE).** PHC participates in multiple Health Information Exchange's (HIE's), which allow providers to coordinate care and provide faster access to our members. HIE's assist providers and public health officials in making more informed decisions, avoiding duplicate care (such as tests), and reducing the likelihood of medical errors. By participating in an HIE, PHC may share your health information with other providers and participants as permitted by law. If you do not want your medical information shared in the HIE, you must make this request directly to PHC. The 'Individual Rights' section below tells you how.

(Note: In some circumstances, your health information may not be disclosed. For example, mental health diagnosis and treatment, diagnosis or treatment for drug or alcohol abuse, and STD; birth control; or HIV test results are all considered 'Protected Records' and require your direct authorization to be shared.

When working to process payment, provide care to our members, or within our daily operations, PHC may disclose your health information to our contractors. Before we make any disclosures for payment or operational purposes, we obtain a confidentiality agreement from each contractor. For example, companies that provide or maintain our computer services may have access to health information within the course of providing services. PHC works to ensure that our providers have as minimal contact with your health information as possible.

Communication and Marketing: PHC will not use your health information for marketing purposes for which we receive payment without your prior written authorization. We may use your health information for case management or care coordination purposes and related functions without your authorization. We may provide appointment or prescription refill reminders or describe a product or service that is included in your benefit plan, such as our health provider network. We may also discuss health-related products or services available to you that add value, but are not part of your benefit plan.

Sale of your health information: We will not sell your health information for financial payment without your prior written authorization.

Can my health information ever be released without my permission? Yes, we may disclose health information without your authorization to government agencies and private individuals and organizations in a variety of circumstances in which we are required or authorized by law to do so. Certain health information may be subject to restrictions by federal or state law that may limit or prevent some uses or disclosures. For example, there are special restrictions on the disclosure of health information relating to HIV/AIDS status, genetic information, mental health treatment, developmental disabilities, and drug and alcohol abuse treatment. We comply with these restrictions in our use of your health information.

Examples of the types of disclosures we may be required or allowed to make without your authorization include:

- **When Legally Required:** PHC will disclose your health information when it is required to do so by any federal, state or local law
- **When there are Risks to Public Health:** PHC may disclose your health information:
 - To public health authorities or to other authorized persons in connection with public health activities, such as for preventing or controlling disease, injury or disability or in the conduct of public health surveillance or investigations
 - To collect information or report adverse events related to the quality, safety or effectiveness of FDA regulated products or activities
 - To Report Abuse, Neglect, or Domestic Violence: PHC is mandated to notify government agencies if we believe a member is the victim of abuse, neglect or domestic violence.

In Connection with Judicial and Administrative Proceedings: PHC may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when PHC makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena, summons or similar process

- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person
- Under certain limited circumstances, when you are the victim of a crime
- To a law enforcement official if PHC has a suspicion that your death was the result of criminal conduct including criminal conduct at PHC
- In an emergency in order to report a crime

For Organ, Eye or Tissue Donation: PHC may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

In the Event of a Serious Threat to Health or Safety: PHC may, consistent with applicable law and ethical standards of conduct, disclose your health information if PHC, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions: PHC may make disclosure to authorized federal officials in national security activities or for the provision of protective services to officials.

For Workers Compensation: PHC may release your health information for worker's compensation or similar programs.

To a Correctional Institution or to a Law Enforcement Official: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the institution or official

To other agencies administering government health benefit programs, as authorized or required by law

For Immunization Purposes: To a school, about a member who is a student or prospective student of the school, but only if: (1) the information that is disclosed is limited to proof of immunization; (2) the school is required by the State or other law to have such proof of immunization prior to admitting the member; and (3) there is documented agreement by the member or the member's guardian.

For Disaster Relief Purposes: PHC may make disclosure to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

For Research Purposes: PHC may use or disclose protected health information for research purposes.

Can others involved in my care receive information about me?

Yes, we may release health information to a friend or family member who is involved in your care, or who is paying for your care, to the extent we judge it necessary for their participation unless you specifically ask us not to and we agree to that request. This includes responding to telephone enquiries about eligibility and claim status.

OTHER THAN WHAT IS STATED ABOVE, PHC WILL NOT DISCLOSE YOUR HEALTH INFORMATION OTHER THAN WITH YOUR WRITTEN AUTHORIZATION. IF YOU OR YOUR REPRESENTATIVE AUTHORIZES PHC TO USE OR DISCLOSE YOUR HEALTH INFORMATION, YOU MAY REVOKE THAT AUTHORIZATION IN WRITING AT ANY TIME.

Are there instances when my health information is not released?

We will not permit other uses and disclosures of your health information without your written permission, or authorization which you may revoke at any time in the manner described in our authorization form.

Except as described above (How does Partnership HealthPlan of California use and disclose my health information), disclosures of psychotherapy notes, marketing and the sale of your information require your written authorization and a statement that you may revoke the authorization at any time in writing.

YOUR INDIVIDUAL RIGHTS

What rights do I have as a PHC member?

As a PHC member you have the following rights with respect to your health information:

- To ask us to restrict certain uses and disclosures of your health information. PHC is not required to agree to any restrictions requested by its members unless the disclosure is for the purpose of carrying out payment or health care operations and the request is solely for a health care item or service for which you, or another person other than PHC, has paid for the service(s) out of pocket.
- You have the right to opt-out of a HIE if you do not wish to allow providers involved in your health care to electronically share your health information. In order to opt out, you must submit a Health Information Exchange Opt Out/ Opt In form. Upon receipt of your request, your health information will continue to be used and disclosed in accordance with this HIPAA Notice of Privacy Practices and the law, but will no longer be available to providers through our HIE(s).

- You must give your consent for providers through our HIEs to view your Sensitive Health Information. Sensitive Health Information includes mental health diagnosis and treatment, diagnosis or treatment for drug or alcohol abuse, and STD; birth control; or HIV test results. PHC will disclose Sensitive Health Information when you authorize it by choosing to Opt In for Sensitive Health Information on the HIE Member Opt Out/ Opt In Form for Sensitive Protected Health Information. Opting in will permit this information to be seen by our providers through our HIE(s).
- To receive confidential communications from PHC at a particular phone number, P.O. Box, or some other address that you specify to us.
- To see and copy any of your health records that PHC maintains on you, including billing records, we must receive your request in writing. We will respond to your request within 30 days. We may charge a fee to cover the cost of copying, assembling and mailing your records, as applicable. You may also request PHC to transmit the information directly to another person if your written request is signed by you and clearly identifies both the designated person and where to send the information. In some situations, we may ask if you would agree to receive a summary or an explanation of the requested information and to any fees that might be imposed to create it. Under certain circumstances, PHC may deny your request. If your request is denied, we will tell you the reason why in writing. You have the right to appeal a denial.
- If you feel the information in our records is wrong, you have the right to request us to amend the records. We may deny your request in certain circumstances. If your request is denied, you have the right to submit a statement for inclusion in the record.
- You have the right to receive a list of our non-routine disclosures of your health information, up to six years prior from the date of your request. Non-routine disclosures do not include, for example, disclosures to carry out treatment, payment, health care operations, disclosures made with your authorization; disclosures made to you; and certain other disclosures. You are entitled to one disclosure list in any 12-month period at no charge. If you request any additional lists less than 12 months later, we may charge you a fee.

How do I exercise these rights?

You can exercise any of your rights by sending a written request to our Privacy Official at the address below. To facilitate processing of your request, we encourage you to use our request form, which you can obtain from our Internet website at www.partnershipphp.org or by calling us at the telephone number below. You can also obtain a complete statement of your rights, including our procedures for responding to

requests to exercise your rights, by calling or writing to the Privacy Official at the address below.

How do I file a complaint if my privacy rights are violated?

As a PHC member, you or your personal representative have the right to file a complaint with our Privacy Official if you believe your privacy rights have been violated. You or your representative must provide us with specific written information to support your complaint; see contact information below.

PHC encourages you to contact us with any concerns you have regarding the privacy of your information. PHC will not retaliate against you in any way for filing a complaint. Filing a complaint will not adversely affect the quality health care services you receive as a PHC member.

Contact us at:

Mailing address: Partnership HealthPlan of California
Attn: Privacy Officer
4665 Business Center Drive
Fairfield, CA 94534

Telephone Number: **(800) 863-4155** or TTY/TDD **(800) 735-2929** or call **711**

PHC's Complaint Hot-Line is (800) 601-2146 and is operated 24 hours a day, 7 days a week

California's Department of Health Care Services:

DHCS Privacy Officer
1501 Capitol Avenue, MS 4721
P.O. Box 997413
Sacramento, CA 95899-7413
Phone: (916) 445-4646
Email to Privacyofficer@dhcs.ca.gov
TTY/TDD: (877) 735-2929

You can file a complaint with the United States Department of Health and Human Services at:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.

For substance use services call Carelon at **(855) 765-9703**
(TTY (800) 735-2929 or 711). Available 24 hours a day 7 days a week.

Washington, D.C. 20201

Email to OCRComplaint@hhs.gov

Phone: (877) 696-6775

Or visit <http://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>

2. Services

What Are PHC's Drug Medi-Cal Organized Delivery Services?

PHC's 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 a 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.

PHC's Drug Medi-Cal Organized Delivery System county services include :

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

Early Periodic Screening, Diagnosis, and Treatment (EPSDT)

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

For a more complete description of the EPSDT services that are available and to have your questions answered, please call your primary care provider or us at (800) 863-4155.

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

- **Outpatient Treatment Services**

- Counseling services are provided to members up to nine hours a week for adults and less than six hours a week for members under the age of 21 when determined to be 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.
- *Qualified staff at the service provider will assess, diagnose, and develop an individualized treatment plans. With your okay they will be able to coordinate services with medical providers or other people involved, such as social workers and probation officers.*

- **Intensive Outpatient Services**

- Intensive Outpatient Services are provided to members (a minimum of nine hours with a maximum of 19 hours a week for adults and a minimum of six hours with a maximum of 19 hours a week for members under the age of 21) when determined to be medically necessary. Services consist primarily of counseling and education about addiction-related problems. Services can be provided by a licensed professional or a certified counselor in a structured setting. Intensive Outpatient Treatment Services may be provided in person, by telehealth, or by telephone.
- Intensive Outpatient Services include the same components as Outpatient Services. The increased number of hours of service are the main difference.
- *Qualified staff at the service provider will assess, diagnose, and develop an individualized treatment plans. With your okay they will be able to coordinate services with medical providers or other people involved, such as social workers and probation officers.*

For substance use services call Carelon at **(855) 765-9703**
(TTY (800) 735-2929 or 711). Available 24 hours a day 7 days a week.

- *Individuals utilizing Intensive Outpatient Services often step down to Outpatient Services when this level of care is no longer medically necessary.*
- **Partial Hospitalization** (only available for adults in certain counties, but minors may be eligible for the service under Early and Periodic Screening, Diagnostic, and Treatment irrespective of their county of residence)
 - Partial Hospitalization services feature 20 or more hours of clinically intensive programming per week, as medically necessary. Partial hospitalization programs typically have direct access to psychiatric, medical, and laboratory services, as well as meeting the identified needs which warrant daily monitoring or management but which can be appropriately addressed in a clinically intensive outpatient setting. Services may be provided in person, by synchronous telehealth, or by telephone.
 - Partial Hospitalization services are similar to Intensive Outpatient Services, with an increase in the number of hours and additional access to medical services being the main differences.
- **Residential Treatment** (subject to authorization by PHC)
 - Residential Treatment is a non-institutional, 24-hour non-medical, short-term residential program that provides rehabilitation services to members with a SUD diagnosis when determined as medically necessary. Each member shall live on the premises and shall be supported in their efforts to restore, maintain and apply interpersonal and independent living skills and access community support systems. Providers and residents work collaboratively to define barriers, set priorities, establish goals, create treatment plans, and solve SUD related problems. Goals include sustaining abstinence, preparing for relapse triggers, improving personal health and social functioning, and engaging in continuing care.
 - Residential services require prior authorization by PHC's Drug Medi-Cal Organized Delivery System.
 - 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 PHC's Drug Medi-Cal Organized Delivery System.

- **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.

- **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 members covered under the Drug Medi-Cal Organized Delivery System formulary including methadone, buprenorphine, naloxone, and disulfiram.
- A beneficiary must be offered, at a minimum, 50 minutes of counseling sessions per calendar month. These counseling services can be provided in person, by telehealth, or by telephone. Narcotic Treatment Services include assessment, care coordination, counseling, family therapy, medical psychotherapy, medication services, Medications for Addiction Treatment for opioid use disorder, Medications for Addiction Treatment for alcohol use disorder and other non-opioid substance use disorders, patient education, recovery services, and substance use disorder crisis intervention services.

- **Withdrawal Management**

For substance use services call Carelon at **(855) 765-9703**
(TTY (800) 735-2929 or 711). Available 24 hours a day 7 days a week.

- 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 member 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 provided in accordance with an individualized client plan 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.
- **Medication for Addiction Treatment**
 - Medication 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. Members 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.
 - Members may access Medications for Addiction Treatment outside of the PHC's Drug Medi-Cal Organized Delivery System 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.
 - **Peer Support Services (varies by county)**
 - Providing Peer Support Services is optional for participating counties, and will be available in PHC PHC's Drug Medi-Cal Organized Delivery System.

For substance use services call Carelon at **(855) 765-9703**
(TTY (800) 735-2929 or 711). Available 24 hours a day 7 days a week.

- Peer Support Services are culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities. These services can be provided to you or your designated significant support person(s) and can be received at the same time as you receive other Drug Medi-Cal Organized Delivery System services. The Peer Specialist in Peer Support Services is an individual in recovery with a current State-approved certification program and who provides these services under the direction of a Behavioral Health Professional who is licensed, waived, or registered with the State.
- Peer Support Services include educational skill-building groups, engagement services to encourage you to participate in behavioral health treatment, and therapeutic activities such as promoting self-advocacy.
- **Recovery Services**
 - Recovery Services can be important to your recovery and wellness. Recovery services can help you connect to the treatment community to manage your health and health care. Therefore, this service emphasizes your role in managing your health, using effective self-management support strategies, and organizing internal and community resources to provide ongoing self-management support.
 - You may receive Recovery Services based on your self-assessment or provider assessment of relapse risk. Services may be provided in person, by telehealth, or by telephone.
 - Recovery Services include assessment, care coordination, individual counseling, group counseling, family therapy, recovery monitoring, and relapse prevention components.
- **Case Management**
 - Care Coordination Services consists of activities to provide coordination of substance use disorder care, mental health care, and medical care, and to provide connections to services and supports for your health. Care Coordination is provided with all services and can occur in clinical or non-clinical settings, including in your community.
 - Care Coordination Services include coordinating with medical and mental health providers to monitor and support health conditions, discharge planning, and coordinating with ancillary services including connecting you to community-based services such as childcare, transportation, and housing.

- **Contingency Management (varies by county)**
 - Providing Contingency Management Services is optional for participating counties.
 - 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.

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 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

Members 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 PHC Member Services at 800-863-4155 [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.

3. How to get DMC-ODS services

How Do I Get Drug Medi-Cal Organized Delivery System (DMC-ODS) Services?

If you think you need substance use disorder (SUD) treatment services, you can get services by asking PHC for them yourself. You can call Carelon at (855) 765-9703 or your county toll-free phone number listed in the front of this handbook. You may also be referred for substance use disorder treatment services in other ways.

PHC's 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 PHC's provider network. If any contracted provider objects to performing or otherwise supporting any covered service, PHC will arrange for another provider to perform the service. PHC 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 county services.

PHC provides continuity of care services to newly enrolled members. You, your authorized representative, or your provider can make a direct request to us for continuity of care by contacting PHC's Care Coordination Department at (800) 809-1350. We do not provide continuity of care services with an out-of-network provider when the provider:

- Does not want to join our network after 12 months
- No longer wishes to provide you with treatment or service
- Has a quality of care issue

- Is not willing to submit a bill to us for services provided to you
- PHC is unable to establish that you have a pre-existing relationship with the provider

If your request is denied, our Care Coordination Department will assist you in locating an in-network provider and coordinating needed services. For help call our Care Coordination Department at (800) 809-1350.

Where Can I Get DMC-ODS Services?

PHC is participating in the Drug Medi-Cal Organized Delivery System program. Since you are a resident of Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, or Solano you can get Drug Medi-Cal Organized Delivery System services in the county where you live through the Drug Medi-Cal Organized Delivery System. PHC 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
- 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

Call Carelon at (855) 765-9703 for substance use services. Staff is available 24 hours a day 7 days a week.

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 when asking yourself if you need professional help is to trust yourself. If you think you may need professional help, you should request an assessment from your PCP or call Carelon at (855) 765-9703. Staff is available 24 hours a day, seven days a week.

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

For substance use services call Carelon at **(855) 765-9703**
(TTY (800) 735-2929 or 711). Available 24 hours a day 7 days a week.

You may contact your child or teenager's PCP or call Carelon at (855) 765-9703 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?

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

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

Who Decides Which Services I Will Get?

You, your provider, and PHC are all involved in deciding what services you need to receive. 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 treatment 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, PHC 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.

4. How to get mental health services

Where Can I Get Specialty Mental Health Services?

You can get specialty mental health services in the county where you live. 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.

Carelon or the county mental health agency will determine if you need specialty mental health services. If you do need specialty mental health services, Carelon or the county mental health agency will refer you to a mental health provider. If you live in Solano County and are assigned to Kaiser for your primary care, you should contact Kaiser's Member Services at (800) 464-4000 (TTY (800) 777-1370) to inquire about specialty mental health services.

Additional County Specific Information

For questions regarding mental health services call Carelon at (855) 765-9703 or local county mental health agency. Local residents can access mental health programs by calling their county at:

- Humboldt (707) 445-7715
- Lassen (530) 251-8108
- Mendocino (855) 838-0404
- Modoc (800) 699-4880
- Shasta (530) 225-5252
(888) 385- 5201 (Shingletown, Burney, Fall River Areas)
- Siskiyou (800) 842-8979
- Solano (707) 428-1131

5. Access Criteria and Medical Necessity

What is the Access Criteria for Coverage of Substance Use Disorder Treatment Services?

As part of deciding if you need substance use disorder treatment services, PHC's Drug Medi-Cal Organized Delivery System county will work with you and your provider to decide if you meet the access criteria to receive Drug Medi-Cal Organized Delivery System services. This section explains how that decision is made. Your provider will work with you to conduct an assessment to determine which Drug Medi-Cal Organized Delivery System services are most appropriate for you. This assessment must be performed face-to-face, through telehealth, or by telephone. You may receive some services while the assessment is taking place. After your provider completes the assessment, they will determine if you meet the following access criteria to receive services through the Drug Medi-Cal Organized Delivery System:

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

Members 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.

For substance use services call Carelon at **(855) 765-9703**
(TTY (800) 735-2929 or 711). Available 24 hours a day 7 days a week.

6. Selecting a provider

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

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

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

Sometimes Drug Medi-Cal Organized Delivery System contracted providers choose to no longer provide Drug Medi-Cal Organized Delivery System services as a provider, no longer contracts with PHC's Drug Medi-Cal Organized Delivery System, or no longer accepts Drug Medi-Cal Organized Delivery System patients on their own or at the request of PHC. When this happens, PHC must make a good faith effort to give written notice of termination of a county contracted provider within 15 days after receipt or issuance of the termination notice, to each person who was receiving substance use disorder treatment services from the provider.

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

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

You, your provider, and PHC 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 PHC will leave the decision to you and the provider. Other times, the PHC may require your provider to demonstrate the reasons the provider thinks you need a service before the service is provided. PHC's Drug Medi-Cal Organized Delivery System 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). PHC's authorization process must follow specific timelines. For a standard authorization, we must make a decision on your provider's request within 14 calendar days. If you or your provider request or if we think 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 we think we might be able to approve your provider's request for authorization if we had additional information from your provider and would have to deny the request without the information. If we extend the timeline, we will send you a written notice about the extension.

If PHC doesn't make a decision within the timeline required for a standard or an expedited authorization request, PHC 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 PHC for more information about its authorization process.

If you don't agree with PHC's Drug Medi-Cal Organized Delivery System 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 PHC's Drug Medi-Cal Organized Delivery System use?

If you are new to a PHC Drug Medi-Cal Organized Delivery System county, a complete list of providers in PHC's Drug Medi-Cal Organized Delivery System can be found at <https://providerdirectory.partnershiphp.org/Provider/BasicSearch/> 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, us at (800) 863-4155 (TTY: (800) 735-2929 or 711).

7. Notice of adverse benefit determination

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

If PHC's Drug Medi-Cal Organized Delivery System 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 PHC. 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 PHC's Drug Medi-Cal Organized Delivery System decision.

What Is an Adverse Benefit Determination?

An Adverse Benefit Determination is defined to mean any of the following actions taken by PHC's Drug Medi-Cal Organized Delivery System:

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 PHC and PHC does not get back to you with a written decision on your grievance within 90 days. If you file an appeal with PHC and PHC 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?

A Notice of Adverse Benefit Determination is a letter that PHC's Drug Medi-Cal Organized Delivery System I thought 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

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

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

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

What Will The Notice Of Adverse Benefit Determination Tell Me?

The Notice of Adverse Benefit Determination will tell you:

- What PHC's Drug Medi-Cal Organized Delivery System 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 PHC's Drug Medi-Cal Organized Delivery System county was following when it made the decision.
- What your rights are if you do not agree with what the plan did.
- How to file an appeal with the plan.

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

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

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

What If I Don't Get The Services I Want From PHC's Drug Medi-Cal Organized Delivery System?

PHC's Drug Medi-Cal Organized Delivery System 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 PHC or your provider.

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

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

Learn more about each problem resolution process below.

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

PHC has people available to explain these processes to you and to help you report a problem either as a grievance, an appeal, or request for a State Hearing. They may also help you decide if you qualify for what's called an 'expedited' process, which means it will be reviewed more quickly because your health or stability is at risk. You may also authorize another person to act on your behalf, including your substance use disorder treatment provider or advocate. PHC's Drug Medi-Cal Organized Delivery System 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.

If you would like help, call Member Services Monday – Friday from 8 p.m. – 5 p.m. at (800) 863-4155 or TDD/TYY (800) 735-2929

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

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

You can also call them at (800) 952-8349 or for TDD/TTY (800) 952-8349.

PHC can also help. If you would like more information about filing a State Fair Hearing, call PHC Member Services at (800) 863-4155 Monday – Friday from 8 p.m. – 5 p.m.

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

For substance use services call Carelon at **(855) 765-9703**
(TTY (800) 735-2929 or 711). Available 24 hours a day 7 days a week.

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 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, PHC's Drug Medi-Cal Organized Delivery System 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, PHC and your provider.
- Provide resolution for the grievance in the required timeframes.

When Can I File a Grievance?

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

How Can I File a Grievance?

You may call PHC's Member Services Monday – Friday from 8 p.m. – 5 p.m. at (800) 863-4155 or TDD/TYY (800) 735-2929 to get help with a grievance. PHC 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 PHC Received My Grievance?

PHC will let you know that we have received your grievance by sending you a written confirmation.

When Will My Grievance Be Decided?

PHC must make a decision about your grievance within 30 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 PHC 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 PHC believes we might be able to resolve your grievance if PHC had a little more time to get information from you or other people involved.

How Do I Know If PHC Made a Decision About My Grievance?

When a decision has been made regarding your grievance, PHC will notify you or your authorized representative in writing of the decision. Within 30 calendar days, we will send you a Grievance Resolution Letter that tells you how we solved your problem. If PHC fails to notify you or any affected parties of the grievance decision on time, then we will provide you with a Notice of Adverse Benefit Determination advising you of your right to request a State Fair Hearing. We will provide you with a Notice of Adverse Benefit Determination on the date the timeframe expires.

Is There a Deadline To File a Grievance?

You may file a grievance at any time.

The appeal process (standard and expedited)

PHC is responsible for allowing you to request a review of 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, PHC may take up to 30 calendar days to review it. If you think waiting 30 calendar days will put your health at risk, you should ask for an ‘expedited appeal.’

The standard appeals process will:

- Allow you to file an Appeal in person, on the phone, or in writing. If you submit your Appeal in person or on the phone, you must follow it up with a signed written Appeal request. You can get help to write the appeal.
- 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, we will 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.
- Ensure that the individuals making the decisions are qualified to do so and not involved in any previous level of review or decision-making.
- Allow you or your representative to examine your case file, including your medical record, and any other documents or records considered during the appeal process, before and during the appeal process.
- Allow you to have a reasonable opportunity to present evidence and allegations of fact or law, in person or in writing.
- Allow you, your representative, or the legal representative of a deceased member’s estate to be included as parties to the appeal.

For substance use services call Carelon at **(855) 765-9703**
(TTY (800) 735-2929 or 711). Available 24 hours a day 7 days a week.

- Let you know your appeal is being reviewed by sending you written confirmation.
- Inform you of your right to request a State Fair Hearing, following the completion of the appeal process.

When Can I File an Appeal?

You can file an appeal with PHC:

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

How Can I File an Appeal?

You may call PHC's toll-free phone number to get help with filing an appeal. PHC provides self-addressed envelopes at all provider sites for you to mail in your appeal. You can file an Appeal or Grievance by phone, in writing, in person or online.

By phone: Call us at (800) 863-4155 or TDD/TTY (800) 735-2929 or 711, Monday – Friday, 8 a.m. to 5 p.m.

By mail: Call us at (800) 863-4155 or TDD/TTY (800) 735-2929 or 711, Monday – Friday, 8 a.m. – 5 p.m. Ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number and the reason for your complaint. Tell us what happened and how we can help you.

Mail or bring the form in person to:

Partnership HealthPlan of California
ATTN: Grievance
4665 Business Center Drive
Fairfield, CA 94534

For substance use services call Carelon at **(855) 765-9703**
(TTY (800) 735-2929 or 711). Available 24 hours a day 7 days a week.

Your provider's office will have complaint forms available.

Online: Visit our website at www.partnershiphp.org

If you need help filing your complaint, we can help you. PHC can give you free language services. Call us at (800) 863-4155 (TTY: (800) 735-2929 or 711)

How Do I Know If My Appeal Has Been Decided?

PHC will notify you or your authorized representative in writing about our decision for your appeal. Within 30 calendar days, we will send you a Notice of Appeal Resolution (NAR) letter that tells you the new decision. The letter will have the following information:

- The results of the appeal resolution process.
- The date the appeal decision was made.
- The reason for the Appeal decision. The reason can reference a Policy, Drug Formulary, Member Handbook, or Law
- If the appeal is not resolved wholly in your favor, the notice will also contain information regarding your right to 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 an Notice of Adverse Benefit Determination. There are no deadlines for filing an appeal when you do not get an 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?

PHC must decide on your appeal within 30 calendar days from when PHC's receives your request for the appeal. Timeframes may be extended by up to 14 calendar days if you request an extension, or if PHC 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 PHC believes it might be able to approve your appeal if PHC 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?

For substance use services call Carelon at **(855) 765-9703**
(TTY (800) 735-2929 or 711). Available 24 hours a day 7 days a week.

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

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

When Can I File an Expedited Appeal?

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

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

Once PHC resolves your expedited appeal, we will notify you and all affected parties orally and in writing. We will send you a Notice of Appeal Resolution (NAR) letter that tells you the decision.

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?

For substance use services call Carelon at **(855) 765-9703**
(TTY (800) 735-2929 or 711). Available 24 hours a day 7 days a week.

You have the right to:

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

When Can I File for a State Fair Hearing?

You can file for a State Fair Hearing:

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

How Do I Request a State Fair Hearing?

You can request a State Fair Hearing:

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

For substance use services call Carelon at **(855) 765-9703**
(TTY (800) 735-2929 or 711). Available 24 hours a day 7 days a week.

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

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

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

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

Is There a Deadline For Filing for a State Fair Hearing?

You have 120 calendar days to ask for a State Fair Hearing. The 120 days start either the day after PHC's Drug Medi-Cal Organized Delivery System personally gave you its appeal decision notice or the day after the postmark date of the county appeal decision notice.

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

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

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

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

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

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

Can I get a State Hearing More Quickly?

For substance use services call Carelon at **(855) 765-9703**
(TTY (800) 735-2929 or 711). Available 24 hours a day 7 days a week.

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

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

8. Important information about the State of California Medi-Cal program

Who Can Get Medi-Cal?

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

- 65 years old, or older
- Under 21 years of age
- An adult, between 21 and 65 based on income eligibility
- Blind or disabled
- Pregnant
- Certain refugees, or Cuban/Haitian immigrants
- Receiving care in a nursing home
- Individuals under the age 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 <http://www.dhcs.ca.gov/services/medi-cal/pages/MediCalApplications.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 we will pay the rest of your covered medical bills for that month. In the months that you don’t have medical expenses, you don’t have to pay anything.
- You may have to pay a “co-payment” for any treatment under Medi-Cal. This means you pay an out of pocket amount each time you get a medical or 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.

Is Transportation Available?

If you have trouble getting to your medical appointments or drug and alcohol treatment appointments, PHC can help you find transportation.

Non-medical transportation (NMT)

You can use non-medical transportation (NMT) when you are:

- Traveling to and from an appointment for a Medi-Cal service, including SUD services.

PHC allows you to use a car, taxi, bus or other public/private way of getting to your medical appointment for Medi-Cal-covered services. PHC provides mileage reimbursement when transportation is in a private vehicle arranged by the member and not through a transportation broker, bus passes, taxi vouchers or train tickets. Mileage reimbursement is available only to friends and family, members cannot be reimbursed directly. We allow the lowest cost NMT type that meets your medical needs.

To provide NMT services, we have partnered with MTM, Inc. To request NMT services please call MTM at (888) 828-1254 (Monday-Friday, 8 a.m. to 5 p.m.) at least five business days before your appointment. For urgent appointments, please call as soon as possible. Please have your PHC ID card ready when you call.

Non-emergency medical transportation (NEMT)

You are entitled to use non-emergency medical transportation (NEMT) when you physically or medically are not able to get to your medical appointment by car, bus, train or taxi, and the plan pays for your medical or physical condition. Before getting NEMT, you need to request the service through your doctor and they will prescribe the correct type of transportation to meet your medical condition.

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NEMT is an ambulance, litter van, wheelchair van or air transport. NEMT is not a car, bus or taxi. PHC allows the lowest cost NEMT for your medical needs when you need a ride to your appointment. That means, for example, if you are physically or medically able to be transported by a wheelchair van, PHC will not pay for an ambulance. You are only entitled to air transport if your medical condition makes any form of ground transportation not possible.

NEMT must be used when:

- It is physically or medically needed as determined with a written authorization by a physician; or you are not able to physically or medically use a bus, taxi, car or van to get to your appointment.
- You need assistance from the driver to and from your residence, vehicle or place of treatment due to a physical or mental disability.
- It is approved in advance by us with a written authorization by a physician.

To ask for NEMT services that your provider has prescribed, please call PHC Care Coordination at (800) 809-1350 (Monday-Friday, 8 a.m. to 5 p.m.) at least one business day before your appointment. For urgent appointments, please call as soon as possible. Please have your member ID card ready when you call.

9. 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 Systems are required to have advance directive policies in place. PHC's Drug Medi-Cal Organized Delivery System is required to provide written information on the Drug Medi-Cal Organized Delivery System 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 PHC's Care Coordination 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 PHC Drug Medi-Cal Organized Delivery System 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*

10. Member 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 participating Drug Medi-Cal Organized Delivery System county, administered by PHC, you have a right to receive medically necessary substance use disorder treatment services from PHC Drug Medi-Cal Organized Delivery System . You have the right to:

- Be treated with respect, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information.
- Receive information on available treatment options and alternatives, presented in a manner appropriate to the Member's condition and ability to understand.
- Participate in decisions regarding your substance use disorder care, including the right to refuse treatment.
- Receive timely access to care, including services available 24 hours a day, 7 days a week, when medically necessary to treat an emergency condition or an urgent or crisis condition.
- Receive the information in this handbook about the substance use disorder treatment services covered by PHC's Drug Medi-Cal Organized Delivery System, other obligations of PHC's Drug Medi-Cal Organized Delivery System, 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 PHC's county's beneficiaries, whichever is less
- Receive oral interpretation services for your preferred language.

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- Receive substance use disorder treatment services from a Drug Medi-Cal Organized Delivery System provider that follows the requirements of the 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 PHC doesn't have an employee or contract provider who can deliver the services. "Out-of-network provider" means a provider who is not on PHC's Drug Medi-Cal Organized Delivery System list of providers. PHC must make sure you don't pay anything extra for seeing an out-of-network provider. You can contact Care Coordination at (800) 809-1350, TTY (800) 735-2929 or 711 for information on how to receive services from an out-of-network provider.
- Request a second opinion from a qualified health care professional within the county network, or one outside the network, at no additional cost to you.
- File grievances, either verbally or in writing, about the organization or the care received.
- Request an appeal, either verbally or in writing, upon receipt of a Notice of Adverse Benefit Determination, including information on the circumstances under which an expedited appeal is possible.
- Request a State Medi-Cal fair hearing, including information on the circumstances under which an expedited State Hearing is possible.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Be free to from discrimination to exercise these rights without adversely affecting how you are treated by PHC, 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 member informing materials that you have received from PHC's Drug Medi-Cal Organized Delivery System . These materials will help you understand which services are available and how to get treatment if you need it.
- Attend your treatment as scheduled. You will have the best result if you follow your treatment plan. If you do need to miss an appointment, call your provider at least 24 hours in advance and reschedule for another day and time.

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- Always carry your Medi-Cal and PHC ID card and a photo ID when you attend treatment.
- Let your provider know if you need an interpreter before your appointment.
- Tell your provider all your medical concerns in order for your plan to be accurate. The more complete information that you share about your needs, the more successful your treatment will be.
- Make sure to ask your provider any questions that you have. It is very important you completely understand your treatment plan and any other information that you receive during treatment.
- Follow the treatment plan you and your provider have agreed upon.
- Be willing to build a strong working relationship with the provider that is treating you.
- Contact us 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 PHC 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.

Reporting Fraud, Waste and Abuse

If you suspect that a provider or a person who gets Medi-Cal has committed fraud, waste or abuse, it is your right to report it.

Provider fraud, waste and abuse includes:

- Falsifying medical records
- Prescribing more medication than is medically necessary
- Giving more health care services than medically necessary
- Billing for services that were not given
- Billing for professional services when the professional did not perform the service

Fraud, waste and abuse by a person who gets benefits includes:

- Lending, selling or giving a health plan ID card or Medi-Cal Benefits Identification Card (BIC) to someone else
- Getting similar or the same treatments or medicines from more than one provider
- Going to an emergency room when it is not an emergency
- Using someone else's Social Security number or health plan ID number

To report fraud, waste and abuse, write down the name, address and ID number of the person who committed the fraud, waste or abuse. Give as much information as you can about the person, such as the phone number or the specialty if it is a provider. Give the dates of the events and a summary of exactly what happened.

You can make a report by:

- Mail:
Partnership HealthPlan of California
ATTN: Regulatory Affairs
4665 Business Center Dr. Fairfield, CA 94534
- Phone:
PHC's Compliance Hotline at (800) 601-2146. 24 hours a day, 7 days a week.
- If you suspect fraud or wrongdoing, you may also report it through:
 - 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>.

11. Transition of care request

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

- After joining PHC's Drug Medi-Cal Organized Delivery System, 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 us.

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 PHC. You can also contact us at (800) 863-4155 for information on how to request services from an out-of-network provider.
- PHC will send written acknowledgement 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 PHC's Drug Medi-Cal Organized Delivery System ?

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

Why would PHC deny my transition of care request?

- PHC may deny a your request to retain your previous, and now out-of-network, provider, if:
 - We have documented quality of care issues with the provider

What happens if my transition of care request is denied?

- If PHC denies your transition of care we will:
 - Notify you in writing;

- Offer you at least one in-network alternative provider that offers the same level of services as the out-of-network provider; and
 - Inform you of your right to file a grievance if you disagree with the denial.
- If PHC offers you multiple in-network provider alternatives and you do not make a choice, then we 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 PHC 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 our provider network at any time.

How quickly will my transition of care request be processed?

- PHC will complete the review of your transition of care request within thirty (30) calendar days from the date we received your request.

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

- PHC will notify you in writing thirty (30) calendar days before the end of the transition of care period about the process that will occur to transition your care to an in-network provider at the end of your transition of care period.

Partnership HealthPlan of California
Drug Medi-Cal Organized Delivery System
Wellness and Recovery Program

www.partnershiphp.org



Updated: March 1, 2023

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