

# What Are My Rights As A Recipient Of DMC-ODS Services?

As a person eligible for the PHC W&R program, you have a right to receive medically necessary SUD treatment services from us. 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 SUD 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 SUD treatment services covered by us and other obligations of the W&R program and your rights as described here.
- Have your confidential health information protected.
- Request and receive a copy of your medical records, and request that they be amended or corrected as specified in 45 CFR §164.524 and 164.526.
- Receive written materials in alternative formats (including Braille, large size print, and audio format) upon request and in a timely fashion appropriate for the format being requested.
- Receive oral interpretation services for your preferred language.
- Receive SUD treatment services from us 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 a contract provider who can deliver the services. "Out-of-network provider" means a provider who is not on our list of providers. We 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 PHC's W&R 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.

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- Request an appeal, either verbally or in writing, upon receipt of a Notice of Adverse Benefit Determination (NOABD). A NOABD is a notice stating there is a denial of or change in a Medi-Cal covered service.
- Request a State Fair Hearing, including information on the circumstances under which an expedited State Fair Hearing is possible.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Be free to exercise these rights without adversely affecting how you are treated by us, providers, or the State.
- To be treated by treatment providers with qualified staff.
- To receive evidence-based treatment.
- To be treated for more than one behavioral health condition (co-occurring) at the same time, when medically appropriate and the treatment provider is authorized to treat co-occurring conditions.
- "To receive an individualized, outcome-driven treatment plan (treatment, recovery plan or problem list as required by the CalAIM Initiative)".
- To remain in treatment for as long as the treatment provider is authorized to treat the client.
- To receive support, education, and treatment for their families and loved ones, if the treatment provider is authorized to provide these services.

## What Are My Responsibilities As A Recipient Of DMC-ODS Services?

As a recipient of PHC's W&R program, DMC-ODS service, it is your responsibility to:

- Carefully read the member informing materials that you have received from us. These materials will help you understand which services are available and how to get treatment if you need it.
- Attend your treatment as scheduled. You will have the best result if you follow your treatment plan. If you do need to miss an appointment, call your provider at least 24 hours in advance and reschedule for another day and time.
- Always carry your Medi-Cal card, PHC ID card, and a photo ID when you attend treatment.
- Let your provider know if you need an interpreter before your appointment.

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- Tell your provider all your medical concerns in order for your plan to be accurate. The more complete information you share about your needs, the more successful your treatment will be.
- Make sure to ask your provider any questions you have. It is very important you completely understand your treatment plan and any other information 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 you are unable to resolve.
- Tell your provider and us if you have any changes to your personal information. This includes address, phone number, and any other medical information that can affect your ability to participate in treatment.
- Treat the staff who provide your treatment with respect and courtesy.
- If you suspect fraud or wrongdoing, report it. PHC's Compliance Hotline at (800) 601-2146. 24 hours a day, 7 days a week.