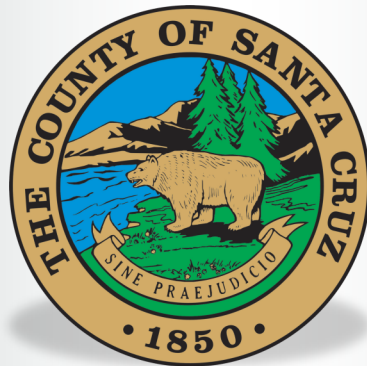


Drug Medi-Cal Organized Delivery System Beneficiary Handbook



Substance Use Disorder Services
Behavioral Health Division
Health Services Agency
County of Santa Cruz
2018



Table of Contents

Language Assistance.....4

General Information.....6

- Introduction to This Handbook.....6
- Emergency Services6
- Emergency Departments in Santa Cruz County.....7
- Introduction to Drug Medi-Cal (DMC).....7
- Medi-Cal Eligibility.....8
- Enrolling in Medi-Cal.....8
- The DMC Organized Delivery System (ODS).....9
- Medical Necessity.....10
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT).....11
- Cost of Services.....11
- Transportation.....11
- Information for Members Who Need Materials in Different Languages.....12
- Information for Members Who Have Difficulty Reading.....12
- Information for Members Who Are Hearing Impaired or Vision Impaired.....12
- Notice of Privacy Practices.....12

DMC-ODS Services.....13

- Accessing Services.....13
- Crisis Services.....14
- After Hours Services14

Service Options for Adults.....15

- Outpatient Treatment.....15
- Intensive Outpatient Treatment.....15
- Residential Treatment.....15
- Withdrawal Management.....16
- Narcotic Treatment Program (NTP).....17
- Medication Assisted Treatment (MAT).....17
- Recovery Services.....17
- Case Management.....18

Service Options for Adolescents.....18

- Outpatient Treatment.....18
- Intensive Outpatient Treatment.....19
- Residential Treatment.....19
- Recovery Services.....20
- Case Management.....20



Table of Contents

Providers.....	21
Selecting a Provider.....	21
Selection and Limitation of Services.....	21
Service Authorization.....	21
Available Providers.....	22
Rights and Responsibilities.....	23
Member Rights.....	23
Member Responsibilities.....	24
Notice of Adverse Benefit Determination (NOA[BD]).....	26
Notice of Adverse Benefit Determination Events.....	26
Information in the Notice of Adverse Benefit Determination.....	27
Receipt of a Notice of Adverse Benefit Determination.....	28
Problem Resolution Process.....	28
Options for Resolving Issues.....	28
Help Filing a Grievance, Appeal or State Fair Hearing.....	29
Other Options for Resolving Issues.....	29
Grievance Process.....	30
Filing a Grievance.....	30
Receipt Confirmation.....	30
Response Timelines.....	31
Decision Notification.....	31
Grievance Deadlines.....	31
Appeal Process.....	31
Standard Appeal.....	32
Filing an Appeal.....	33
Response Timelines.....	34
Decision Notification.....	34
Appeal Deadlines.....	34
Expedited Appeal.....	34
Filing an Expedited Appeal.....	35
State Fair Hearing.....	36
State Fair Hearing Rights.....	36
Filing for a State Fair Hearing.....	36
Deadlines for Filing for a State Fair Hearing.....	37
Service Continuation During the State Fair Hearing Process.....	37
Expedited State Fair Hearing Decisions.....	38



Language Assistance

ENGLISH

ATTENTION: If you speak [language], language assistance services, free of charge, are available to you. Call 1-800-952-2335 Email: hsabhserviceinfo@co.santa-cruz.ca.us

SPANISH

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-952-2335 - Correo electrónico: hsabhserviceinfo@co.santa-cruz.ca.us

CHINESE

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-952-2335
電子郵件 hsabhserviceinfo@co.santa-cruz.ca.us

VIETNAMESE

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-952-233 Email: hsabhserviceinfo@co.santa-cruz.ca.us

TAGALOG

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-952-2335 - Email: hsabhserviceinfo@co.santa-cruz.ca.us

KOREAN

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1-800-952-2335 이메일 hsabhserviceinfo@co.santa-cruz.ca.us

ARMENIAN

ՈՒՇԱԴՐՈՒԹՅՈՒՆ` Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք
1-800-952-2335 – Email: hsabhserviceinfo@co.santa-cruz.ca.us

FARSI

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما تماس بگیرد. 1-800-952-2335-1
- hsabhserviceinfo@co.santa-cruz.ca.us پست الکترونیک

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните - 1-800-952-2335 Эл. Адрес hsabhserviceinfo@co.santa-cruz.ca.us



Language Assistance

JAPANESE

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます1-800-952-2335
Eメールhsabhserviceinfo@co.santa-cruz.ca.us

ARABIC

تنبيه: إذا كنت تتحدث العربية، خدمات المساعدة اللغوية، مجاناً، تتوفر لك. 2335-952-800-1.
البريد الإلكتروني hsabhserviceinfo@co.santa-cruz.ca.us

PUNJABI

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਮਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਮੁਫਤ, ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹਨ.
1-800-952-2335 ਵਾਲ ਕਰੋ ਈਮੇਲ: hsabhserviceinfo@co.santa-cruz.ca.us

CAMBODIAN

ប្រុងប្រយ័ត្ន: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរសេវាកម្មជំនួយភាសាគឺមិនគិតថ្លៃទេ។
ទូរស័ព្ទមកលេខ 1-800-952-2335 អ៊ីម៉ែល: hsabhserviceinfo@co.santa-cruz.ca.us

HMONG

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-952-2335 - Email: hsabhserviceinfo@co.santa-cruz.ca.us

HINDI

ध्यान दें: यदि आप हिंदी बोलते हैं, तो मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-952-2335
ईमेल hsabhserviceinfo@co.santa-cruz.ca.us

THAI

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-952-2335
อีเมล hsabhserviceinfo@co.santa-cruz.ca.us

General Information

Introduction to This Handbook

This handbook is designed to explain the substance use treatment benefits available to Drug Medi-Cal beneficiaries, and how to access them. It will also inform you of your rights and responsibilities as a member and how to get help with a question or problem related to your care. It is important to read the handbook so you fully understand what services are available in the County of Santa Cruz. The handbook will supplement the general member handbook you receive with enrollment of Medi-Cal benefits.

If you would like to access substance use treatment services through the County system, you can call the Access Line toll free, 24 hours per day, 7 days per week, at (800) 952-2335.

Emergency Services

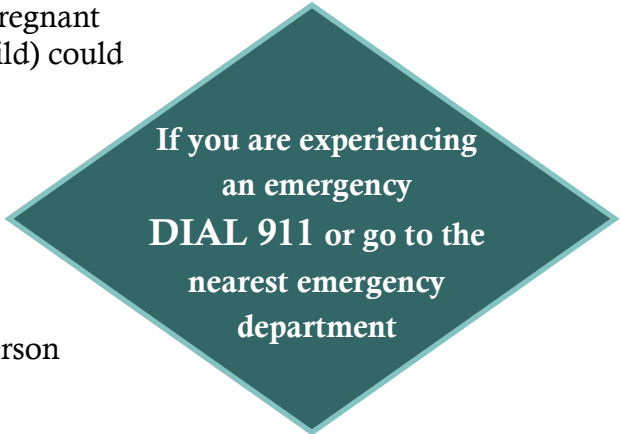
Emergency Services are available 24 hours per day and 7 days per week. If you are experiencing a health-related emergency, **please call 911 or go to the nearest emergency room for help.**

An emergency medical condition has symptoms so severe (possibly including severe pain) that an average person could expect the following might happen at any moment:

- ◆ The health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) could be in serious trouble.
- ◆ Serious problems with bodily functions.
- ◆ Serious problems with any bodily organ or part.

It is also considered an emergency when an average person thinks that someone:

- ◆ Is a current danger to themselves or another person because of a mental illness or use of drugs or alcohol.
- ◆ Is immediately unable to provide or eat food, or use clothing or shelter because of a mental illness or use of drugs or alcohol.



If you are experiencing
an emergency
DIAL 911 or go to the
nearest emergency
department

General Information

The Medi-Cal program will cover emergency conditions, whether the condition is medical or psychiatric (emotional or mental). If you are on Medi-Cal, you will not receive a bill to pay for going to the emergency department, even if it turns out to not be an emergency.

If you are experiencing
an emergency
DIAL 911 or go to the
nearest emergency
department

If you aren't sure if the condition is truly an emergency or if you're not sure whether the condition is medical or psychiatric, you may still go to the emergency department and let qualified medical professionals make the decision about what is needed. If the emergency room professionals decide there is a psychiatric emergency, the emergency department professional staff will connect you to the Telecare Crisis Stabilization Program for a psychiatric evaluation.

If you are experiencing an emergency, you may visit any emergency department you choose.

Emergency Departments in Santa Cruz County

Dominican Hospital
1555 Soquel Dr.
Santa Cruz, CA 95065
(831) 462-7700

Watsonville Community Hospital
75 Nielson St.
Watsonville, CA 95076
(831) 761-5613

Introduction to Drug Medi-Cal

Welcome to the County of Santa Cruz Drug Medi-Cal Organized Delivery System of care. Understanding how the system works can help you access the care you need to achieve wellness.

Drug Medi-Cal (DMC) is the health insurance that covers substance use disorder services for Medi-Cal beneficiaries. Medi-Cal is available to adults and children 12 years of age or older with limited resources regardless of gender, sexual orientation, race, color, national origin, religion, marital status, age, disability, veteran status or primary language.



General Information

Medi-Cal Eligibility

The first step to accessing DMC is to make sure you are a Medi-Cal beneficiary in Santa Cruz County. This is the umbrella coverage that includes DMC. Medi-Cal is specific to the County in which you are registered.

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

- ◆ 65 years old, or older.
- ◆ Under 21 years of age.
- ◆ An adult, between 21 and 65 with a minor child living with you (a child who is not married and who is under the age of 21).
- ◆ Adults with qualifying income.
- ◆ Blind or disabled.
- ◆ Pregnant.
- ◆ Certain refugees, or Cuban/Haitian immigrants.
- ◆ Receiving care in a nursing home.

Enrolling in Medi-Cal

If you wish to apply for Medi-Cal, and you think you meet the eligibility criteria, you have several options.

If you have already connected with a provider, they will assist you in applying for Medi-Cal, which includes DMC benefits.

You can apply online at www.dhcs.ca.gov/services/medi-cal/.

If you prefer to speak to someone face to face and get support with completing the application, you may visit the following office locations:



General Information

Customer Service Center
1020 Emeline Ave.
Santa Cruz, CA 95060

Customer Service Center
18 W. Beach St.
Watsonville, CA 95076

These offices are open Monday through Friday from 8:00 am to 5:00 pm.

The DMC Organized Delivery System

DMC services are part of the DMC Organized Delivery System (ODS). It is called an Organized Delivery System because it is designed to connect all providers at all levels of care across the County to best meet your needs. This integrated approach ensures that your treatment is consistent, holistic and tailored to your individualized circumstances. We offer a range of opportunities including residential, outpatient and intensive outpatient treatment, withdrawal management services, case management, recovery support, and medication assisted treatment. Detailed information on all of these services is found beginning on page 13 of this handbook.

As a participant in the DMC-ODS Plan, the County of Santa Cruz has many responsibilities to the beneficiary. These include:

- ◆ Helping you determine if you are eligible for DMC-ODS services from the County or its provider network.
- ◆ Coordinating your care.
- ◆ Providing toll-free phone access 24 hours per day, 7 days per week, to learn how to get services. This includes access to information after business hours.
- ◆ Offering enough services so that everyone who needs them can access them quickly.
- ◆ Helping you understand the services that are available to you.
- ◆ Offering services in your primary language, or providing you with a free interpreter.
- ◆ Providing written information about DMC-ODS in your primary language. More information about this is available on page 12.



General Information

- ◆ Providing you with notice of any significant changes in the information in this handbook at least 30 days before the intended effective date of the change. A change would be considered significant if there is an increase or decrease in the amount or type of services available, if there is an increase or decrease in the number of network providers, or any other change that would impact the benefits you receive through this plan.
- ◆ 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 alternate providers that do offer the covered service.

More information about member services can be obtained by calling the 24 hour Access line at (800) 952-2335.

Medical Necessity

In addition to being eligible for DMC, your needs around drug or alcohol use must be significant enough that you are determined to have medical necessity. You may meet medical necessity criteria if one or more of the following statements applies to you:

- ◆ Your substance use has caused significant disruption and impairment of your life.
- ◆ If you are 21 years of age or older, your substance use meets measurement criteria for a disorder.
- ◆ If you are under 21 years of age, you are at risk of developing a substance use disorder.
- ◆ Your substance use fits with service criteria set by the American Society for Addiction Medicine (ASAM).

You do not have to have a previous diagnosis, or know your current diagnosis. The service provider will meet with you to conduct an assessment and determine if you have a medical need for services. This will also help to determine what kind of services will best meet your individual needs. Thus, the assessment and determination of medical necessity is a very important part of the DMC-ODS process.



General Information

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. 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 the 24 hour Access line at (800) 952-2335.

Cost of Services

If your family income is lower than the Medi-Cal limits, Medi-Cal will pay the entire cost of your treatment. If your family income is higher than the Medi-Cal limits, you will need to pay part of the cost of your treatment. This is called share of cost, and must be paid monthly. Your provider will let you know if you need to make share of cost payments.

You may have to pay a 'co-payment' for any treatment under Medi-Cal. You may have to pay an out of pocket amount each time you get a medical or SUD treatment service or a prescribed drug (medicine) and a co-payment if you go to a hospital emergency room for your regular services.

If you are determined to be eligible for Medi-Cal, and are twelve years of age or older, you are eligible for DMC.

Transportation

If you have trouble getting to your medical appointments or drug and alcohol treatment appointments, the Medi-Cal program can help you find transportation. You can get information online by visiting www.dhcs.ca.gov, then clicking on 'Services' and then 'Medi-Cal.'

For children, the County Child Health and Disability Prevention (CHDP) program can help. Or, you may wish to contact your County social services office. These phone numbers can be found in your local telephone book in the 'County Government' pages.



General Information

For adults, your County social services office can help. You can get information about your County social services office by checking your local telephone book. Or you can get information online by visiting www.dhcs.ca.gov, then clicking on 'Services' and then 'Medi-Cal.'

Information for Members Who Need Materials in Different Languages

All written materials about DMC-ODS, including this handbook and the grievance and appeal forms, are available at all provider sites in English and Spanish, as these are the threshold languages in Santa Cruz County.

We also utilize the AT&T Language Line for those languages that are not the threshold languages and for whom we do not have staff language capability. More information can be obtained by calling the Access Line at (800) 952-2335.

Information for Members Who Have Difficulty Reading

Upon request, the County will provide members with large print booklets or audio discs of information.

Information for Members Who Are Hearing Impaired or Vision Impaired

The County of Santa Cruz will utilize the relay service telephone line and a direct email address to support hearing impaired beneficiaries. Telephone services can be accessed by calling 711. Email services can be accessed at hsabhserviceinfo@co.santa-cruz.ca.us. To support members who are vision impaired, information is also available on audio discs.

Notice of Privacy Practices

You are entitled to certain privileges of privacy and confidentiality when you receive Medi-Cal services. Information about privacy practices is available in the reception area of each provider. The information can also be accessed online in English and Spanish under Quick Links at <http://www.santacruzhealth.org/>



DMC-ODS Services

DMC-ODS offers a range of service options for beneficiaries based on their medical necessity. The services are designed to provide help for substance use issues beyond what a primary care doctor can provide. Services include:

- ◆ Outpatient Treatment
- ◆ Intensive Outpatient Treatment
- ◆ Residential Treatment (subject to prior authorization by the County)
- ◆ Withdrawal Management
- ◆ Opioid Treatment
- ◆ Medication Assisted Treatment
- ◆ Recovery Services
- ◆ Case Management

Accessing Services

Many people have difficult times in life and may experience SUD problems. The most important thing to remember when considering if you need professional help is to trust yourself.

If you are eligible for Medi-Cal, and you think you may need professional help, you should contact the toll-free 24 hour per day, 7 day per week toll-free Access Line at (800) 929-2335 to request an assessment.

You may also be referred to the Santa Cruz DMC-ODS in other ways. The County accepts referrals for SUD services from doctors or other primary care providers who think you may need services, and from your Medi-Cal health plan. Usually a provider will need your permission, or the permission of the parent or caregiver of a child, to make a referral, unless there is an emergency.



DMC-ODS Services

Alternatively, if you prefer to speak with a provider directly, you may connect with them using the information found in the Provider Directory at the end of this handbook, or online at :

<http://www.santacruzhealth.org/Portals/7/Pdfs/ProviderDirectoryMCALDrug.pdf>

If your child or teenager is struggling with substance use, you may use the Access Line at (800) 952-2335 to discuss your concerns and arrange for an assessment. If your child or teen meets the criteria for medical necessity, and is 12 years of age or older, DMC-ODS will cover services.

If you or someone you know is experiencing severe or life-threatening symptoms from the use of overuse of drugs or alcohol, dial 911 immediately or go to the nearest emergency department. Emergency services are covered by Medi-Cal 24 hours a day, 7 days a week, without requiring any authorization.

Crisis Services

If you are having a crisis, and are in immediate need of help, please dial 911 or visit your nearest emergency department.

If you having a crisis, but are not in imminent danger, you can contact the Access Line toll free, 24 hours a day, 7 days a week at (800) 952-2335.

You may also visit the Access Team in person for Crisis Services. They are available Monday through Friday from 8:00 am to 5:00 pm.

Access Walk In Crisis Services
1400 Emeline Ave.
Building K
Santa Cruz, CA 95060

After Hours Services

If you have questions or need to speak to someone after normal business hours, please call the Access Line any time at (800) 952-2335. This number will provide information about the network of support available throughout Santa Cruz County and provide linkages to service options. The number will also maintain a log of incoming calls after business hours, which will be relayed to the Access staff for follow up the next business day.



Service Options for Adults

Outpatient Treatment

Counseling services are provided to adult members up to nine hours a week for when determined to be medically necessary and in accordance with an individualized client plan. Services can be provided by a licensed professional, or a registered or certified counselor in any appropriate setting in the community.

Outpatient services includes intake and assessment, treatment planning, individual counseling, group counseling, family therapy, collateral services, member education, medication services, crisis intervention services, and discharge planning.

Intensive Outpatient Treatment

Intensive Outpatient Treatment services are provided to adult members for a minimum of nine hours and a maximum of 19 hours per week when determined to be medically necessary and in accordance with an individualized client plan. Services consist primarily of counseling and education about problems related to substance use. Services can be provided by a registered or certified counselor in any appropriate setting in the community.

Intensive Outpatient Treatment Services include the same components as Outpatient Services. The increased number of hours of service are the main difference.

Residential Treatment (subject to authorization by the County)

Residential Treatment is a non-institutional, 24-hour non-medical, short-term residential program that provides rehabilitation services to members with a SUD diagnosis when determined as medically necessary and in accordance with an individualized treatment plan. Residential care is only provided when the member is unable to safely access lower levels of care due to severity and risk associated with their substance use. Members achieve stabilization in residential care and are then transitioned to a lower level of care as soon as possible to continue working on SUD issues.

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 the County plan. Each authorization for residential services can be for a maximum of 90 days for adults. Only two authorizations for residential services are allowed in a one-year-period.

Service Options for Adults

It is possible to have one 30-day extension per year based on medical necessity. Pregnant women can receive residential services through the last day of the month that the 60th day after delivery occurs.

Length of stay must also match the proper criteria for medical necessity for the entire duration of the residential treatment episode.

One Year of Adult Residential Treatment



Residential Services includes intake and assessment, treatment planning, individual counseling, group counseling, family therapy, collateral services, member education, medication services, safeguarding medications (facilities will store all resident medication and facility staff members may assist with resident’s self-administration of medication), crisis intervention services, transportation (provision of or arrangement for transportation to and from medically necessary treatment) and discharge planning.

Withdrawal Management

Withdrawal Management services are provided when determined as medically necessary and in accordance with an individualized client plan. Members may know these services by their former name of “detoxification.” 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 and approved and authorized according to the State of California requirements.

Withdrawal Management Services include intake and assessment, observation (to evaluate health status and response to any prescribed medication), medication services, and discharge planning.



Service Options for Adults

Narcotic Treatment Program

Narcotic Treatment Program (NTP) services are provided in NTP licensed facilities. Medically necessary services are provided in accordance with an individualized client plan determined by a licensed physician or licensed prescriber, and approved and authorized according to the State of California requirements. NTPs are required to offer and prescribe medications to members covered under the DMC-ODS formulary including methadone, buprenorphine (Suboxone), naloxone (Narcan), and disulfiram (Antabuse).

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

Medication Assisted Treatment

Medication Assisted Treatment (MAT) Services are available outside of the NTP clinic. MAT is the use of prescription medications, in combination with counseling and behavioral therapies, to provide a whole-person approach to the treatment of SUD. MAT services include the ordering, prescribing, administering, and monitoring of all medications for SUD. Opioid and alcohol dependence, in particular, have well established medication options. Physicians and other prescribers may offer medications to members covered under the DMC-ODS formulary including buprenorphine (Suboxone), naloxone (Narcan), disulfiram (Antabuse), naltrexone (Vivitrol), Acamprosate (Campral), or any FDA approved medication for the treatment of SUD.

Recovery Services

Recovery Services are important to the member's recovery and wellness. The treatment community becomes a therapeutic agent through which members are empowered and prepared to manage their health and health care. Therefore, treatment must emphasize the member's central role in managing their health, use effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to members. Recovery Services include individual and group counseling; recovery monitoring/substance abuse assistance (recovery coaching, relapse prevention, and peer-to-peer services); and case management (linkages to educational, vocational, family supports, community-based supports, housing, transportation, and other services based on need).



Service Options for Adults

Case Management

Case Management Services assist a member to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. These services focus on coordination of SUD care, integration around primary care especially for members with a chronic SUD, and interaction with the criminal justice system, if needed.

Case Management Services include a comprehensive assessment and periodic reassessment of individual needs to determine the need for continuation of case management services; transitions to higher or lower levels of SUD care; development and periodic revision of a client plan that includes service activities; communication, coordination, referral and related activities; monitoring service delivery to ensure member access to service and the service delivery system; monitoring the member's progress; and, member advocacy, linkages to physical and mental health care, transportation and retention in primary care services.

Case management shall be consistent with and shall not violate confidentiality of any member as set forth in Federal and California law.



Service Options for Adolescents

Outpatient Treatment

Counseling services are provided to adolescent members up to six hours a week for when determined to be medically necessary and in accordance with an individualized client plan. Services can be provided by a licensed professional, or a registered or certified counselor in any appropriate setting in the community.

Outpatient services includes intake and assessment, treatment planning, individual counseling, group counseling, family therapy, collateral services, member education, medication services, crisis intervention services, and discharge planning.

Services can be offered to youth without mandated parent involvement. However, treatment is more effective when family members and other important supports are involved, so we strongly encourage parent participation.



Service Options for Adolescents

Intensive Outpatient Treatment

Intensive Outpatient Treatment services are provided to adolescent members for a minimum of six hours per week when determined to be medically necessary and in accordance with an individualized client plan. Services consist primarily of counseling and education about problems related to substance use. Services can be provided by a registered or certified counselor in any appropriate setting in the community.

Intensive Outpatient Treatment Services include the same components as Outpatient Services. The increased number of hours of service are the main difference.

Residential Treatment (subject to authorization by the County and currently only available to beneficiaries by enrolling with partner programs located outside of the County)

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 and in accordance with an individualized treatment plan. Residential care is only provided when the member is unable to safely access lower levels of care due to severity and risk associated with their substance use. Members achieve stabilization in residential care and are then transitioned to a lower level of care as soon as possible to continue working on SUD issues.

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 the County plan. Each authorization for residential services can be for a maximum of 30 days for adolescents. Only two authorizations for residential services are allowed in a one-year-period. It is possible to have one 30-day extension per year based on medical necessity.

Length of stay must also match the proper criteria for medical necessity for the entire duration of the residential treatment episode.

Residential Services includes intake and assessment, treatment planning, individual counseling, group counseling, family therapy, collateral services, member education, medication services, safeguarding medications (facilities will store all resident medication and facility staff members may assist with resident's self-administration of medication), crisis intervention services, transportation (provision of or arrangement for transportation to and from medically necessary treatment) and discharge planning.

Service Options for Adolescents

One Year of Adolescent Residential Treatment



Recovery Services

Recovery Services are important to the member's recovery and wellness. The treatment community becomes a therapeutic agent through which members are empowered and prepared to manage their health and health care. Therefore, treatment must emphasize the member's central role in managing their health, use effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to members. Recovery Services include individual and group counseling; recovery monitoring/substance abuse assistance (recovery coaching, relapse prevention, and peer-to-peer services); and case management (linkages to educational, vocational, family supports, community-based supports, housing, transportation, and other services based on need).

Case Management

Case Management Services assist a member to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. These services focus on coordination of SUD care, integration around primary care especially for members with a chronic SUD, and interaction with the criminal justice system, if needed.

Case Management Services include a comprehensive assessment and periodic reassessment of individual needs to determine the need for continuation of case management services; transitions to higher or lower levels of SUD care; development and periodic revision of a client plan that includes service activities; communication, coordination, referral and related activities; monitoring service delivery to ensure member access to service and the service delivery system; monitoring the member's progress; and, member advocacy, linkages to physical and mental health care, transportation and retention in primary care services.

Case management shall be consistent with and shall not violate confidentiality of any member as set forth in Federal and California law.



Providers

Selecting a Provider

The County of Santa Cruz may put some limits on your choice of providers. You will be offered a choice of at least two providers at the time of your assessment, unless there is ample reason why a choice cannot be offered. For example, you may not be given an option if there is only one provider who can deliver the service you need. You are also granted the right to change providers. When you ask to change providers, the County must allow you to choose between at least two providers, unless there is a good reason not to do so. The County maintains a brochure which describes how to change your provider, as well as how to file a grievance or appeal.

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

You are encouraged to discuss any problems or concerns related to your treatment with your provider. If you remain dissatisfied, you have the right to request a second opinion about your treatment, request a change in provider, or file a grievance. Please contact the QI Help Line at (831) 454-4468 for assistance.

Selection and Limitation of Services

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

Service Authorization

To be authorized for services means that the County of Santa Cruz has approved you for



Providers

receiving help through DMC-ODS. The County plan's authorization process must follow specific timelines.

For a standard authorization, the plan must decide on your provider's request within 14 calendar days. If you or your provider request or if the County plan thinks it is in your interest to get more information from your provider, the timeline can be extended for up to another 14 calendar days. An example of when an extension might be in your interest is when the County thinks it might be able to approve your provider's request for authorization if the County plan had additional information from your provider and would have to deny the request without the information. If the County plan extends the timeline, the County will send you a written notice about the extension.

If the County doesn't make a decision within the timeline required for a standard or an expedited authorization request, the County plan must send you a Notice of Adverse Benefit Determination telling you that the services are denied and that you may file an appeal. You may ask the County plan for more information about its authorization process. Check the corresponding section of this handbook to see how to request the information. If you don't agree with the County plan's decision on an authorization process, you may then file an appeal with the County. If you have exhausted the plan's appeal process, at that time you may request a State Fair Hearing.

Available Providers

If you are new to the County plan, information about obtaining a complete list of providers in your County plan can be found in the Provider Directory at <http://www.santacruzhealth.org/Portals/7/Pdfs/ProviderDirectoryMCALDrug.pdf>

The directory contains information about where providers are located, the SUD 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, you may contact them directly using the phone numbers found in the Provider Directory, or you may contact the Access line at (800) 952-2335.

For information about accessing primary care physicians, specialists and hospitals, please contact the Central California Alliance for Health at (800) 700-3874.



Rights and Responsibilities

When engaging in Medi-Cal, each individual is entitled to certain rights. They are also held to certain responsibilities as a service recipient.

Member Rights

As a person eligible for Medi-Cal and residing in a DMC-ODS pilot program County, you have a right to receive medically necessary SUD treatment services from the County plan. 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 your 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 the County DMC-ODS plan, other obligations of the County plan 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.
- ◆ Receive written materials in alternative formats (including large size print and audio format) upon request and in a timely fashion appropriate for the format being requested.
- ◆ Receive oral interpretation services in your preferred language.



Rights and Responsibilities

- ◆ Receive SUD treatment services from a County plan that follows the requirements of its contract with the State in the areas of availability of services, assurances of adequate capacity and services, coordination and continuity of care, and coverage and authorization of services.
- ◆ Access Minor Consent Services, if you are a minor.
- ◆ Access medically necessary services out-of-network in a timely manner, if the plan doesn't have an employee or contract provider who can deliver the services. "Out-of-network provider" means a provider who is not on the County plan's list of providers. The County must assure you don't pay extra for seeing 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.
- ◆ Voice grievances, verbally or in writing, about the organization or the care received.
- ◆ Request a State Medi-Cal fair hearing, including information on the circumstances under which an expedited fair hearing is possible.
- ◆ Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- ◆ Freedom to exercise these rights without adversely affecting how you are treated by the County plan, providers, or the State.
- ◆ Request and obtain this booklet and other informing materials at least once a year and thereafter upon request.

Member Responsibilities

As a recipient of DMC-ODS service, it is your responsibility to:

- ◆ Carefully read the member informing materials that you have received from the County plan. These materials will help you understand which services are available and how to get treatment if you need it.



Rights and Responsibilities

- ◆ 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 (County plan) ID card and a photo ID when you attend treatment.
- ◆ Let your provider know if you need an interpreter before your appointment.
- ◆ Tell your provider all your medical concerns in order for your plan to be accurate. The more complete information that you share about your needs, the more successful your treatment will be.
- ◆ Make sure to ask your provider any questions that you have. It is very important you completely understand your treatment plan and any other information that you receive during treatment.
- ◆ Follow the treatment plan you and your provider have agreed upon.
- ◆ Be willing to build a strong working relationship with the provider that is treating you.
- ◆ Contact the County plan if you have any questions about your services or if you have any problems with your provider that you are unable to resolve.
- ◆ Tell your provider and the County plan 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. If you suspect Medi-Cal fraud, waste, or abuse, call the DHCS Medi-Cal Fraud Hotline at (800) 822-6222 or email fraud@dhcs.ca.us.



Notice of Adverse Benefit Determination

A Notice of Adverse Benefit Determination, sometimes called a NOA[BD], is a form that the Santa Cruz DMC-ODS plan uses to tell you when the plan makes a decision about whether or not you will get Medi-Cal SUD treatment services. A Notice of Adverse Benefit Determination is also used to tell you if your grievance, appeal, or expedited appeal was not resolved in time, or if you didn't get services within the County plan's timeline standards for providing services.

Notice of Adverse Benefit Determination Events

You will get a Notice of Adverse Benefit Determination under the following circumstances:

- ◆ If your County plan or one of the County plan 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 service and asks the County plan for approval, but the County plan does not agree and denies your provider's request, or changes the type or frequency of service. Most of the time you will receive a Notice of Adverse Benefit Determination before you receive the service, but sometimes the Notice of Adverse Benefit Determination will come after you already received the service, or while you are receiving the service. 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.
- ◆ If your provider has asked the County plan for approval, but the County needs more information to make a decision and doesn't complete the approval process on time.
- ◆ If your County plan does not provide services to you based on the timelines the County plan has set up. Call your County plan to find out if the County plan has set up timeline standards.
- ◆ If you file a grievance with the County plan and the County plan does not get back to you with a written decision on your grievance within 90 days. If you file an appeal with the County plan and the County plan 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.



Notice of Adverse Benefit Determination

There are some cases where you may not receive a Notice of Adverse Benefit Determination. You may still file an appeal with the County plan or if you have completed the appeal process, you can request a state fair hearing when these things happen. Information on how to file an appeal or request a fair hearing is included in this handbook. Information should also be available in your provider's office.

Information in the Notice of Adverse Benefit Determination

The Notice of Adverse Benefit Determination provides you with information about your situation. This includes:

- ◆ What your County plan did that affects you and your ability to get services.
- ◆ The effective date of the decision and the reason the plan made its decision.
- ◆ The state or federal rules the County was following when it made the decision.
- ◆ What your rights are if you do not agree with what the plan did.
- ◆ How to file an appeal with the plan.
- ◆ How to request a State Fair Hearing.
- ◆ How to request an expedited appeal or an expedited fair hearing.
- ◆ How to get help filing an appeal or requesting a State Fair Hearing.
- ◆ How long you have to file an appeal or request a State Fair Hearing.
- ◆ If you are eligible to continue to receive services while you wait for an Appeal or State Fair Hearing decision.
- ◆ When you have to file your Appeal or State Fair Hearing request if you want the services to continue.



Notice of Adverse Benefit Determination

Receipt of a Notice of Adverse Benefit Determination

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

If the Notice of Adverse Benefit Determination form tells you that you can continue services while you are waiting for a State Fair Hearing decision, you must request the state fair hearing within 10 days from the date the Notice of Adverse Benefit Determination was mailed or personally given to you or, if the Notice of Adverse Benefit Determination is sent more than 10 days before the effective date for the change in services, before the effective date of the change.



Problem Resolution Process

The Santa Cruz County plan has a way for you to work out a problem about any issue related to the SUD treatment services you are receiving. This is called the problem resolution process.

Options for Resolving Issues

Resolving any problems or issues could involve the following processes:

The Grievance Process is an expression of unhappiness about anything regarding your SUD treatment services.

The Appeal Process is a review of a decision (denial or changes to services) that was made about your SUD treatment services by the County plan or your provider.

The State Fair Hearing Process is a review to make sure you receive the SUD treatment services which you are entitled to under the Medi-Cal program. This step may be taken after exhausting the grievance and appeal process.



Problem Resolution Process

Filing a grievance, an appeal, or a State Fair Hearing will not count against you and will not impact the services you are receiving.

When your grievance or appeal is complete, your County plan will notify you and others involved of the final outcome. When your State Fair Hearing is complete, the State Hearing Office will notify you and others involved of the final outcome.

Help Filing a Grievance, Appeal or State Fair Hearing

Your County plan will have people available to explain these processes to you and to help you report a problem either as a grievance, an appeal, or as a request for State Fair Hearing.

They may also help you decide if you qualify for what's called an 'expedited' process, which means it will be reviewed more quickly because your health or stability are at risk.

You may also authorize another person to act on your behalf, including your SUD treatment provider. This will require the use of a written release of information so that the provider may discuss your concerns.

If you would like help, please contact the QI Help Line at (831) 454-4468.

Other Options for Resolving Issues

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 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, toll free, at (800) 952-5253. If you are hearing impaired and use TDD, please call (800) 952-8349



Grievance Process

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

- ◆ Involve simple, and easily understood procedures that allow you to present your grievance orally or in writing.
- ◆ Not count against you or your provider in any way.
- ◆ Allow you to authorize another person to act on your behalf, including a provider. If you authorize another person to act on your behalf, the County plan might ask you to sign a form authorizing the plan to release information to that person.
- ◆ Ensure that the individuals making the decisions are qualified to do so and not involved in any previous levels of review or decision-making.
- ◆ Identify the roles and responsibilities of you, your County plan and your provider.
- ◆ Provide resolution for the grievance in the required timeframes.

Filing a Grievance

You can file a grievance with the County plan if you are unhappy with the SUD treatment services you are receiving from the County plan or have another concern regarding the County plan.

To get help with a grievance, you can contact the QI Help Line at (831) 454-4468. The County will provide self-addressed envelopes at all the providers' sites for you to mail in your grievance. Grievances can be filed orally or in writing. Oral grievances do not have to be followed up in writing.

Receipt Confirmation

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



Grievance Process

Response Timelines

The County plan must make a decision about your grievance within 90 calendar days from the date you filed your grievance. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the County plan believes that there is a need for additional information and that the delay is for your benefit. An example of when a delay might be for your benefit is when the County believes it might be able to resolve your grievance if the County plan had a little more time to get information from you or other people involved.

Decision Notification

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

Grievance Deadlines

There are no deadlines for filing a grievance. You may file a grievance at any time.



Appeal Process

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



Appeal Process

Standard Appeal

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

- ◆ Allow you to file an appeal in person, on the phone, or in writing. If you submit your appeal in person or on the phone, you must follow it up with a signed written appeal. You can get help to write the appeal. If you do not follow-up with a signed written appeal, your appeal will not be resolved. However, the date that you submitted the oral appeal is the filing date.
- ◆ Ensure filing an appeal will not count against you or your provider in any way.
- ◆ Allow you to authorize another person to act on your behalf, including a provider. If you authorize another person to act on your behalf, the plan might ask you to sign a form authorizing the plan to release information to that person.
- ◆ Have your benefits continued upon request for an appeal within the required timeframe, which is 10 days from the date your Notice of Adverse Benefit Determination was mailed 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.



Appeal Process

- ◆ Allow you, your representative, or the legal representative of a deceased member's estate to be included as parties to the appeal.
- ◆ Let you know your appeal is being reviewed by sending you written confirmation.
- ◆ Inform you of your right to request a State Fair Hearing, following the completion of the appeal process.

Filing an Appeal

You can file an appeal with your County DMC-ODS Plan:

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

You may call the QI Help Line at (831) 454-4468 to get help with filing an appeal. The plan will provide self-addressed envelopes at all provider sites for you to mail your appeal.



Appeal Process

Response Timelines

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

Decision Notification

Your County DMC-ODS plan will notify you or your representative in writing about their decision for your appeal. The notification will have the following information:

- ◆ The results of the appeal resolution process.
- ◆ The date the appeal decision was made.
- ◆ If the appeal is not resolved wholly in your favor, the notice will also contain information regarding your right to a State Fair Hearing and the procedure for filing a State Fair Hearing.

Appeal Deadlines

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

Expedited Appeal

The appeal process may be faster if it qualifies for the expedited appeals process. An expedited appeal is a faster way to decide an appeal. The expedited appeals process follows a similar process to the standard appeals process.



Appeal Process

To be eligible for an expedited appeal:

- ◆ 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.

Filing an Expedited Appeal

If you think that waiting up to 30 days for a standard appeal decision will jeopardize your life, health or ability to attain, maintain or regain maximum function, you may request an expedited resolution of an appeal.

If the County plan agrees that your appeal meets the requirements for an expedited appeal, your County will resolve your expedited appeal within 72 hours after the County plan receives the appeal. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the County plan shows that there is a need for additional information and that the delay is in your interest.

If your County plan extends the timeframes, the plan will give you a written explanation as to why the timeframes were extended.

If the County plan decides that your appeal does not qualify for an expedited appeal, the County plan must make reasonable efforts to give you prompt oral notice and will notify you in writing within 2 calendar days giving you the reason for the decision. Your appeal will then follow the standard appeal timeframes outlined earlier in this section.

If you disagree with the County's decision that your appeal doesn't meet the expedited appeal criteria, you may file a grievance.

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



State Fair Hearing

A State Fair Hearing is an independent review conducted by the California Department of Social Services to ensure you receive the SUD treatment services to which you are entitled under the Medi-Cal program. You are required to exhaust the plan's appeal process prior to proceeding to a State Fair Hearing.

State Fair Hearing Rights

You have the right to:

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

Filing for a State Fair Hearing

You can file for a State Fair Hearing:

- ◆ If you have completed the County plan's appeal process.
- ◆ If your County or one of the County contracted providers decides that you do not qualify to receive any Medi-Cal SUD treatment services because you do not meet the medical necessity criteria.
- ◆ If your provider thinks you need a SUD treatment service and asks the County plan for approval, but the County plan does not agree and denies your provider's request, or changes the type or frequency of service.
- ◆ If your provider has asked the County plan for approval, but the County needs more information to make a decision and doesn't complete the approval process on time.



State Fair Hearing

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

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 (800) 952-8349 to request a State Fair Hearing. If you are hearing impaired and use TDD, you may call (800) 952-8349.

Deadlines for Filing for a State Fair Hearing

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

Service Continuation During the State Fair Hearing Process

You can continue treatment services while you're waiting for a State Fair Hearing decision if your provider thinks SUD treatment service you are already receiving needs to continue and asks the County plan for approval to continue, but the County does not agree and denies your provider's request, or changes the type or frequency of service the provider requested. You will always receive a Notice of Adverse Benefit Determination from County plan when this happens. Additionally, you will not have to pay for services received while the State Fair Hearing is pending.



State Fair Hearing

If you want services to continue during the State Fair Hearing process, you must request a State Fair Hearing within 10 days from the date of the County notice of resolution.

Expedited State Fair Hearing Decisions

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