YOUR PARTNER IN HEALTH

Partnership HealthPlan of California

Drug Medi-Cal Organized Delivery System Wellness and Recovery Handbook

Calendar Year 2024

Wellness & Recovery
HOPE IS HERE

Other Languages and Formats

Other Languages

You can get this Beneficiary Handbook and other plan materials in other languages at no cost to you. We provide written translations from qualified translators. Call Partnership at (800) 863-4155 (TTY: 711). The call is toll free. Read this Beneficiary Handbook to learn more about health care language assistance services, such as interpreter and translation services.

Other Formats

You can get this information in other formats, such as braille, 20-point font large print, audio, and accessible electronic formats at no cost to you. Call (800) 863-4155 (TTY: (800) 735-2929 or 711). The call is toll free.

Interpreter Services

Partnership provides oral interpretation services from a qualified interpreter, on a 24-hour basis, at no cost to you. You do not have to use a family member or friend as an interpreter. We discourage the use of minors as interpreters unless it is an emergency. Interpreter, linguistic and cultural services are available at no cost to you. Help is available 24 hours a day, 7 days a week. For language help or to get this handbook in a different language, call (800) 863-4155 or interpreter services at (844) 333-3095 (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 أيٍ صًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل 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 նյութեր: Զանգահարեք 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 ដូចជាឯកសារសរសេរជាអក្សរធំសម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ 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.

ແຈ້ງໄວ້ພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອ ໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-800-863-4155 (TTY: 1-800-735-2929). ຍັງມີ ຄວາມຊ່ວຍເຫຼືອ ແລະການບໍລິການສໍ າລັ ບຄົ ນພິ ການ ເຊັ ນເອກະສານທີ ເປັ ນອັ ກສອນນູ ນແລະມີ ໂຕພິ ມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-800-863-4155 (TTY: 1-800-735-2929). ການບໍ ລິການເຫຼົ ານີ ້ ບໍ ຕ້ ອງເສຍຄ່ າໃຊ້ ຈ່ ายใดๆ.

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 hluo 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.

แท็กไลน์ ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้อ งการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-863-4155 (TTY: 1-800-735-2929) **นอกจากนี้ ยังพร้อ มให้ค วามช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ**

ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-863-4155 (TTY: 1-800-735-2929) **ไม่มีค่าใช้จ่ ายสำหรับบริการเหล่านี้**

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

Non-discrimination Notice

Discrimination is against the law. Partnership follows State and Federal civil rights laws. Partnership does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

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, braille, audio or accessible electronic formats)
- Free language services to people whose primary language is not English, such as:
  - ✓ Qualified interpreters
  - ✓ Information written in other languages

If you need these services, contact Partnership 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, audio, or accessible electronic formats.

HOW TO FILE A GRIEVANCE

If you believe that Partnership has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with Partnership. 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
ATTN: Grievance
4665 Business Center Drive
Fairfield, CA 94534

Or

Partnership HealthPlan of California
ATTN: Grievance
3688 Avtech Parkway
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 Partnership's website at PartnershipHP.org.

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

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

- By phone: Call (916) 440-7370. If you cannot speak or hear well, please call 711.
- In writing: Fill out a complaint form or send a letter to:

  Department of Health Care Services

  Office of Civil Rights

  P.O. Box 997413, MS 0009

  Sacramento, CA 95899-741

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

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

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

  U.S. Department of Health and Human Services

  200 Independence Avenue, SW

  Room 509F, HHH Building

  Washington, D.C. 20201

  Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
- Electronically: Visit the Office for Civil Rights Complaint Portal at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Table of Contents

1. General Information

Why is it important to read this handbook?

It is important that you understand how the Partnership Drug Medi-Cal Organized Delivery System works so you can get the care you need. This handbook explains your benefits and how to get care. It will also answer many of your questions.

You will learn:

- How to receive substance use disorder treatment services through Partnership
- What benefits you have access to
- What to do if you have a question or problem
- Your rights and responsibilities as a beneficiary of Partnership

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

As a beneficiary of Partnership's Drug Medi-Cal Organized Delivery System, Partnership is responsible for:

- Determining if you meet access criteria for Partnership's Drug Medi-Cal Organized Delivery System services from the Partnership provider network.
- Coordinating your care with other plans or delivery systems as needed to facilitate care transitions and guide referrals for beneficiaries, ensuring that the referral loop is closed, and the new provider accepts the care of the beneficiary.
- Providing a toll-free phone number that is answered 24 hours a day and 7 days a week that can tell you about how to get services from the Partnership Drug Medi-Cal Organized Delivery System. You can also contact Partnership at (800) 863-4155 to request the availability of after-hours care.
- Having enough providers close to you to make sure that you can get the substance use treatment services covered by Partnership's Drug Medi-Cal Organized Delivery System if you need them.
- Informing and educating you about services available from Partnership's Drug Medi-Cal Organized Delivery System.

- Providing you services in your language or by an interpreter (if necessary) free of charge and letting you know these interpreter services are available.
- Providing you with written information about what is available to you in other languages or formats.
- 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 Partnership's Drug Medi-Cal Organized Delivery System.
- Ensuring that you have continued access to your previous and current out-of network provider for a period of time if changing providers would cause your health to suffer or increase your risk of hospitalization.

2. Services

What are Drug Medi-Cal Organized Delivery System Services?

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

Drug Medi-Cal Organized Delivery System county services include:

- Outpatient Treatment Services
- Intensive Outpatient Treatment Services
- Residential/Inpatient Treatment Services
- Withdrawal Management Services
- Narcotic Treatment Program Services
- Recovery Services
- Peer Support Services
- Care Coordination Services

Services offered in Partnership's Drug Medi-Cal Organized Delivery System are available by telephone or telehealth, except medical evaluations for Narcotic Treatment Services and Withdrawal Management. If you would like to learn more about each Drug Medi-Cal Organized Delivery System service that may be available to you, see the descriptions below:

Outpatient Treatment Services

- Counseling services are provided to beneficiaries up to nine hours a week for adults and less than six hours a week for beneficiaries under age 21 when medically necessary. Services may exceed the maximum based on individual medical necessity. Services can be provided by a licensed professional or a certified counselor in any appropriate setting in the community in person, by telephone, or by telehealth.
- Outpatient Services include assessment, care coordination, counseling, family therapy, medication services, Medications for Addiction Treatment for opioid use

disorder, Medications for Addiction Treatment for alcohol use disorder and other non-opioid substance use disorders, patient education, recovery services, and substance use disorder crisis intervention services.

Intensive Outpatient Services

- Intensive Outpatient Services are provided to beneficiaries a minimum of nine hours with a maximum of 19 hours a week for adults, and a minimum of six hours with a maximum of 19 hours a week for beneficiaries under age 21 when determined to be medically necessary. Services consist primarily of counseling and education about addiction-related problems. Services can be provided by a licensed professional or a certified counselor in a structured setting. Intensive Outpatient Treatment Services may be provided in person, by telehealth, or by telephone.
- Intensive Outpatient Services include the same components as Outpatient Services. The increased number of hours of service is the main difference.

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 beneficiaries with a substance use disorder diagnosis when determined as medically necessary. The beneficiary shall live on the premises and shall be supported in their efforts to restore, maintain, apply interpersonal and independent living skills, and access community support systems. Most services are provided in person; however, telehealth and telephone may also be used to provide services while a person is in residential treatment. Providers and residents work collaboratively to define barriers, set priorities, establish goals, and solve substance use disorder-related problems. Goals include sustaining abstinence, preparing for relapse triggers, improving personal health and social functioning, and engaging in continuing care.
- Residential services require prior authorization by Partnership'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 the Drug Medi-Cal Organized Delivery System.

Inpatient Treatment Services (subject to authorization by Partnership)

- Beneficiaries under age 21 may be eligible for the service under Early and Periodic Screening, Diagnostic, and Treatment regardless of their county of residence.
- 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 beneficiaries covered under the Drug Medi-Cal Organized Delivery System formulary including methadone, buprenorphine, naloxone, and disulfiram.

- A beneficiary must be offered, at a minimum, 50 minutes of counseling sessions per calendar month. These counseling services can be provided in person, by telehealth, or by telephone. Narcotic Treatment Services include assessment, care coordination, counseling, family therapy, medical psychotherapy, medication services, Medications for Addiction Treatment for opioid use disorder, Medications for Addiction Treatment for alcohol use disorder and other non-opioid substance use disorders, patient education, recovery services, and substance use disorder crisis intervention services.

Withdrawal Management

- Withdrawal management services are urgent and provided on a short-term basis. Withdrawal Management services can be provided before a full assessment has been completed and may be provided in an outpatient, residential, or inpatient setting.
- Regardless in which type of setting, the beneficiary shall be monitored during the withdrawal management process. Beneficiaries receiving withdrawal management in a residential or inpatient setting shall reside at the facility. Medically necessary habilitative and rehabilitative services are prescribed by a licensed physician or licensed prescriber.
- Withdrawal Management Services include assessment, care coordination, medication services, Medications for Addiction Treatment for opioid use disorder, Medications for Addiction Treatment for alcohol use disorder and other non-opioid substance use disorders, observation, and recovery services.

Medications for Addiction Treatment

- Medications for Addiction Treatment Services are available in clinical and nonclinical settings. Medications for Addiction Treatment include all FDA-approved medications and biological products to treat alcohol use disorder, opioid use disorder, and any substance use disorder. Beneficiaries have a right to be offered Medications for Addiction Treatment on-site or through a referral outside of the facility. A list of approved medications includes:
    - Acamprosate Calcium
    - Buprenorphine Hydrochloride
    - Buprenorphine Extended-Release Injectable (Sublocade)
    - Buprenorphine/Naloxone Hydrochloride

  - Naloxone Hydrochloride
  - Naltrexone (oral)
  - Naltrexone Microsphere Injectable Suspension (Vivitrol)
  - Lofexidine Hydrochloride (Lucemyra)
  - Disulfiram (Antabuse)
  - Methadone (delivered by Narcotic Treatment Programs)
- 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. Medications for Addiction Treatment may be provided as part of all Drug Medi-Cal Organized Delivery System services, including Outpatient Treatment Services, Intensive Outpatient Services, and Residential Treatment, for example.
- Beneficiaries may access Medications for Addiction Treatment outside of Partnership's Drug Medi-Cal Organized Delivery System county as well. For instance, medications for addiction treatment, such as buprenorphine, 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

- Beneficiaries under age 21 may be eligible for the service under Early and Periodic Screening, Diagnostic, and Treatment regardless of their county of residence.
- 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 who has lived experience with mental health or substance use conditions and is in recovery who has completed the requirements of Partnership's State-approved certification program, who is certified by Partnership, and who provides these services under the direction of a

Behavioral Health Professional who is licensed, waivered, or registered with the State.

- Peer Support Services include individual and group coaching, educational skill building groups, resource navigation, 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.

Care Coordination

- Care Coordination Services consists of activities to provide coordination of substance use disorder care, mental health care, and medical care, and to provide connections to services and supports for your health. Care Coordination is provided with all services and can occur in clinical or non-clinical settings, including in your community.
- Care Coordination Services include coordinating with medical and mental health providers to monitor and support health conditions, discharge planning, and coordinating with ancillary services including connecting you to community-based services such as childcare, transportation, and housing.

Screening, Assessment, Brief Intervention and Referral to Treatment

Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment is not a Drug Medi-Cal Organized Delivery System benefit. It is a benefit in Medi-Cal Fee-for-Service and Medi-Cal managed care delivery system for beneficiaries that are aged 11 years and older. Managed care plans must provide covered substance use

disorder services, including alcohol and drug use screening, assessment, brief interventions, and referral to treatment (SABIRT) for beneficiaries ages 11 years and older.

Early Intervention Services

Early intervention services are a covered Drug Medi-Cal Organized Delivery System service for beneficiaries under age 21. Any beneficiary under age 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 age 21.

Early Periodic Screening, Diagnosis, and Treatment

Beneficiaries under age 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 age 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. The access criteria for beneficiaries under 21 is different and more flexible than the access criteria for adults accessing Drug Medi-Cal Organized Delivery System services, to meet the Early and Periodic Screening, Diagnostic, and Treatment mandate and the intent for prevention and early intervention of substance use disorder conditions.

If you have questions about the Early and Periodic Screening, Diagnostic, and Treatment services, please call Partnership Member Services at (800) 863-4155 or visit the DHCS Early and Periodic Screening, Diagnostic, and Treatment webpage at https://www.dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Pages/home.aspx

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.

Additional County Specific Information

No matter what county you live in, Partnership can help you get substance use disorder treatment services. To get substance use disorder treatment services, call:

- Butte County: (530) 891-2810
- Colusa County: (888) 793-6580
- Del Norte County: (707) 464-3191
- Glenn County: (800) 507-3530
- Lake County: (707) 274-9101
- Marin County: (888) 818-1115
- Napa County: (707) 253-4063
- Nevada County: (888) 801-1437
- Placer County: (888) 886-5401
- Plumas County: (800) 757-7898
- Sierra County: (530) 993-6746
- Sonoma County: (707) 565-7450
- Sutter County: (530) 822-7200
- Tehama County: (800) 240-3208
- Trinity County: (530) 623-1362
- Yolo County: (888) 965-6647
- Yuba County: (530) 822-7200

Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano County: Call Carelon Behavioral Health at (855) 765-9703.

3. How to Get Drug Medi-Cal Organized Delivery System Services

How do I get Drug Medi-Cal Organized Delivery System Services?

If you think you need substance use treatment services, you can get services by asking Partnership for them yourself. You can call Partnership's toll-free phone number listed on the front of this handbook. You may also be referred to Partnership's Drug Medi-Cal Organized Delivery System county for substance use treatment services in other ways.

Partnership's Drug Medi-Cal Organized Delivery System is required to accept referrals for substance use disorder treatment services from physicians, behavioral health professionals, 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, your general practitioner 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 Partnership's provider network. If any contracted provider objects to performing or otherwise supporting any covered service, Partnership will arrange for another provider to perform the service. Partnership may not deny a request to do an initial assessment to determine whether you meet the criteria to access Drug Medi-Cal Organized Delivery System services.

Where can I get Drug Medi-Cal Organized Delivery System Services?

Partnership 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 County, you can get Drug Medi-Cal Organized Delivery System services in the county where you live through the Drug Medi-Cal Organized Delivery System. For Drug Medi-Cal Organized Delivery System services not provided within your county,

Partnership will arrange for you to receive services out-of-county when necessary and appropriate. Partnership's Drug Medi-Cal Organized Delivery System has substance use disorder treatment providers available to treat conditions that are covered by Partnership's Drug Medi-Cal Organized Delivery System. Other counties that are not participating in the Drug Medi-Cal Organized Delivery System can provide the following Drug Medi-Cal services:

- Intensive Outpatient Treatment
- Narcotic Treatment
- Outpatient Treatment
- Perinatal Residential Substance Abuse Service (excluding room and board)

If you are under age 21, 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 Behavioral Health 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 related problems. The most important thing to remember is that help is available. If you are eligible for Medi-Cal, and you think you may need professional help, you should request an assessment from Partnership's Drug Medi-Cal Organized Delivery System to find out for sure since you currently reside in a participating Drug Medi-Cal Organized Delivery System county.

How do I know when a child or teenager needs help?

You may contact Partnership for an assessment for your child or teenager if you think they are showing any of the signs of substance use. If your child or teenager qualifies for Medi-Cal and an assessment indicates that drug and alcohol treatment services covered by Partnership are needed, Partnership will arrange for your child or teenager to receive the services.

When can I get Drug Medi-Cal Organized Delivery System Services?

Partnership'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 the Drug Medi-Cal Organized Delivery System. Partnership'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 non-urgent 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.

However, these times may be longer if your provider has determined that a longer waiting time is medically appropriate and not harmful to your health. If you have been told you have been placed on a waitlist, and feel the length of time is detrimental to your health, contact Partnership at 1-800-863-4155. You have the right to file a grievance if you do not receive timely care. For more information about filing a grievance, please see "The Grievance Process" section of this handbook.

Who decides which services I will get?

You, your provider, and Partnership are all involved in deciding what services you need to receive through the Drug Medi-Cal Organized Delivery System. A substance use disorder service provider will talk with you, and through their assessment they will help recommend which services are appropriate based on your needs. You will be able to receive some services while your provider conducts this assessment.

If you are under age 21, Partnership's Drug Medi-Cal Organized Delivery System 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, and outside of your county if necessary. Each county has specialty mental health services for children, youth, adults, and older adults. If you are under age 21, you are eligible for additional coverage and benefits under Early and Periodic Screening, Diagnostic, and Treatment.

Your county 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 your needs to determine which services are recommended to meet your needs. You can also request an assessment from your managed care plan if you are enrolled as a beneficiary with a managed care plan. If your managed care plan determines that you meet the access criteria for specialty mental health services, the managed care plan will refer you to receive services from the mental health plan or help you transition your services from the managed care plan to the mental health plan. There is no wrong door for accessing mental health services meaning you may even be able to receive non-specialty mental health services through your managed care plan in addition to specialty mental health services. You can access these services through your mental health provider if your provider determines that the services are clinically appropriate for you and as long as those services are coordinated and not duplicative.

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 County: (707) 445-7715
- Lake County: (707) 994-7090
- Lassen County: (530) 251-8108
- Mendocino County: (855) 838-0404
- Modoc County: (800) 699-4880

- Shasta County: (530) 225-5252
  (888) 385-5201 (Shingletown, Burney, Fall River Areas)
- Siskiyou County: (800) 842-8979
- Solano County: (707) 428-1131
- Butte County: (530) 538-7705 (Oroville)
  (530) 846-7305 (Gridley)
- Colusa County: (530) 458-0520
- Glenn County: (530) 865-6459 (Orland)
  (530) 934-6582 (Willows)
- Nevada County: (530) 265-1437
- Placer County: (916) 787-8808 (Roseville)
  (530) 889-7240 (Auburn)
- Plumas County: (530) 283-6307
- Sierra County: (530) 993-6746
- Sutter County: (530) 822-7200
- Tehama County: (800) 240-3208
- Yuba County: (530) 822-7200

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 treatment services, Partnership 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 will be made.

Your provider will work with you to conduct an assessment to determine which Drug Medi-Cal Organized Delivery System service(s) 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 Partnership's Drug Medi-Cal Organized Delivery System:

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

Beneficiaries under age 21 may receive all Drug Medi-Cal Organized Delivery System services when a provider determines that the service would correct or help substance misuse of a substance use disorder, even if a diagnosis has not been determined. Even if your county of residence does not participate in the Drug Medi-Cal Organized Delivery system, if you are under age 21, you may still receive these services.

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 age 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.

6. Selecting a Provider

How do I find a provider for the Substance Use Disorder Treatment Services I need?

Partnership Drug Medi-Cal Organized Delivery System may put some limits on your choice of providers. You can request that Partnership provide you with an initial choice of providers. Partnership must also allow you to change providers. If you ask to change providers, Partnership must allow you to choose a provider to the extent possible and appropriate.

Partnership is required to post a current provider directory online. If you have questions about current providers or would like an updated provider directory, visit Partnership's website PartnershipHP.org or call the Partnership's toll-free phone number. A current provider directory is available electronically on the Partnership's website, or you can get a paper copy in the mail 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 of Partnership, no longer contracts with Partnership, or no longer accepts Drug Medi-Cal Organized Delivery System patients on their own or at the request of Partnership. When this happens, Partnership must make an 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 Partnership tell the provider what services I get?

You, your provider, and Partnership are all involved in deciding what services you need to receive by following the access criteria for Partnership's Drug Medi-Cal Organized Delivery System services. Sometimes Partnership will leave the decision to you and the provider. Other times, Partnership may require your provider to demonstrate the reasons the provider thinks you need a service before the service is provided. Partnership must use a qualified professional to do the review.

This review process is called a plan authorization process. Prior authorization for services is allowed only for residential and inpatient services (excluding withdrawal management services). Partnership's authorization process must follow specific timelines. For a standard authorization, Partnership must make a decision on your provider's request within 14 calendar days.

If you or your provider request, or if Partnership 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 Partnership had additional information from your provider and would have to deny the request without the information. If Partnership extends the timeline, Partnership will send you a written notice about the extension.

If Partnership doesn't make a decision within the timeline required for a standard or an expedited authorization request, Partnership must send you a Notice of Adverse Benefit Determination telling you that the services are denied and that you may file an appeal or ask for a State Fair Hearing.

You may ask Partnership for more information about its authorization process.

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

Which providers does my Partnership Drug Medi-Cal Organized Delivery System use?

If you are new to Partnership's Drug Medi-Cal Organized Delivery System, a complete list of providers in Partnership's Drug Medi-Cal Organized Delivery System can be found at PartnershipHP.org and contains information about where providers are located, the substance use disorder treatment services they provide, and other information to help you access care, including information about the cultural and language services that are available from the providers. If you have questions about providers, call Partnership's toll-free phone number located in the front section of this handbook.

7. Your Right to Access Medical Records and Provider Directory Information Using Smart Devices

Partnership is required to create and maintain a secure system so that you can access your health records and locate a provider using common technologies such as a computer, smart tablet, or mobile device. This system is called a Patient Access Application Programming Interface (API). Information to consider in selecting an application to access your medical records and locate a provider can be found on Partnership's website at PartnershipHP.org.

8. Notice of Adverse Benefit Determination

What rights do I have if Partnership denies the services I want or think I need?

If Partnership denies, limits, reduces, delays or ends services you want or believe you should get, you have the right to a written Notice (called a "Notice of Adverse Benefit Determination") from Partnership. 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 Partnership's decision.

What is an Adverse Benefit Determination?

An Adverse Benefit Determination is defined to mean any of the following actions taken by Partnership:

- 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.
- The reduction, suspension, or termination of a previously authorized service. The denial, in whole or in part, of payment for a service.
- The failure to provide services in a timely manner.
- The failure to act within the required timeframes for standard resolution of grievances and appeals (If you file a grievance with Partnership and Partnership does not get back to you with a written decision on your grievance within 90 days. If you file an appeal with Partnership and Partnership 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
- 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 written letter that Partnership 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 Partnership's Drug Medi-Cal Organized Delivery System timeline standards for providing services.

Timing of the Notice

Partnership must mail the notice to the beneficiary at least 10 days before the date of action for termination, suspension, or reduction of a previously authorized Drug Medi-Cal Organized Delivery System service. Partnership 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.

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 Partnership or if you have completed the appeal process, you can request a State Fair Hearing. When you make contact with Partnership, indicate you experienced an adverse benefit determination but did not receive notice. Information on how to file an appeal or request a State Fair Hearing is included in this handbook. Information should also be available in your provider's office.

What will the Notice of Adverse Benefit Determination tell me?

The Notice of Adverse Benefit Determination will tell you:

- What Partnership did that affects you and your ability to get services.
- The effective date of the decision and the reason Partnership made its decision.
- The state or federal rules Partnership was following when it made the decision.
- What your rights are if you do not agree with what Partnership did.
- How to receive copies of the documents, records, and other information related to Partnership's decision.
- How to file an appeal with Partnership.
- How to request a State Fair Hearing.
- How to request an expedited appeal or an expedited State 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.
- Your rights to continue to receive services while you wait for an Appeal or State Fair 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 Fair Hearing request if you want the services to continue.

What should I do when I get a Notice of Adverse Benefit Determination?

When you get a Notice of Adverse Benefit Determination you should read all the information on the notice carefully. If you don't understand the notice, Partnership 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 Fair Hearing. You must request the continuation of services no later than 10 calendar days after the date the Notice of Adverse Benefit Determination was post-marked or personally given to you, or before the effective date of the change.

9. Problem Resolution Processes

What if I don't get the services I want from Partnership's Drug Medi-Cal Organized Delivery System Plan?

Partnership 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:

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

Filing a grievance or appeal, or requesting a State Fair Hearing will not count against you and will not impact the services you are receiving. When your grievance or appeal is complete, Partnership will notify you and providers and parents/guardians of the final outcome. When your State Fair Hearing is complete, the State Fair Hearing Office will notify you and the provider of the final outcome.

Learn more about each problem resolution process below.

Can I Get Help to File an Appeal, Grievance or State Fair Hearing?

Partnership will have people available to explain these processes to you and to help you report a problem either as a grievance, an appeal, or request for a State Fair Hearing. They may also help you decide if you qualify for what's called an 'expedited' process, which means it will be reviewed more quickly because your health or stability is at risk. You may also authorize another person to act on your behalf, including your substance use disorder treatment provider or advocate. If you would like help, call Partnership at (800) 863-4155. Partnership must give you any reasonable assistance in completing forms and other procedural steps related to a grievance or appeal. This includes, but is

not limited to, providing interpreter services and toll-free numbers with TTY/TDD and interpreter capability.

What if I need help to solve a problem with Partnership but don't want to file a grievance or appeal?

You can get help from the State if you are having trouble finding the right people at Partnership 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: (800) 952-5253
- For TTD, call: (800) 952-8349

10. The Grievance Process

What is a grievance?

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

The grievance process will:

- Involve simple, and easily understood procedures that allow you to present your grievance orally or in writing.
- Not count against you or your provider in any way.
- Allow you to authorize another person to act on your behalf, including a provider or advocate. If you authorize another person to act on your behalf, Partnership might ask you to sign a form Partnership 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, Partnership and your provider.
- Provide resolution for the grievance in the required timeframes.

When can I file a grievance?

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

How can I file a grievance?

You may call your Partnership at (800) 863-4155 to get help with a grievance. Grievances can be filed orally or in writing. Oral grievances do not have to be followed up in writing. If you want to file your grievance in writing, Partnership will provide self-addressed envelopes at all the providers' sites for you to mail in your grievance. If you do not have a self-addressed envelope, you may mail your grievance directly to the address that is provided on the front of this handbook.

How do I know if Partnership received my grievance?

Partnership is required to let you know that it received your grievance by sending you a written confirmation within 5 calendar days of receipt. A grievance received over the phone or in person, that you agree is resolved by the end of the next business day, is exempt and you may not get a letter.

When will my grievance be decided?

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

How do I know if Partnership has made a decision about my grievance?

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

Is there a deadline to file a grievance?

You may file a grievance at any time.

11. The Appeal Process (Standard and Expedited)

Partnership's Drug Medi-Cal Organized Delivery System is responsible for allowing you to challenge a decision that was made about your substance use disorder treatment services by one of Partnership's Drug Medi-Cal Organized Delivery System service 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 Partnership or your provider that involves a denial or changes to services you think you need. If you request a standard appeal, Partnership may take up to 30 calendar days to review it. If you think waiting 30 calendar days will put your health at risk, you should ask for an expedited appeal.

The standard appeals process will:

- Allow you to file an appeal in person, on the phone, or in writing.
- Ensure filing an appeal will not count against you or your provider in any way.
- Allow you to authorize another person to act on your behalf, including a provider or advocate. If you authorize another person to act on your behalf, Partnership might ask you to sign a form authorizing Partnership's Drug Medi-Cal Organized Delivery System to release information to that person.
- Have your benefits continued upon request for an appeal within the required timeframe, which is 10 calendar days from the date your Notice of Adverse Benefit Determination was post-marked or personally given to you. You do not have to pay for continued services while the appeal is pending. If you do request

continuation of the benefit, and the final decision of the appeal confirms the decision to reduce or discontinue the service you are receiving, you may be required to pay the cost of services furnished while the appeal was pending.

- Ensure that the individuals making the decisions are qualified to do so and not involved in any previous level of review or decision-making.
- Allow you or your representative to examine your case file, including your medical record, and any other documents or records considered during the appeal process, before and during the appeal process.
- Allow you to have a reasonable opportunity to present evidence and allegations of fact or law, in person or in writing.
- Allow you, your representative, or the legal representative of a deceased beneficiary's estate to be included as parties to the appeal.
- Let you know your appeal is being reviewed by sending you written confirmation.
- 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 Partnership:

- If Partnership or one of Partnership'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 access criteria.
- If your provider thinks you need a substance use disorder treatment service and asks Partnership for approval, but Partnership does not agree and denies your provider's request or changes the type or frequency of service.
- If your provider has asked Partnership for approval, but Partnership needs more information to make a decision and doesn't complete the approval process on time.
- If Partnership doesn't provide services to you based on the timelines Partnership's Drug Medi-Cal Organized Delivery System has set up.
- If you don't think Partnership'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 services that you need.

How can I file an appeal?

You may call Partnership's toll-free phone number to get help with filing an appeal. Partnership will provide self-addressed envelopes at all provider sites for you to mail in your appeal. Appeals can be filed orally or in writing. If you do not have a self-addressed envelope, you may mail your appeal directly to the address in the front of this handbook or you may submit your appeal by accessing Partnership's website at PartnershipHP.org.

How do I know if my appeal has been decided?

Partnership's Drug Medi-Cal Organized Delivery System will notify you or your representative in writing about their decision for your appeal. The notification will have the following information:

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

Is there a deadline to file an appeal?

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

When will a decision be made about my appeal?

Partnership's Drug Medi-Cal Organized Delivery System must decide on your appeal within 30 calendar days from when Partnership receives your request for the appeal. Timeframes may be extended by up to 14 calendar days if you request an extension, or if Partnership 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 Partnership believes it might be able to approve your appeal if Partnership had a little more time to get information from you or your provider.

What if I can't wait 30 days for my Appeal decision?

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

What is an Expedited Appeal?

An expedited appeal is a faster way to decide an appeal. The expedited appeals process follows a similar process to the standard appeals process. However, you must show that waiting for a standard appeal could make your substance use condition worse. The expedited appeal process also follows different deadlines than the standard appeal. Partnership has 72 hours to review expedited 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 Partnership agrees that your appeal meets the requirements for an expedited appeal, Partnership will resolve your expedited appeal within 72 hours after Partnership receives the appeal.

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

If Partnership's Drug Medi-Cal Organized Delivery System decides that your appeal does not qualify for an expedited appeal, Partnership 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 Partnership's decision that your appeal doesn't meet the expedited appeal criteria, you may file a grievance.

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

12. The State Fair Hearing Process

What is a State Fair Hearing?

A State Fair Hearing is an independent review conducted by the California Department of Social Services to ensure you receive the substance use disorder treatment services to which you are entitled under the Medi-Cal program. You may also visit the California Department of Social Services at https://www.cdss.ca.gov/hearing-requests for additional resources.

What are my State Fair Hearing rights?

You have the right to:

- Have a hearing before the California Department of Social Services (also called a State 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 Partnership's Drug Medi-Cal Organized Delivery System's appeal process.
- If Partnership or one of Partnership'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 access criteria.
- If your provider thinks you need a substance use disorder treatment service and asks Partnership's Drug Medi-Cal Organized Delivery System for approval, but Partnership does not agree and denies your provider's request, or changes the type or frequency of service.

- If your provider has asked Partnership's Drug Medi-Cal Organized Delivery System for approval, but Partnership needs more information to make a decision and doesn't complete the approval process on time.
- If Partnership'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 the Partnership'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 that 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:

  California Department of Social Services State Hearings Division

  P.O. Box 944243, Mail Station 9-17-37

  Sacramento, CA 94244-2430

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

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

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

Is there a deadline for filing for a State Fair Hearing?

You only have 120 calendar days to ask for a State Fair Hearing. The 120 days start from the date of Partnership's Drug Medi-Cal Organized Delivery System written appeal decision notice.

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

Can I continue services while I'm waiting for a State Fair Hearing decision?

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

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

When will a decision be made about my State Fair Hearing?

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

Can I get a State Fair Hearing More Quickly?

If you think waiting that long will be harmful to your health, you might be able to get an answer within three working days. Ask your general practitioner 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.

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.

13. Important Information About the Medi-Cal Program

Is transportation available?

If you have trouble getting to your medical appointments or drug and alcohol treatment appointments, the Medi-Cal program can help you find transportation. Transportation may be provided for Medi-Cal beneficiaries who are unable to provide transportation on their own and who have a medical necessity to receive certain Medi-Cal covered services. There are two types of transportation for appointments:

- Nonmedical transportation is transportation by private or public vehicle for people who do not have another way to get to their appointment.
- Nonemergency medical transportation is transportation by ambulance, wheelchair van, or litter van for those who cannot use public or private transportation.

Transportation is available for trips to the pharmacy or to pick up needed medical supplies, prosthetics, orthotics, and other equipment. For more information and assistance regarding transportation, contact Partnership.

If you have Medi-Cal but are not enrolled in a managed care plan and you need nonmedical transportation to a health related service, you can contact Partnership's Drug Medi-Cal Organized Delivery System county for assistance. When you contact Partnership you will be asked for information about your appointment date and time. If you need non-emergency medical transportation, your provider can prescribe nonemergency medical transportation and put you in touch with Partnership to coordinate your ride to and from your appointment(s).

What are 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 an emergency. Emergency services never require prior authorization.

Do I have to pay for Medi-Cal?

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

- If your income is less than Medi-Cal limits for your family size, you will not have to pay for Medi-Cal services.
- If your income is more than Medi-Cal limits for your family size, you will have to pay some money for your medical or substance use disorder treatment services. The amount that you pay is called your ‘share of cost.’ Once you have paid your ‘share of cost,’ Medi-Cal will pay the rest of your covered medical bills for that month. In the months that you don’t have medical expenses, you don’t have to pay anything.
- 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 service or go to a hospital emergency room for your regular service. Your provider will tell you if you need to make a co-payment.

Who do I contact if I'm having suicidal thoughts?

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

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

- Humboldt County: (707) 445-7715
- Lake County: (855) 587-6373
- Lassen County: (888) 530-8688
- Mendocino County: (800) 555-5906
  (707) 472-2304 (Ukiah)
- Modoc County: (800) 699-4880
  (530) 233-6312
- Shasta County: (530) 225-5252
  (888) 385-5201
- Siskiyou County: (800) 842-8979
- Solano County: (707) 428-1131
- Butte County: (800) 334-6622
- Colusa County: (888) 793-6580
- Glenn County: (800) 507-3530
- Nevada County: (530) 265-5811
- Placer County: (916) 787-8808
  (888) 866-5401
- Plumas County: (530) 283-6307
  (800) 757-7898
- Sierra County: (800) 840-8418
- Sutter County: (530) 673-8255
  (888) 923-3800
- Tehama County: (800) 240-3208
- Yuba County: (530) 673-8255
  (888) 923-3800
- Del Norte: (707) 464-7224
  (888) 446-4408
- Trinity: (530) 623-5708
  (530) 623-1362
  (888) 624-5820
- Sonoma: (800) 746-8181
  (855) 587-6373

- Yolo: (888) 965-6647
- Napa: (707) 253-4711
- Marin: (415) 473-6666

Where can I go for more information about Medi-Cal?

Visit the Department of Health Care Services website's Beneficiaries page for more information about Medi-Cal: https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/Beneficiaries.aspx

14. Advance Directive

What is an advance directive?

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

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

15. Beneficiary Rights and Responsibilities

What are my rights as a recipient of Drug Medi-Cal Organized Delivery System Services?

As a person eligible for Medi-Cal and residing in a Drug Medi-Cal Organized Delivery System county, you have a right to receive medically necessary substance use disorder treatment services from a Drug Medi-Cal Organized Delivery System provider. You have the right to:

- Be treated with respect, giving due consideration to your right to privacy and the need to maintain the confidentiality of your medical information.
- Receive information on available treatment options and alternatives, presented in a manner appropriate to the Beneficiary's condition and ability to understand.
- Participate in decisions regarding your substance use disorder care, including the right to refuse treatment.
- Receive timely access to care, including services available 24 hours a day, 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 Partnership's Drug Medi-Cal Organized Delivery System, other obligations of Partnership'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 Partnership's Drug Medi-Cal Organized Delivery System beneficiaries, whichever is less.
- Receive oral interpretation services for your preferred language.

- Receive substance use disorder treatment services from one of Partnership's Drug Medi-Cal Organized Delivery System contracted providers 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 beneficiary under age 21.
- Access medically necessary services out-of-network in a timely manner if Partnership's Drug Medi-Cal Organized Delivery System does not have a contracted provider who can deliver the services. "Out-of-network provider" means a provider who is not on the Partnership Drug Medi-Cal Organized Delivery System list of providers. Partnership must make sure you don't pay anything extra for seeing an out-of-network provider. You can contact Partnership member services at (800) 863-4155 for information on how to receive services from an out-of-network provider.
- Request a second opinion from a qualified health care professional within Partnership's 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 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 from discrimination to exercise these rights without adversely affecting how you are treated by Partnership's Drug Medi-Cal Organized Delivery System, providers, or the State.

What are my responsibilities as a recipient of Drug Medi-Cal Organized Delivery System Services?

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

- Carefully read the beneficiary informing materials that you have received from Partnership'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 collaborate with your provider throughout your treatment. If you do need to miss an appointment, call your provider at least 24 hours in advance and reschedule for another day and time.
- Always carry your Medi-Cal Benefits Identification Card (BIC) and a photo ID when you attend treatment.
- Let your provider know if you need an interpreter before your appointment.
- Tell your provider all your medical concerns. The more complete information that you share about your needs, the more successful your treatment will be.
- Make sure to ask your provider any questions that you have. It is very important you completely understand the information that you receive during treatment.
- Be willing to build a strong working relationship with the provider that is treating you.
- Contact Partnership 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 Partnership 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:
    - 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 on the DHCS website at https://www.dhcs.ca.gov/individuals/Pages/StopMedi-CalFraud.aspx

16. Transition of Care Request

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

- After joining Partnership's Drug Medi-Cal Organized Delivery System, you may request to keep your out-of-network provider for a period of time 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 a county within Partnership's Drug Medi-Cal Organized Delivery System (Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, Solano).

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 Partnership. You can also contact Partnership's member services at (800) 863-4155 for information on how to request services from an out-of-network provider.
- Partnership will send written acknowledgment of receipt of your request and begin to process your request within three (3) working days.

What if I continued to see my out-of-network provider after transitioning to Partnership'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 Partnership's Drug Medi-Cal Organized Delivery System deny my transition of care request?

- Partnership's Drug Medi-Cal Organized Delivery System may deny your request to retain your previous, and now out-of-network, provider, if:

- Partnership has documented quality of care issues with the provider.

What happens if my transition of care request is denied?

- If Partnership denies your transition of care, it 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 Partnership offers you multiple in network provider alternatives and you do not make a choice, then Partnership will refer or assign you to an in-network provider and notify you of that referral or assignment in writing. If the out-of-care provider refuses to accept Partnership's contract rates or Partnership rates for the applicable DMC-ODS service(s) or if the out-of-care provider is not a current Drug Medi-Cal certified provider.

What happens if my transition of care request is approved?

- Within seven (7) days of approving your transition of care request, Partnership 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 Partnership's Drug Medi-Cal Organized Delivery System provider network at any time.

How quickly will my transition of care request be processed?

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

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

- Partnership 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

PartnershipHP.org

BH036_122223