



**Partnership HealthPlan of California**  
Drug Medi-Cal Organized Delivery System  
Wellness and Recovery Member Handbook  
Calendar Year 2020



# Other languages and formats

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## **Other languages**

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

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## **Other formats**

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

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## **Interpreter services**

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

### **English**

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-(800) 863-4155 (TTY: 1-(800)-735-2929 or 711).

ATTENTION: Auxiliary aids and services, including but not limited to large print documents and alternative formats, are available to you free of charge upon request. Call 1-(800) 863-4155 (TTY: 1-(800) 735-2929 or 711).

### **Español (Spanish)**

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-(800) 863-4155 (TTY: 1-(800) 735-2929 or 711).

### **Tiếng Việt (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) 863-4155 (TTY: -(800) 735-2929 or 711).

### **Tagalog (Tagalog/Filipino)**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-(800) 863-4155 1-(800) 735-2929 or 711 (TTY: 1-(800) 735-2929 or 711).

### **한국어 (Korean)**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-(800) 863-4155 (TTY: 1-(800) 735-2929 or 711) 번으로 전화해 주십시오.

### **繁體中文(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) 863-4155 (TTY: 1-(800) 735-2929 or 711)。

### **Հայերեն (Armenian)**

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ:  
Չանգահարեք 1-(800) 863-4155 (TTY (հեռատիպ)՝ 1-(800) 735-2929 or 711):

### **Русский (Russian)**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-(800) 863-4155 (телетайп: 1-(800) 735-2929 or 711).

### **فارسی (Farsi)**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-(800) 863-4155 (TTY: 1-(800) 735-2929 or 711) تماس بگیرید

### **日本語 (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) 863-4155 (TTY: 1-(800) 735-2929 or 711) まで、お電話にてご連絡ください。

### **Hmoob (Hmong)**

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-(800) 863-4155 (TTY: 1-(800) 735-2929 or 711).

### **ਪੰਜਾਬੀ (Punjabi)**

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-(800) 863-4155 (TTY: 1-(800) 735-2929 or 711) 'ਤੇ ਕਾਲ ਕਰੋ।

### **العربية (Arabic)**

1-ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-(800) 863-4155 (رقم هاتف الصم والبكم: 1-(800) 735-2929 or 711).

**हिंदी (Hindi)**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-(800) 863-4155 (TTY: 1-(800) 735-2929 or 711) पर कॉल करें।

**ภาษาไทย (Thai)**

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-(800) 863-4155 (TTY: 1-(800) 735-2929 or 711).

**ខ្មែរ (Cambodian)**

ប្រយ័ត្ន: រ សើ ិនជាអ្នកនិយាយ ភាសាខ្មែរ , រសវាជំនួយមននកភាសា រោយមិនគិតថ្លៃ  
គឺអាចមានសំរាប់ រ អុើ នក។ ចូ ទូ ស័ព្ទ 1-(800) 863-4155  
(TTY: 1-(800) 735-2929 or 711)។

**ພາສາລາວ (Lao)**

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-(800) 863-4155  
(TTY: 1-(800) 735-2929 or 711).

# Notice of non-discrimination

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

Partnership HealthPlan of California provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
  - ✓ Qualified sign language interpreters
  - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats such as braille)
- Free language services to people whose primary language is not English, such as:
  - ✓ Qualified interpreters
  - ✓ Information written in other languages

If you need these services, contact Partnership HealthPlan of California between 8 a.m. – 5 p.m. by calling (800) 863-4155. Or, if you cannot hear or speak well, please call (TTY (800) 735-2929) or 711.

## **HOW TO FILE A GRIEVANCE**

If you believe that Partnership HealthPlan of California has failed to provide these services or discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with Partnership HealthPlan of California. You can file a grievance by phone, in writing, in person, or electronically:

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

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

- **In person:** Visit your doctor's office or Partnership HealthPlan of California and say you want to file a grievance.
- **Electronically:** Visit website Partnership HealthPlan of California at [www.partnershiphp.org](http://www.partnershiphp.org)

## **OFFICE OF CIVIL RIGHTS**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **(800) 368-1019**. If you cannot speak or hear well, please call **TTY/TDD (800) 537-7697**.

- **In writing:** Fill out a complaint form or send a letter to:

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

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

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

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# 1. General information

## Emergency Services

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

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

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

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

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

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

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

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

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

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

### **Why Is It Important To Read This Handbook?**

Welcome to Partnership HealthPlan of California's (PHC) Wellness and Recovery Program (W&R). We are here to help you on your path to wellness! PHC's W&R program is the Drug Medi-Cal Organized Delivery System (DMC-ODS) for substance use services. We cover most Medi-Cal beneficiaries that live in Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, Solano or Trinity counties. To provide substance use services PHC works with Beacon Health Options (Beacon). For help finding a substance use provider call Beacon at (855) 765-9703, TTY Users: (800) 735-2929. Beacon is ready to help you 24 hours a day 7 days a week.

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

You will learn:

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

If you don't read this handbook now, you should keep this handbook so you can read it later.

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

### **PHC is Responsible for...**

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

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

- Informing and educating you about services available to you through PHC's W&R program.
- Providing services in your language or by an interpreter (if necessary) free of charge and letting you know that these interpreter services are available.
- Providing you with written information about what is available to you in other languages or formats. All of our materials are available in English, Spanish, Tagalog and Russian on our website, [www.partnershiphp.org](http://www.partnershiphp.org). Call us at (800) 863-4155 (TTY: (800) 735-2929 or 711) to request the materials in print, other languages or in other formats. Other formats include Braille, large print or audio. There is no cost to you.
- Providing you with notice of any significant change in the information specified in this handbook at least 30 days before the intended effective date of the change. A change would be considered significant when there is an increase or decrease in the amount or type of services that are available, or if there is an increase or decrease in the number of network providers, or if there is any other change that would impact the benefits you receive through the PHC W&R program.
- Informing you if any contracted provider refuses to perform or otherwise support any covered service due to moral, ethical, or religious objections and informing you of alternative providers that do offer the covered service.
- Ensuring that you have continued access to your previous, and now out-of-network, provider for a period of time if changing providers would cause your health to suffer or increase your risk of hospitalization.

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

### **Notice of Privacy Practices**

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

### **Effective Date of this Notice**

This notice has been updated and is effective January 18, 2018.

### **Why am I receiving this Notice?**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**For Law Enforcement Purposes:**

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena, summons or similar process
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person
- Under certain limited circumstances, when you are the victim of a crime

- To a law enforcement official if PHC has a suspicion that your death was the result of criminal conduct including criminal conduct at PHC
- In an emergency in order to report a crime

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

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

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

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

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

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

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

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

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

### **Can others involved in my care receive information about me?**

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

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

### **Are there instances when my health information is not released?**

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

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

## **YOUR INDIVIDUAL RIGHTS**

### **What rights do I have as a PHC member?**

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

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



you authorize it by choosing to Opt In for Sensitive Health Information on the HIE Member Opt Out/ Opt In Form for Sensitive Protected Health Information. Opting in will permit this information to be seen by our providers through our HIE(s).

- To receive confidential communications from PHC at a particular phone number, P.O. Box, or some other address that you specify to us.
- To see and copy any of your health records that PHC maintains on you, including billing records, we must receive your request in writing. We will respond to your request within 30 days. We may charge a fee to cover the cost of copying, assembling and mailing your records, as applicable. You may also request PHC to transmit the information directly to another person if your written request is signed by you and clearly identifies both the designated person and where to send the information. In some situations, we may ask if you would agree to receive a summary or an explanation of the requested information and to any fees that might be imposed to create it. Under certain circumstances, PHC may deny your request. If your request is denied, we will tell you the reason why in writing. You have the right to appeal a denial.
- If you feel the information in our records is wrong, you have the right to request us to amend the records. We may deny your request in certain circumstances. If your request is denied, you have the right to submit a statement for inclusion in the record.
- You have the right to receive a list of our non-routine disclosures of your health information, up to six years prior from the date of your request. Non-routine disclosures do not include, for example, disclosures to carry out treatment, payment, health care operations, disclosures made with your authorization; disclosures made to you; and certain other disclosures. You are entitled to one disclosure list in any 12-month period at no charge. If you request any additional lists less than 12 months later, we may charge you a fee.

### **How do I exercise these rights?**

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

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

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

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

#### **Contact us at:**

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

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

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

#### **California's Department of Health Care Services:**

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

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

Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg.  
Washington, D.C. 20201  
Email to [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)  
Phone: (877) 696-6775  
Or visit [http://www.hhs.gov/hipaa/filing-a-complaint-complaint-process/index.html](http://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html)

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# 2. Services

## What Are DMC-ODS Services?

DMC-ODS services are health care services for people who have at least one substance use disorder (SUD) that the regular doctor cannot treat.

DMC-ODS services include:

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

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

- **Outpatient Services**
  - Counseling services are provided to members up to nine hours a week for adults and less than six hours a week for adolescents when determined to be medically necessary and in accordance with an individualized client plan. Services can be provided by a licensed professional or a 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.
  - Qualified staff at the service provider will assess, diagnose, and develop an individualized treatment plans. With your okay they will be able to coordinate services with medical providers or other people involved, such as social workers and probation officers.
- **Intensive Outpatient Services**
  - Intensive Outpatient Services are provided to members (a minimum of nine hours with a maximum of 19 hours a week for adults and a minimum of six hours with a maximum of 19 hours a week for adolescents) when

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

- determined to be medically necessary and in accordance with an individualized client plan. Services consist primarily of counseling and education about addiction-related problems. Services can be provided by a licensed professional or a certified counselor in any appropriate setting in the community.
- Intensive Outpatient Services include the same components as Outpatient Services. The increased number of hours of service are the main difference.
  - Qualified staff at the service provider will assess, diagnose, and develop an individualized treatment plans. With your okay they will be able to coordinate services with medical providers or other people involved, such as social workers and probation officers.
  - Individuals utilizing Intensive Outpatient Services often step down to Outpatient Services when this level of care is no longer medically necessary.
  - **Residential Treatment** (subject to authorization by PHC)
    - Residential Treatment is a non-institutional, 24-hour non-medical, short-term residential program that provides rehabilitation services to members with a SUD diagnosis when determined as medically necessary and in accordance with an individualized treatment plan. Each member shall live on the premises and shall be supported in their efforts to restore, maintain and apply interpersonal and independent living skills and access community support systems. Providers and residents work collaboratively to define barriers, set priorities, establish goals, create treatment plans, and solve SUD related problems. Goals include sustaining abstinence, preparing for relapse triggers, improving personal health and social functioning, and engaging in continuing care.
    - Residential services require prior authorization by PHC. Each authorization for residential services can be for a maximum of 90 days for adults and 30 days for youth. 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. Pregnant women can receive residential services through the last day of the month that the 60th day after delivery occurs. Early Periodic Screening, Diagnosis, and Treatment (EPSDT) eligible members (under the age of 21) will not have the authorization limits described above as long as medical necessity establishes the need for ongoing residential services.
    - 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.
- Authorization of residential services are requested by the service provider. Individuals utilizing Residential Treatment services usually step down to Outpatient Services or Intensive Outpatient Services when this level of care is no longer medically necessary.
  - **Withdrawal Management**
    - Withdrawal Management services are provided when determined as medically necessary and in accordance with an individualized client plan. 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.
    - Individuals using Withdrawal Management services maybe referred to a lower level of care when this level of care is no longer medically necessary.
  - **Opioid Treatment**
    - Opioid (Narcotic) Treatment Program (OTP/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. OTPs/NTPs are required to offer and prescribe medications to members covered under the DMC-ODS formulary including methadone, buprenorphine, naloxone, and disulfiram.
    - A member must receive, at a 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.
    - Opioid Treatment services are provided as long as medically necessary
  - **Medication Assisted Treatment**
    - Medication Assisted Treatment (MAT) Services are available outside of the OTP 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, naloxone, disulfiram, naltrexone, acamprosate, or any FDA approved medication for the treatment of SUD.
  - Ask your primary care provider (PCP) for more information about MAT. You can also call our Care Coordination Department at (800) 809-1350 for assistance.
- **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).
    - Recovery services are available from the treating provider and elsewhere in the community and are available for up to a year after completion of medically necessary treatment.
  - **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.
  - Case management services are available from the treating provider and are available during medically necessary treatment.

### **Early Periodic Screening, Diagnosis, and Treatment (EPSDT)**

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

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



# 3. How to get DMC-ODS services

## How Do I Get DMC-ODS Services?

If you think you need substance use disorder (SUD) treatment services, you can get services by asking for them yourself. You can call Beacon at (855) 765-9703. Staff is available 24 hours a day, seven days a week. You may also be referred to us for SUD treatment services in other ways. PHC is required to accept referrals for SUD treatment services from doctors and other primary care providers who think you may need these services. Usually the provider 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 for substance use services to us, including schools; county welfare or social services departments; conservators, guardians or family members; and law enforcement agencies.

The covered services are available through PHC's W&R provider network. If any contracted provider raises an objection to performing or otherwise supporting any covered service, PHC will arrange for another provider to perform the service. We will respond with timely referrals and coordination in the event that a covered service is not available from a provider because of religious, ethical or moral objections to the covered service.

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

- Does not want to join our network after 12 months
- No longer wishes to provide you with treatment or service
- Has a quality of care issue
- Is not willing to submit a bill to us for services provided to you
- PHC is unable to establish that you have a pre-existing relationship with the provider

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

### **Where Can I Get DMC-ODS Services?**

Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, Solano and Trinity counties are participating in the W&R program, a DMC-ODS pilot program. Since you are a resident of one of these counties, you can get DMC-ODS services in the county where you live through PHC's W&R program. PHC has SUD treatment providers available to treat conditions that are covered by us. Other counties that provide Drug Medi-Cal services that are not participating in the DMC-ODS pilot will be able to provide regular DMC services to you if needed. If you are under 21 years of age, you are also eligible for EPSDT services in any other county across the state.

### **After Hours Care**

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

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

You may contact your child or teenager's PCP or call Beacon at (855) 765-9703 for an assessment for your child or teenager if you think he or she is showing any of the signs of a SUD. If the assessment indicates that drug and alcohol treatment services covered by us are needed, we will arrange for your child or teenager to receive the services.

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

- Humboldt (707) 445-7715
- Lassen (530) 251-8108
- Mendocino (855) 838-0404
- Modoc (800) 699-4880
- Shasta (530) 225-5252  
(888) 385-5201 (Shingletown, Burney, Fall River Areas)
- Siskiyou (800) 842-8979
- Solano (707) 428-1131
- Trinity (888) 624-5820

Each county has specialty mental health services for children, youth, adults, and older adults. If you are under 21 years of age, you are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT), which may include additional coverage and benefits.

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

# 5. Medical necessity

## **What Is Medical Necessity And Why Is It So Important?**

One of the conditions necessary for receiving SUD treatment services through PHC's W&R's program is something called 'medical necessity. This means a doctor or other licensed professional will talk with you to decide if there is a medical need for services, and if you can be helped by services if you receive them.

The term medical necessity is important because it will help decide if you are eligible for DMC-ODS services, and what kind of DMC-ODS services are appropriate. Deciding medical necessity is a very important part of the process of getting DMC-ODS services.

## **What Are The 'Medical Necessity' Criteria For Coverage Of Substance Use Disorder Treatment Services?**

As part of deciding if you need SUD treatment services, PHC will work with you and your provider to decide if the services are a medical necessity, as explained above. This section explains how we will make that decision.

In order to receive services through the W&R program, you must meet the following criteria:

- You must be enrolled in Medi-Cal.
- You must reside in a county that is participating in the DMC-ODS. PHC's counties include Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, Solano and Trinity.
- You must have at least one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM) for a Substance-Related and Addictive Disorder. Any adult, or youth under the age of 21, who is assessed to be "at-risk" for developing a SUD will be eligible for Early Intervention services if they do not meet medical necessity criteria.
- You must meet the American Society of Addiction Medicine (ASAM) definition of medical necessity for services based on the ASAM Criteria (ASAM Criteria are national treatment standards for addictive and substance-related conditions).

You don't need to know if you have a diagnosis to ask for help. PHC will help you get this information and will determine medical necessity with an assessment.

# 6. Selecting a provider

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

PHC may put some limits on your choice of providers. We must give you a chance to choose between at least two providers when you first start services, unless we have a good reason why it can't provide a choice, for example, there is only one provider who can deliver the service you need. We must also allow you to change providers. When you ask to change providers, we must allow you to choose between at least two providers, unless there is a good reason not to do so.

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

## **Once I Find A Provider, Can PHC Wellness and Recovery Program Tell The Provider What Services I Get?**

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

PHC's authorization process must follow specific timelines. For a standard authorization, we must make a decision on your provider's request within 14 calendar days. If you or your provider request or if we think it is in your interest to get more information from your provider, the timeline can be extended for up to another 14 calendar days. An example of when an extension might be in your interest is when we think we might be able to approve your provider's request for authorization if we had additional information from your provider and would have to deny the request without the information. If we extend the timeline, we will send you a written notice about the extension.

If PHC doesn't make a decision within the timeline required for a standard or an expedited authorization request, we 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 us for more information about its authorization process. Check the front section of this handbook to see how to request the information.

If you don't agree with PHC's decision on an authorization process, you may file an appeal with us or ask for a State Fair Hearing.

### **Which Providers Does the W&R program Use?**

If you are new to PHC's W&R program, a complete list of providers can be found on our website at [www.partnershiphp.org](http://www.partnershiphp.org). If you need a printed Provider Directory, call us at (800) 863-4155 (TTY: (800) 735-2929 or 711). The provider directory contains information about where providers are located and the SUD treatment services they provide. The provider directory also includes 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 Beacon at (855) 765-9703.

# 7. Notice of adverse benefit determination

## **What Is A Notice Of Adverse Benefit Determination?**

A Notice of Adverse Benefit Determination (NOABD), sometimes called a Notice of Action (NOA), is a letter that tells you when PHC makes a decision about whether or not you will get a requested Medi-Cal SUD treatment services. PHC will send you a NOABD/NOA letter any time we deny, delay, terminate or modify a request for SUD treatment services. A NOABD/NOA 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 our timeline standards for providing services.

## **When Will I Get A Notice of Adverse Benefit Determination?**

Most of the time you will receive a NOABD/NOA before you receive the service. Sometimes the NOABD/NOA will come after you already received the service. Here are common reasons that you may receive a NOBAD/NOA from PHC:

- If PHC or one of our W&R 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 you or your provider thinks you need a SUD service and asks us for approval, but PHC 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 NOABD/NOA before you receive the service, but sometimes the NOABD/NOA will come after you already received the service, or while you are receiving the service. If you get a NOABD/NOA after you have already received the service you do not have to pay for the service.
- If your provider has asked PHC for approval, but we need more information to make a decision, but don't get the needed information in time to make a decision
- If PHC does not provide services to you based on standard approval timelines.
- If you file a grievance with PHC and we do not get back to you with a written decision on your grievance within 30 calendar days.

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

- If you file an appeal with PHC and we do not get back to you with a written decision on your appeal within 30 calendar days or, if you filed an expedited appeal, and did not receive a response within 72 hours.

### **Will I Always Get A Notice of Adverse Benefit Determination When I Do Not Get The Services I Want?**

There are some cases where you may not receive a Notice of Adverse Benefit Determination. If you did not receive a NOABD/NOA you can still file an appeal with PHC or if you have completed the appeal process, you can request a state fair hearing. 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/Notice of Action Tell Me?**

The Notice of Adverse Benefit Determination/Notice of Action will tell you:

- What PHC did that affects you and your ability to get services.
- The effective date of the decision and the reason we made the decision.
- The state or federal rules PHC followed when we made the decision.
- What your rights are if you do not agree with what PHC did.
- How to file an appeal with PHC.
- 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.
- 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.

### **What Should I Do When I Get A Notice of Adverse Benefit Determination/Notice of Action?**

When you get a Notice of Adverse Benefit Determination/Notice of Action you should read all the information on the form carefully. If you don't understand the form, PHC 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 a request for 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.

## **PROBLEM RESOLUTION PROCESS**

### **What If I do not Get The Services I Want From PHC's Wellness and Recovery Program?**

PHC has a way for you to work out any problems related to the SUD treatment services you are receiving. It will also help you request a new review if you disagree with our decision about your SUD treatment. Call Member Services Monday – Friday from 8 p.m. – 5 p.m. at (800) 863-4155 or TDD/TYY (800) 735-2929. Tell us know about your problem. Ask to file an Appeal or Grievance.

1. *An Appeal is when you do not agree with our decision to deny, delay, or change your services*
2. *A Grievance is when you are unhappy with PHC, a provider, your health care treatment, or general experience*
3. The State Fair Hearing Process is a review by an administrative law judge to make sure you receive the SUD treatment services that you are entitled to under the Medi-Cal program.

Filing a Grievance or Appeal, or a State Fair Hearing will not count against you and will not impact the services you are receiving. PHC will not discriminate against you. Letting us know about your problem will help us improve services for all PHC members. When your grievance or appeal is complete, PHC will notify you and others involved of the final outcome. When your State Fair Hearing is complete, the State Fair Hearing Office will notify you and others involved of the final outcome.

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

PHC has people available to explain these processes to you and to help you report a problem as a grievance or request an appeal or state fair hearing. We may also help you decide if you qualify for what's called an 'expedited' review, 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.

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

## **How Can I Get Help To File A State Fair Hearing?**

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

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

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

PHC can also help. If you would like more information about filing a State Fair Hearing, call PHC Member Services at 1-800-863-4155 Monday – Friday from 8 p.m. – 5 p.m.

## **What If I Need Help To Solve A Problem With the W&R Program But Don't Want To File A Grievance Or Appeal?**

You can get help from the State if you are having trouble finding an answer. The State Medi-Cal Managed Care “Ombudsman Office” is available to assist you with any questions you may have. You may call them at 1-888-452-8609.

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

- Call toll free: 1-800-952-5253
- If you are deaf and use TDD, call: 1-800-952-8349

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## **The grievance process**

### **What Is A Grievance?**

A Grievance is when you are not happy with PHC, a provider, your health care treatment, or experience. There is no time limit to filing a Grievance.

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, we will ask you to sign a form authorizing the plan to release information to that person.

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

- 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 provider and us.
- Provide resolution for the grievance in the required timeframes.

### **When Can I File A Grievance?**

You can file a grievance with us at any time if you are unhappy with the SUD treatment services you are receiving or have another concern regarding our W&R Program.

### **How Can I File A Grievance?**

You may call our Member Services Monday – Friday from 8 p.m. – 5 p.m. at (800) 863-4155 or TDD/TYY (800) 735-2929 to get help with a grievance. PHC will provide self-addressed envelopes at all the providers' sites for you to mail in your grievance. Grievances can be filed orally or in writing. Oral grievances do not have to be followed up in writing.

### **How Do I Know If PHC Received My Grievance?**

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

### **When Will My Grievance Be Decided?**

PHC must make a decision about your grievance within 30 calendar days from the date you filed your grievance. Timeframes may be extended by up to 14 calendar days if you request an extension, or if we believe 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 we believe we might be able to resolve your grievance if we had a little more time to get information from you or other people involved.

### **How Do I Know If PHC Made A Decision About My Grievance?**

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

## **Is There A Deadline To File A Grievance?**

You may file a grievance at any time.

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## **The appeal process (standard and expedited)**

PHC 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. The specific requirements are explained below.

### **What Is A Standard Appeal?**

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

The standard appeals process will:

- Allow you to file an Appeal in person, on the phone, or in writing. If you submit your Appeal in person or on the phone, you must follow it up with a signed written Appeal request. You can get help to write the appeal.
- Ensure filing an Appeal will not count against you or your provider in any way.
- Allow you to authorize another person to act on your behalf, including a provider. If you authorize another person to act on your behalf, we will ask you to sign a form authorizing the plan to release information to that person.
- Have your benefits continued upon request for an Appeal within the required timeframe, which is 10 calendar days from the date your Notice of Adverse Benefit Determination was post-marked or personally given to you. You do not have to pay for continued services while the appeal is pending.
- Ensure that the individuals making the decisions are qualified to do so and not involved in any previous level of review or decision-making.
- Allow you or your representative to examine your case file, including your medical record, and any other documents or records considered during the appeal process, before and during the appeal process.
- Allow you to have a reasonable opportunity to present evidence and allegations of fact or law, in person or in writing.

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(TTY (800) 735-2929 or 711). Available 24 hours a day 7 days a week.

- 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.

### **When Can I File An Appeal?**

You can file an appeal with PHC:

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

### **How Can I File An Appeal or Grievance?**

You can file an Appeal or Grievance by phone, in writing, in person or online.

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

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

Mail or bring the form in person to:

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

Your provider's office will have complaint forms available.

**Online:** Visit our website at [www.partnershiphp.org](http://www.partnershiphp.org)

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

### **How Do I Know If My Appeal Has Been Decided?**

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

- The results of the appeal resolution process.
- The date the appeal decision was made.
- The reason for the Appeal decision. The reason can reference a Policy, Drug Formulary, Member Handbook, or Law
- If the appeal is not resolved wholly in your favor, the notice will also contain information regarding your right to a State Fair Hearing 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 (NOABD)/Notice of Action (NOA). Keep in mind that you will not always get an NOABD/NOA. There are no deadlines for filing an appeal when you do not get an NOABD/NOA; so you may file this type of appeal at any time.

### **When Will A Decision Be Made About My Appeal?**

PHC must decide your appeal within 30 calendar days from when we receive your request for the appeal. Timeframes may be extended by up to 14 calendar days if you request an extension, or if we believe 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 we believe we might be able to approve your appeal if the we had a little more time to get information from you or your provider.

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

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

### **What Is An Expedited Appeal?**

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

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

### **When Can I File An Expedited Appeal?**

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

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

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

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## **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 SUD treatment services to which you are entitled under the Medi-Cal program.

## **What Are My State Fair Hearing Rights?**

You have the right to:

- Request a state fair hearing from the California Department of Social Services (CDSS) if you have completed the Appeal process.
- Be told about how to ask for a State Fair Hearing.
- Be told about the rules that govern representation at the State Fair Hearing.
- Have your benefits continued upon your request during the State Fair Hearing process if you ask for a State Fair Hearing within the required timeframes.

## **When Can I File For A State Fair Hearing?**

You can file for a State Fair Hearing:

- If you have completed PHC's appeal process.
- 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 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 or for TDD (800)952-8349.

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

You have 120 calendar days to ask for a State Fair Hearing. The 120 days start either the Notice of Appeal Resolution (NAR).

If you did not receive a Notice of Action Resolution, you may file for a State Fair Hearing at any time.

## **Can I Continue Services While I am Waiting For A State Fair Hearing Decision?**

Yes, if you are currently receiving treatment and you want to continue your treatment while you appeal, you should ask for a State Fair Hearing within:

- 10 days from the date Notice of Appeal Resolution was postmarked or delivered to you or
- before the date PHC says services will be stopped or reduced.

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(TTY (800) 735-2929 or 711). Available 24 hours a day 7 days a week.



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.

### **What If I Can't Wait 90 Days For My State Fair Hearing Decision?**

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

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## **Reporting Fraud, Waste and Abuse**

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

Provider fraud, waste and abuse includes:

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

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

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

To report fraud, waste and abuse, write down the name, address and ID number of the

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

You can make a report by:

- Mail:

Partnership HealthPlan of California  
ATTN: Regulatory Affairs  
4665 Business Center Dr.  
Fairfield, CA 94534

- Phone:

PHC's Compliance Hotline at (800) 601-2146. 24 hours a day, 7 days a week.

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

## Who Can Get Medi-Cal?

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

- 65 years old, or older
- Under 21 years of age
- An adult, between 21 and 65 based on income eligibility
- Blind or disabled
- Pregnant
- Certain refugees, or Cuban/Haitian immigrants
- Receiving care in a nursing home

You must be living in California to qualify for Medi-Cal. Call or visit your local county social services office to ask for a Medi-Cal application, or get one on the Internet at <http://www.dhcs.ca.gov/services/medi-cal/pages/MediCalApplications.aspx>

You may also qualify for Medi-Cal through Social Security. If you receive SSI, call the Social Security Administration (SSA) office at (800) 772-1213.

## 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. When your Medi-Cal eligibility is decided, the County will tell you if you have to pay for Medi-Cal or SUD services. Some of these reasons include:

- 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 SUD treatment services. The amount that you pay is called your 'share of cost.' Once you have paid your 'share of cost,' Medi-Cal we will pay the rest of your covered medical SUD bills for that month. In the months that you don't have medical expenses, you don't have to pay anything. You will not be covered by us until you have paid your entire share of cost for the month. After you meet your share of cost for the month, you can go to any of W&R program doctors.
- You may have to pay a 'co-payment' for any treatment under Medi-Cal. This means you pay an out of pocket amount each time you get a medical or SUD treatment service or a prescribed drug (medicine) and a co-payment if you go to a hospital emergency room for your regular services.

### **Does Medi-Cal Cover Transportation?**

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

#### Non-medical transportation (NMT)

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

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

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

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

### Non-emergency medical transportation (NEMT)

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

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

NEMT must be used when:

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

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

# 9. Member rights and responsibilities

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

As a person eligible for the PHC W&R program, you have a right to receive medically necessary SUD treatment services from us. You have the right to:

- Be treated with respect, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information.
- Receive information on available treatment options and alternatives, presented in a manner appropriate to the Member's condition and ability to understand.
- Participate in decisions regarding your SUD care, including the right to refuse treatment.
- Receive timely access to care, including services available 24 hours a day, 7 days a week, when medically necessary to treat an emergency condition or an urgent or crisis condition.
- Receive the information in this handbook about the SUD treatment services covered by us and other obligations of the W&R program and your rights as described here.
- Have your confidential health information protected.
- Request and receive a copy of your medical records, and request that they be amended or corrected as specified in 45 CFR §164.524 and 164.526.
- Receive written materials in alternative formats (including Braille, large size print, and audio format) upon request and in a timely fashion appropriate for the format being requested.
- Receive oral interpretation services for your preferred language.
- Receive SUD treatment services from us that follows the requirements of the contract with the State in the areas of availability of services, assurances of adequate capacity and services, coordination and continuity of care, and coverage and authorization of services.
- Access Minor Consent Services, if you are a minor.
- Access medically necessary services out-of-network in a timely manner, if PHC doesn't have a contract provider who can deliver the services. "Out-of-network

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(TTY (800) 735-2929 or 711). Available 24 hours a day 7 days a week.

provider” means a provider who is not on our list of providers. We must make sure you don’t pay anything extra for seeing an out-of-network provider. You can contact Care Coordination at (800) 809-1350, TTY (800) 735-2929 or 711 for information on how to receive services from an out-of-network provider.

- Request a second opinion from a qualified health care professional within PHC’s W&R network, or one outside the network, at no additional cost to you.
- File grievances, either verbally or in writing, about the organization or the care received.
- Request an appeal, either verbally or in writing, upon receipt of a Notice of Adverse Benefit Determination.
- Request a State Fair Hearing, including information on the circumstances under which an expedited State Fair Hearing is possible.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Be free to exercise these rights without adversely affecting how you are treated by the us, providers, or the State.

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

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

- Carefully read the member informing materials that you have received from the us. These materials will help you understand which services are available and how to get treatment if you need it.
- Attend your treatment as scheduled. You will have the best result if you follow your treatment plan. If you do need to miss an appointment, call your provider at least 24 hours in advance and reschedule for another day and time.
- Always carry your Medi-Cal and PHC ID card and a photo ID when you attend treatment.
- Let your provider know if you need an interpreter before your appointment.
- Tell your provider all your medical concerns in order for your plan to be accurate. The more complete information that you share about your needs, the more successful your treatment will be.
- Make sure to ask your provider any questions that you have. It is very important you completely understand your treatment plan and any other information that you receive during treatment.
- Follow the treatment plan you and your provider have agreed upon.
- Be willing to build a strong working relationship with the provider that is treating you.

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

- Contact us if you have any questions about your services or if you have any problems with your provider that you are unable to resolve.
- Tell your provider and us if you have any changes to your personal information. This includes address, phone number, and any other medical information that can affect your ability to participate in treatment.
- Treat the staff who provide your treatment with respect and courtesy.
- If you suspect fraud or wrongdoing, report it. PHC's Compliance Hotline at (800) 601-2146. 24 hours a day, 7 days a week.



# 10. Transition of care request

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

- After joining the us, you may request to keep your out-of-network provider if:
  - Moving to a new provider would result in a serious detriment to your health or would increase your risk of hospitalization or institutionalization; and
  - You were receiving treatment from the out-of-network provider prior to the date of your transition to us.

## **How do I request to keep my out-of-network provider?**

- You, your authorized representatives, or your current provider, may submit a request in writing to us. You can also contact us at (800) 863-4155 for information on how to request services from an out-of-network provider.
- PHC will send written acknowledgement of receipt of your request and begin to process your request within three (3) working days.

## **What if I continued to see my out-of-network provider after transitioning to our W&R program?**

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

## **Why would PHC deny my transition of care request?**

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

## **What happens if my transition of care request is denied?**

- If PHC denies your transition of care we will:
  - Notify you in writing;
  - Offer you at least one in-network alternative provider that offers the same level of services as the out-of-network provider; and

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- Inform you of your right to file a grievance if you disagree with the denial.
- If PHC offers you multiple in-network provider alternatives and you do not make a choice, then we will refer or assign you to an in-network provider and notify you of that referral or assignment in writing.

**What happens if my transition of care request is approved?**

- Within seven (7) days of approving your transition of care request PHC will provide you with:
  - The request approval;
  - The duration of the transition of care arrangement;
  - The process that will occur to transition your care at the end of the continuity of care period; and
  - Your right to choose a different provider from our provider network at any time.

**How quickly will my transition of care request be processed?**

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

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

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

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

*[www.partnershiphp.org](http://www.partnershiphp.org)*

