



SYSTEM TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT

Los Angeles County's Substance Use Disorder Organized Delivery System

***SUBSTANCE USE
TREATMENT SERVICES***

***PATIENT HANDBOOK
DECEMBER 2017***

Version 2.0

**Los Angeles County
Department of Public Health**

Substance Abuse Prevention and Control

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SUBSTANCE USE TREATMENT SERVICES

Patient Handbook – Version 2.0

Last Updated December 7, 2017

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COUNTY OF LOS ANGELES

Public Health

Substance Abuse Prevention and Control

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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,
- 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.

Overdose

You should not hesitate to call 911 for medical emergencies involving substance use. If you or someone you are with has overdosed, calling 911 as soon as possible could help save a life.



Naloxone

Naloxone is medication that could immediately counter the effects of an opioid/heroin overdose. You can administer it while someone is overdosing and should call 911 immediately. Many emergency personnel carry it with them, and it is also available from select pharmacies without a prescription. Ask your health care provider for more information.

WHY IT IS IMPORTANT TO READ THIS HANDBOOK

Welcome to Los Angeles County's substance use treatment system of care. This document describes the Drug Medi-Cal Organized Delivery System (DMC-ODS), what is known locally as the System Transformation to Advance Recovery and Treatment, Los Angeles County's Substance Use Disorder Organized Delivery System (START-ODS). Throughout the Patient Handbook, we will refer to the "County Plan" or "START-ODS Plan" which just means the substance use treatment services that are available at no-cost for Medi-Cal and My Health LA eligible beneficiaries, and the various features and structure of the system of care. The County Plan is available to Los Angeles County residents who are eligible for Medi-Cal or My Health LA, or who have been referred to certain programs funded by the criminal or juvenile justice systems.

It is important that you understand how the County START-ODS Plan works so you can get the care you need. This Patient 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 treatment services through the County Plan
- What benefits you have access to
- What to do if you have a question or problem
- Your rights and responsibilities as a member of the County Plan

If you do not 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 or with the regular Medi-Cal “Fee for Service” program.

COUNTY RESPONSIBILITIES FOR START-ODS PLAN MEMBERS

- Figuring out if you are eligible for County Plan services from the county or provider network.
- Coordinating your care.
- Providing a toll-free phone number (1-844-804-7500) that is answered 24 hours a day and 7 days a week that can tell you about how to get services from the County Plan. You can also contact the County Plan at this number to request availability of after-hours care.



- Having enough providers to make sure that you can get the substance use treatment services covered by the County Plan if you need them.
- Informing and educating you about services available from your County Plan.
- Providing you 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, including forms and documents. This includes availability of the Patient Handbook in threshold languages specific to Los Angeles County and other available auxiliary aids and services.
- 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 by posting updates on the Patient and Public Page of the County Plan's website and through distribution of an updated Patient Handbook to Network Providers. 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 County Plan.
- Informing you if any contracted provider refuses to perform or otherwise support any covered service due to moral, ethical, or religious objections and informing you of alternative providers that do offer the covered service by posting updates on the Patient and Public Page of the County Plan's



website and through distribution of an updated Patient Handbook to Network Providers.

For more information on the County Plan, you may call the Substance Abuse Service Helpline or SASH at 1-844-804-7500.

COUNTY START-ODS PLAN OVERVIEW

The Department of Public Health, Substance Abuse Prevention and Control (SAPC) manages the network of agencies that provide substance use treatment services, and is responsible for making sure these services are patient-centered and address the cultural and language (linguistic) needs of those served. This includes operating the 24-hour *Substance Abuse Service Helpline (SASH)* and ensuring access to medically necessary outpatient, residential, withdrawal management (detoxification), opioid treatment programs, medication-assisted treatment, case management, and recovery support services as described in the benefit package below.

Our newly designed system of care will create a more robust network of agencies and services to help you meet your substance use needs and recovery goals. The County (SAPC) and our network agencies share the following values and commitments:

- **Provide Patient-Centered Care**

↳ You can help the treatment agency determine what services will best meet your individual needs and preferences. For this reason, your care may be different than others in the same program.



- **Provide Culturally Appropriate Services**

↳ You can request a treatment provider that delivers services specifically designed to meet the needs of your culture, racial and ethnic background, or sexual orientation. If a program is unable to match your needs, or is too far from where you would like to receive services, please know that all network agencies are required to deliver culturally sensitive and appropriate services for all patients.

- **Provide Linguistically Appropriate Services**

↳ You can request a treatment provider that delivers services in your preferred language. If a program is unable to match your needs, you can access translation services instead. Key written materials are also available in all of the most commonly spoken languages in Los Angeles County, also called “threshold languages”.

- **Provide Age and Developmentally Appropriate Services**

↳ You can request a treatment provider that delivers services for a specific age group (youth, young adults, adults and older adults). If a program is not available that matches your request, or it is too far from where you would like to receive services, there are programs available that serve more than one age group.



- **Treat Substance Abuse as a Chronic Condition rather than an Acute Condition**

↳ A chronic condition lasts for a long-time or maybe even a lifetime (i.e., asthma, diabetes) whereas an acute condition last for a short-time, typically a few days or weeks (i.e., ear infection). Because substance abuse can impact people over a long period and relapse is common, it is considered a chronic condition. For this reason, network providers can work with you even after your treatment program is done to provide on-going support or help you enter treatment again if needed.

- **Connect Health, Mental Health and Substance Use Services**

↳ Many people who need substance use services also need or receive services to address other physical health (i.e., diabetes, asthma, heart disease, liver disease) or mental health (i.e., anxiety, depression, bipolar) conditions. It is important to connect with other providers serving your health care needs to better coordinate your care and help you achieve all your health goals.

- **Educate and Empower Patients and Communities to Achieve Health**

↳ Healthy individuals and healthy communities are achieved through dedication and commitment, and shared goals to reduce the adverse impact of



alcohol and drug use. You can play a key role to improve your health and the health of your community, and it can start by participating in treatment and recovery services.

- **Always Make Program Improvements to Enhance Patient Care**

↳ SAPC and its network providers are dedicated to providing quality patient care that will help you achieve your goals. This means looking at how services are provided today and finding ways to make them better through evidence-based practices, effective staff, and technology.

To learn more about the agencies and site locations that currently deliver substance use services, visit the *Service and Bed Availability Tool* (SBAT) website at <http://sapccis.ph.lacounty.gov/sbat/> or call the toll-free Substance Use Service Helpline (SASH) at 1-844-804-7500 24-hours per day and seven days a week.



ELIGIBILITY

Youth (under 18 years of age), young adults (age 18 through 20), and adults (21 years of age and older) who meet the following eligibility requirements can access no-cost (free) substance use treatment services in Los Angeles County:

1. Enrolled in or eligible for Medi-Cal or My Health LA.
2. Resident of Los Angeles County (proof may be required if your Medi-Cal benefits are assigned to another California County).
3. Need substance use treatment services based on an assessment (what is known as “meeting medical necessity” requirements).

If you are not sure if you are eligible for Medi-Cal or My Health LA, more information is below. This information can change, so please visit the website listed below for the most up-to-date and complete descriptions for these programs.

Important Information about Medi-Cal

Medi-Cal is California’s public health insurance program that provides free or low-cost necessary health care services for low-income individuals. You may be able to receive Medi-Cal if you meet income eligibility requirements and belong to one or more of the following groups (not all listed):

- Adults (21-64) whose income is at or below 138% of the Federal Poverty Level (FPL)
- Children and young adults under age 21, and children (under age 19), regardless of immigration status
- Pregnant Women



- A parent, caretaker relative or a child under 21 if:
 - The child's parent is deceased or doesn't live with the child
 - The child's parent is incapacitated
 - The child's parent is under employed or unemployed
- Age 65 or older
- Blind
- Disabled
- Certain refugees, or Cuban/Haitian immigrants
- Receive care in a nursing home

You can also get Medi-Cal if you are enrolled in one of the following programs:

- CalFresh
- Supplemental Security Income (SSI) or State Supplemental Program (SSP)
- CalWORKs (California Work Opportunity and Responsibility to Kids)
- Refugee Assistance
- Foster Care or Adoption Assistance Program

You must be living in California to qualify for Medi-Cal. To find out if you are eligible for Medi-Cal or to complete an application, visit the Los Angeles County Department of Public Social Services [Your Benefits Now](#) website available at:

<https://www.dpssbenefits.lacounty.gov/ybn/Index.html>. You can also learn more at: <http://www.dhcs.ca.gov/individuals/Pages/Steps-to-Medi-Cal.aspx>.



Do I have to Pay for Medi-Cal?

There are times you may have to pay for Medi-Cal depending on the amount of money you get or earn each month. This includes:

- 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 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 do not have medical expenses, you do not have to pay anything.
- You may have to pay a 'co-payment' for any treatment under Medi-Cal. You may have to pay an out of pocket amount each time you get a medical or substance use treatment service or a prescribed drug (medicine) and a co-payment if you go to a hospital emergency room for your regular services. Your provider will tell you if you need to make a co-payment.

If your substance use treatment program asks you to pay for services, but you think your income is low enough that service should be free (no-charge), you can call the County (SAPC) at 1-626-299-4193 for help. Most people with Medi-Cal who receive substance use services from a provider in Los Angeles County's START-ODS Plan network will not have a Medi-Cal share-of-cost, so all services will be free (no-charge).



Does Medi-Cal Cover Transportation?

If you have trouble getting to your medical appointments or drug and alcohol treatment appointments, the Medi-Cal program can help you find transportation.

- For children, the Department of Public Health, Child Health and Disability Prevention (CHDP) program can help (1-800-993-2437). Or, you may wish to contact the Department of Public Social Services (1-866-613-3777). Additional phone numbers can be found in your local telephone book in the 'County Government' pages. You can also get information online by visiting www.dhcs.ca.gov, then clicking on 'Services' and then 'Medi-Cal'.
- For adults, the Department of Public Social Services (1-866-613-3777) can help. Additional phone numbers can be found in your local telephone book in the 'County Government' pages. You can also get information online by visiting www.dhcs.ca.gov, then clicking on 'Services' and then 'Medi-Cal'.

What is 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 the Substance Abuse Service Helpline or SASH at 1-844-804-7500.

Important Information about My Health LA

My Health LA is a no cost primary health care to eligible residents for the uninsured and uninsurable, regardless of immigration status. It is available to Los Angeles County residents who are age 19 and older who meet income eligibility requirements and do not have and cannot get health insurance. Services include primary care and health screenings, health information and advice, specialty care at Los Angeles County Department of Health Services (DHS) clinics, hospital and emergency care at DHS hospitals, prescription medicines, laboratory services and tests, and substance use treatment.

My Health LA partners with almost 200 clinics call Community Partners. To find out if you are eligible for My Health LA, visit DHS' [My Health LA](https://dhs.lacounty.gov/wps/portal/dhs/coverageoptions/myhealthla) webpage by accessing the following link: <https://dhs.lacounty.gov/wps/portal/dhs/coverageoptions/myhealthla>. The webpage also includes information on income eligibility by household size and a listing of participating clinics.

MEMBER ASSISTANCE

Materials in a Different Language

All beneficiary informing materials, including the Patient Handbook and Grievance and Appeals forms will be available in English and



Spanish, and other Los Angeles County threshold languages. You can access materials at a Network Provider site or by visiting the “Patient and Public” page on the SAPC website at <http://publichealth.lacounty.gov/sapc/PatientPublic.htm>.

Materials for Patients who have Trouble Reading

Patients who have trouble reading, may contact the County (SAPC) at 1-626-299-4193 or visit the “Patient and Public” page on the SAPC website at <http://publichealth.lacounty.gov/sapc/PatientPublic.htm>, for more information on how to obtain materials in alternate formats (examples: audio, large print). You can also ask a Network Provider to assist you in getting a free copy of these materials.

Materials for Patients with Visual Impairments

Patients with visual impairments, may contact the County (SAPC) at 1-626-299-4193 or visit the “Patient and Public” page on the SAPC website at <http://publichealth.lacounty.gov/sapc/PatientPublic.htm>, for more information on how to obtain materials in alternate formats (examples: audio, large print). You can also ask a Network Provider to assist you in getting a free copy of these materials.

Materials for Patients with Hearing or Speech Impairments

Patients with hearing or speech impairments, may contact the California Relay Service by dialing 711 to connect with the (1) County (SAPC) to request no-cost interpreter services (1-626-299-4193) and (2) Substance Abuse Service Helpline, or SASH, for screening and referral services (1-844-804-7500). Written inquires for no-cost interpreter services can be sent to SUDtransformation@ph.lacounty.gov.

Notice of Privacy Practices

You may obtain a copy of the Notice of Privacy Practices from the front desk of any START-ODS Network Provider or online at: <http://publichealth.lacounty.gov/sapc/PatientPublic.htm>.

FINDING SERVICES

Getting Started with Substance Use Services

The START-ODS Provider Network is comprised of Network Providers located across Los Angeles County: from Lancaster to Long Beach, Malibu to Pomona, and in the cities and communities in between. Efforts are also being made to increase the number of Network Providers so services can be even closer to where eligible patients live or work.

Having a current Medi-Cal or My Health LA card is important in getting free substance use treatment services. If you are not yet enrolled in Medi-Cal or My Health LA, a Network Provider can help you find out if you are eligible, and help you with the application process. Medi-Cal benefits are county-specific, meaning that having Medi-Cal benefits in one California county may not apply to another California county. If your Medi-Cal benefits are assigned to another California county, but you live in Los Angeles County now, a Network Provider or the Department of Public Social Services (DPSS) (1-866-613-3777) can help you transfer your Medi-Cal benefits to Los Angeles County. If it turns out you are not eligible, a Network Provider can help you contact your health plan or refer you to a provider that accepts payment for services.



There are three ways that you can get started with your substance use treatment:

1. Call the toll-free *Substance Abuse Services Helpline (SASH)* at 1-844-804-7500

↳ You can reach a call agent 24-hours per day and 7 days per week who can conduct a brief screening and refer you to a provider that meets your substance use treatment needs and service preferences. At the provider site, you will receive a full assessment and begin services, as medically necessary.

2. Visit the *Service and Bed Availability Tool (SBAT) Website to Pick a Provider*

This tool is available at
↳ <http://sapccis.ph.lacounty.gov/sbat/>. It helps you find provider locations near where you live or work, and that match your needs and preferences. Once you pick a provider, give them a call to learn more about their program and schedule a screening appointment.

3. Connect with a *Client Engagement and Navigation Services (CENS) Location*

↳ If you are also receiving other County services, including but not limited to the Department of Children and Family Services, Department of Public Social Services, Probation Department, or Courts, talk to your assigned County Worker who may be able to connect you with someone who can conduct an in-person screening and talk to you about available services.

Remember, you do not need to begin this journey alone. Someone from your family, caregiver or healthcare provider can help you call or connect with a treatment provider.

Just like diabetes or hypertension, substance abuse is a chronic condition that typically requires long-term treatment. Do not hesitate to continue or come back for treatment or connect with recovery support services if you think you may relapse or if you did relapse. Treatment providers will be there to help!

START-ODS SERVICES AND BENEFIT PACKAGE

START-ODS services are health care services for youth and young adults (age 12-20) who are at-risk of developing a substance use disorder or individuals who have at least one substance use disorder diagnosis that a regular doctor cannot treat. This section explains the types of services that are covered by the County Plan, as medically necessary. This means that a medical doctor, physician, social worker, therapist or other qualified clinical staff determined that certain substance use treatment services are necessary for you to be healthy. Over time, medically necessary services will change depending on your changing needs and how well you are doing achieving your goals. Your treatment provider cannot provide you with services that are not medically necessary.



The County Plan includes the following services for Los Angeles County residents.

***** These services are **FREE** for Medi-Cal and *****
***** My Health LA **eligible** participants *****

This means you cannot be asked to pay to receive services provided within the levels of care described below: This means no fees – no co-pay – no share-of-cost (unless required by your Medi-Cal plan due to your income). These no-cost services are also available to you if you qualify for Medi-Cal or My Health LA but have not completed the application process yet.

The Services or ‘Levels of Care’ that are available include:

- Outpatient Services for At-Risk Youth and Young Adults
- Outpatient Services
- Intensive Outpatient Services
- Residential Treatment (subject to prior authorization by the county)
- Withdrawal Management (Detox)
 - Ambulatory (Non-Residential)
 - Residential
 - Inpatient
- Opioid Treatment Program (Methadone Maintenance)



- Case Management and Care Coordination
- Recovery Support Services
- Recovery Bridge Housing

START-ODS Benefit Package			
Service	Services	Time	Duration
Outpatient Services for At-Risk	<p><u>Intake Services</u></p> <ul style="list-style-type: none"> • Intake and Assessment • Treatment Planning <p><u>Direct Services</u></p> <ul style="list-style-type: none"> • Individual Counseling • Group Counseling • Patient Education • Case Management 	<p><u>Youth (12-20):</u> No more than 4 hours of service per 60-days, including up to 2 hours for intake services</p> <p><u>Adults (21+):</u> Service is not available</p>	<p>Youth and young adults can receive one episode of services every 60-days, if additional services are needed the individual may be more appropriate for outpatient services</p>

<p>Outpatient Services</p>	<ul style="list-style-type: none"> • Intake and Assessment • Treatment Planning • Individual Counseling • Group Counseling • Family Therapy • Collateral Services • Patient Education • Crisis Intervention • Medication Services • Case Management • Discharge Planning 	<p><u>Youth (under 18):</u> 0 to 6 hours of service per week</p> <p><u>Adults (over 18):</u> 0 to 9 hours of service per week</p>	<p>Available to youth and adults. No limit if medically necessary and in accordance with the individualized treatment plan.</p>
<p>Intensive Outpatient Services</p>	<ul style="list-style-type: none"> • Intake and Assessment • Treatment Planning • Individual Counseling • Group Counseling • Family Therapy • Collateral Services • Patient Education • Crisis Intervention • Medication Services • Case Management 	<p><u>Youth (under 18):</u> 6 to 19 hours of service per week</p> <p><u>Adults (over 18):</u> 9 to 19 hours of service per week</p>	<p>Available to youth and adults. No limit if medically necessary and in accordance with the individualized treatment plan.</p>



	<ul style="list-style-type: none"> • Discharge Planning 		
Residential Treatment	<ul style="list-style-type: none"> • Intake and Assessment • Treatment Planning • Individual Counseling • Group Counseling • Family Therapy • Collateral Services • Patient Education • Crisis Intervention • Medication Services • Safeguarding Meds¹ • Transportation² • Case Management • Discharge Planning <p>Services occur in 24-hour care, non-institution, non-medical, short-term setting that provides rehabilitation and where individuals live on site and are</p>	<p>Requires prior County authorization</p> <p>Initial 60-day authorization for adults and 30 days for youth, with extensions based on medical necessity. *</p> <p>*EPSDT (under age 21) will not have authorization limits as long as medical necessity establishes the need for ongoing residential services.</p>	<p><u>Youth (under 18):</u> No authorization limits as long as medical necessity establishes the need for ongoing residential service</p> <p><u>Young Adults (18-20):</u> No authorization limits as long as medical necessity establishes the need for ongoing residential service</p>



	<p>supported in efforts to restore, maintain/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 problems. Goals include sustaining abstinence, preparing for relapse triggers, improving personal health and social functioning, and engaging in continuing care.</p> <p>¹ Safeguarding medications means the facility will store all resident medications and</p>		<p><u>Adults (over 21):</u> Initial authorization for 60 days with continued services based on medical necessity</p> <p><u>Perinatal Females:</u> Up to length of the pregnancy and through the last day of the month that the 60th day after delivery occurs</p> <p><u>Criminal Justice:</u> Extension up to</p>
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	<p>facility staff may assist with self-administration of medications. This includes allowing residents to use medication assisted treatment such as methadone or buprenorphine. ² Transportation means the arrangement for transportation to and from medically necessary treatment. It does not include emergency transportation.</p>		<p>6-months if medically necessary</p>
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<p>Withdrawal Management</p>	<ul style="list-style-type: none"> • Intake and Assessment • Observation¹ • Medication Services • Discharge Planning <p>Services occur in either an outpatient or residential setting where individuals are monitored during the detoxification process. Medically necessary habilitative and rehabilitative services are provided in accordance with an individualized patient plan and as prescribed by a licensed physician, or licensed prescriber and approved and authorized</p>	<p>Up to 14 days of service per episode.</p> <p>No authorization required except for minors.</p>	<p>Available only to adults and as medically necessary.</p> <p>Youth may be provided services based on medical necessity.</p>
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	<p>according to the State of California requirements.</p> <p>¹ Observation means evaluating your health status and response to any prescribed medications.</p>		
<p>Opioid Treatment Program</p> <p>and</p> <p>Medication-Assisted Treatment</p>	<ul style="list-style-type: none"> • Prescribe Medications: <ul style="list-style-type: none"> ○ Methadone ○ Buprenorphine ○ Disulfiram ○ Naloxone • Medical Psychotherapy¹ • Intake and Assessment • Treatment Planning • Individual Counseling • Group Counseling • Patient Education • Family Therapy • Patient Education 	<p>50-200 minutes of counseling per calendar month, although additional services may be provided based on medical necessity</p> <p>Medically necessary services are provided in accordance</p>	<p>Available only to adults (18 year of age and up). Youth may be provided services based on medical necessity.</p> <p>These programs couple the daily or several times weekly</p>



	<ul style="list-style-type: none"> • Crisis Intervention • Medication Services • Case Management • Discharge Planning <p>¹ Medical psychotherapy means a face-to-face discussion conducted by a physician on a one-on-one basis with the patient.</p>	with an individualized client plan determined by a licensed physician or licensed prescriber, and approved and authorized according to the State of California requirements.	use of prescribed opioid agonist medication with counseling to maintain stability for those with severe opioid use disorder
Case Management	Available at every level of care to help patients access needed medical, educational, social, prevocational, vocational, rehabilitative or other community services. This includes coordinating substance use treatment services with other Network	Up to 7 hours per month for all service levels except Outpatient At-Risk and Recovery Support Services These services focus on coordination	Available to youth and adults.



	<p>Providers and with the primary care doctor or other County departments to improve care and support independence.</p> <p>This includes 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 care; development and periodic revision of a client plan that includes service activities communication, coordination, referral and related activities; monitoring service delivery to ensure</p>	<p>of substance use treatment care, integration around primary care especially for individuals with a chronic substance use disorder, and interaction with the justice and social services system as needed and permitted by the patient.</p>	
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	<p>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.</p>		
<p>Recovery Support Services</p>	<ul style="list-style-type: none"> • Individual Counseling • Group Counseling • Recovery Monitoring • Substance Abuse Assistance <ul style="list-style-type: none"> ○ Recovery Coaching ○ Relapse Prevention 	<p><u>Youth (12-17):</u> No more than 6 hours per month</p> <p><u>Adults (18+):</u> No more than 7 hours per month</p>	<p>Available to youth and adults who have completed substance use treatment. The benefit is generally available for</p>



	<ul style="list-style-type: none"> ○ Peer-to-Peer Services ● Linkages to Services <ul style="list-style-type: none"> ○ Educational ○ Vocational ○ Family Supports ○ Community-Based Supports ○ Housing ○ Transportation ○ Others as Needed ● Case Management <p>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</p>		up to 6 months.
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	<p>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.</p>		
<p>Recovery Bridge Housing</p>	<p>Safe living space that is supportive of recovery for adults who are receiving outpatient, intensive outpatient and opioid treatment program services. Services include peer support; group and house meetings; self-help and life skills development; and case management among other recovery-oriented services</p>	<ul style="list-style-type: none"> - Up to 90 days per calendar year for eligible patients - Up to the length of pregnancy and postpartum period of 60 days based on medical necessity for females. 	<p>Available only for adults.</p>



The County START-ODS substance use treatment benefit package is separate from your regular health check-ups and screenings handled by your primary care provider. It is available to you because you are a Medi-Cal or My Health LA participant.

Contact the Substance Abuse Service Helpline or SASH at (1-844-804-7500) to receive a screening and find out what level of care or service is most appropriate for you.

How Do I Get START-ODS Services?

If you think you or someone you know needs substance use treatment services, you can get services by calling the toll-free Substance Abuse Service Helpline or SASH at 1-844-804-7500 or by locating a Network Provider using the online tool available at <http://sapccis.ph.lacounty.gov/sbat/>.

You may also be referred to services in other ways. Los Angeles County's START-ODS Plan is required to accept referrals for substance use treatment services from doctors and other primary care providers who think you may need these services and from your Medi-Cal managed care health plan, if you are a member. Usually the provider or the Medi-Cal managed care health plan will need your permission or the permission of the parent or caregiver of a child to make the referral, unless there is an emergency. Other people and organizations may also make referrals to the county, including schools; county welfare or social services departments; conservators, guardians or family members; and law enforcement agencies.



The covered services are available through Los Angeles County's provider network. If any contracted provider raises an objection to performing or otherwise supporting any covered service, Los Angeles County will arrange for another provider to perform the service. Los Angeles County 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.

If you need to change providers or move from one service to another (such as moving from residential to outpatient treatment), the case manager at your current treatment provider site will coordinate the change and help you find a service provider that meets any new needs and preferences. Once a new provider is found, the case manager at your current provider will work with the case manager at the new provider to help you successfully make the transition. You can also look for a new provider on your own by searching the online tools (<http://sapccis.ph.lacounty.gov/sbat/>), or by calling the Substance Abuse Service Helpline or SASH at 1-844-804-7500.

Where Can I Get START-ODS Services?

Los Angeles County is participating in the DMC-ODS pilot program. Since you are a resident of Los Angeles County, you can get DMC-ODS services in the county where you live through the DMC-ODS County Plan. Your County Plan has substance use treatment providers available to treat conditions that are covered by the plan. 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.

What if I Need Services After Hours?

If you need services after hours or on the weekends, you can call the Substance Abuse Service Helpline or SASH at 1-844-804-7500 to see if a treatment provider is available to serve you right away. However, most outpatient and residential treatment providers do not admit new patients on the evenings or weekends. If you are currently receiving treatment services, you can talk to your treatment provider to learn more about when staff can serve you after hours. All outpatient and intensive outpatient treatment providers are also required to be open at least two evening per week and one weekend day so there are more expanded hours where you can receive care.

How Do I Know When I Need Help?

Many people have difficult times in life and may experience substance use problems. The most important thing to remember when asking yourself if you need professional help is to trust yourself. If you are eligible for Medi-Cal or My Health LA, and you think you may need professional help, you should call the toll-free Substance Abuse Service Helpline or SASH (1-844-804-7500) to request a screening or assessment.

How do I get START-ODS Services for My Child or Teenager?

Parents and guardians can schedule an assessment for their child or teenager if they think he or she is showing any signs of a



substance use disorder or if he or she is experimenting with alcohol or drugs and may need some help to stop. For more information on substance use services for youth (12-17) call the toll-free Substance Abuse Service Helpline or SASH at 1-844-804-7500 or to locate a Network Provider that specializes in youth services using the online tool available at <http://sapccis.ph.lacounty.gov/sbat/>.

Medi-Cal eligible youth may be able to receive brief substance use services (see Outpatient At-Risk Services) or enroll in more intensive services such as outpatient or residential treatment if medically necessary. If your child or teenager qualified for Medical and the assessment indicates that drug and alcohol treatment services covered by the County are needed, the County will arrange for your child or teenager to receive the services.

How do I Change My Provider?

You can change your substance use provider anytime by contacting the Substance Abuse Service Helpline or SASH (1-844-804-7500) or your current treatment provider can help you find a different agency that can better serve your needs.

MEDICAL NECESSITY

What is Medical Necessity and Why is it so Important?

One of the conditions necessary for receiving substance use treatment services through the County's START-ODS plan 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 County Plan services, and what kind of County Plan services are appropriate. Deciding medical necessity is a very important part of the process of getting START-ODS treatment services.

What are the Medical Necessity Criteria for Substance Use Treatment Services?

As part of deciding if you need substance use treatment services, the County Plan will work with you and your provider to decide if the services are a medical necessity, as explained above. This section explains how Los Angeles County will make that decision.

In order to receive services through the County Plan, you must meet the following criteria:

- You must be enrolled in Medi-Cal or be eligible for My Health LA or another qualified County program.
- You must reside in Los Angeles County and have Medi-Cal benefits assigned to Los Angeles County, if Medi-Cal is applicable.
- You must have at least one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM) for a Substance-Related and Addictive Disorder with certain exceptions or be assessed as ‘at-risk’ for developing a substance use disorder for youth under 21.



- You must meet the American Society of Addiction Medicine (ASAM) definition of medical necessity for services based on the ASAM Criteria (Note: The ASAM Criteria are national treatment standards for addictive and substance-related conditions).

You do not need to know if you have a diagnosis to ask for help. The County Plan will help you get this information and will determine medical necessity with an assessment.

SELECTING A PROVIDER

How do I Find a Provider for the Substance Use Treatment Services I Need?

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

If you choose to go directly to a provider instead of calling the toll-free Substance Abuse Service Helpline or SASH (1-844-804-7500), you may use the Provider Directory, known also as the Service and Bed Availability Tool or SBAT, which is available at <http://sapccis.ph.lacounty.gov/sbat/>. The SBAT includes information related to (1) what services or levels of care are available by site address; (2) contact information; (3) availability of language and cultural specific services; and (4) whether providers are accepting



new patients, specifically availability of assessment appointments for outpatient services and available beds for residential services. If you need to request another service provider option if you are not satisfied with your selected agency after the screening or assessment, you may either call the SASH to learn more about network providers or use the SBAT.

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

Once I Find a Provider, Can the County Tell the Provider what Services I Get?

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

The County Plan's authorization process must follow specific timelines. For a standard authorization, the plan must make a decision on your provider's request within 14 calendar days. If you or your provider request or if the County Plan thinks it is in your interest to get more information from your provider, the timeline can be extended for up to another 14 calendar days. An example of



when an extension might be in your interest is when the county thinks it might be able to approve your provider's request for authorization if the County Plan had additional information from your provider and would have to deny the request without the information. If the County Plan extends the timeline, the county will send you a written notice about the extension.

If the county does not make a decision within the timeline required for a standard or an expedited authorization request, the County Plan must send you a Notice of Adverse Benefit Determination telling you that the services are denied and that you may file an appeal or ask for a State Fair Hearing. You may ask the County Plan for more information about its authorization process by calling 1-626-299-4595. If you do not agree with the County Plan's decision on an authorization process, you may file an appeal with the county or ask for a State Fair Hearing.

Which Providers Does My County Plan Use?

If you are new to the County Plan, a complete list of providers in your County Plan can be found at <http://sapccis.ph.lacounty.gov/sbat/> and contains information about where providers are located, the SUD treatment services they provide, and other information to help you access care, including information about the cultural and language services that are available from the providers. If you have questions about providers, call the Substance Abuse Service Helpline or SASH at 1-844-804-7500. A hard copy of the provider listing is available upon request.



NOTICE OF ADVERSE BENEFIT DETERMINATION

What is a Notice of Adverse Benefit Determination?

A Notice of Adverse Benefit Determination, sometimes called a NOA, is a form that the County Plan uses to tell you when the plan makes a decision that you will not get a Medi-Cal substance use treatment services. A Notice of Adverse Benefit Determination is also used to tell you if your grievance, appeal, or expedited appeal was not resolved in time, or if you did not get services within the County Plan's timeline standards for providing services. The NOA will be sent within two business days after an adverse action and/or determination.

When will I Get a Notice of Adverse Benefit Determination?

You will get a Notice of Adverse Benefit Determination:

- If your County Plan or one of the County Plan providers decides that you do not qualify to receive any Medi-Cal substance use treatment services because you do not meet the medical necessity criteria.
- If your provider thinks you need a substance use treatment service and asks the County Plan for approval, but the County Plan does not agree and denies your provider's request, or changes the type or frequency of service. Most of the time you will receive a Notice of Adverse Benefit Determination before you receive the service, but sometimes the Notice of Adverse Benefit Determination will come after you already received the service, or while you are receiving the service. If you get a Notice of Adverse Benefit



Determination after you have already received the service, you do not have to pay for the service.

- If your provider has asked the County Plan for approval, but the County Plan needs more information to make a decision and does not complete the approval process on time.
- If your County Plan does not provide services to you based on the timelines the County Plan has set up. Call your County Plan to find out if the County Plan has set up timeline standards.
- If you file a grievance with the County Plan and the County Plan does not get back to you with a written decision on your grievance within 90 days. If you file an appeal with the County Plan and the County Plan does not get back to you with a written decision on your appeal within 30 days or, if you filed an expedited appeal, and did not receive a response within 72 hours.

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. You may still file an appeal with the County Plan or if you have completed the appeal process, you can request a State Fair Hearing when these things happen. Information on how to file an appeal or request a 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 your County Plan did that affects you and your ability to get services.
- The effective date of the decision and the reason the plan made its decision.
- The state or federal rules the county was following when it made the decision.
- What your rights are if you do not agree with what the plan did.
- How to file an appeal with the plan.
- How to request a State Fair Hearing.
- How to request an expedited appeal or an expedited fair hearing.
- How to get help filing an appeal or request 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?

When you get a Notice of Adverse Benefit Determination you should read all the information on the form carefully. If you do not understand the form, your County Plan 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 a State Fair Hearing. You must request continuation of services no later than 10 days after receiving a Notice of Adverse Benefit Determination or before the effective date of the change.

PROBLEM RESOLUTION PROCESSES

What if I Do Not Get the Services I want from My County START-ODS Plan?

Your County Plan has a way for you to work out a problem about any issue related to the substance use treatment services you are receiving. This is called the problem resolution process and it could involve the following processes.

1. The Grievance Process – an expression of unhappiness about anything regarding your substance use treatment services.
2. The Appeal Process – review of a decision (denial or changes to services) that was made about your substance use treatment services by the County Plan or your provider.



3. The State Fair Hearing Process – review to make sure you receive the substance use treatment services which 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. When your grievance or appeal is complete, your County Plan will notify you and others involved of the final outcome. When your State Fair Hearing is complete, the State Hearing Office will notify you and others involved of the final outcome.

Learn more about each problem resolution process below.

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

Your County Plan will have people available to explain these processes to you and to help you report a problem either as a grievance, an appeal, or as a request for State Fair Hearing. They may also help you decide if you qualify for what's called an 'expedited' process, which means it will be reviewed more quickly because your health or stability are at risk. You may also authorize another person to act on your behalf, including your substance use treatment provider.

If you would like help, call the Substance Abuse Service Helpline or SASH at 1-844-804-7500.

What If I Need Help to Solve a Problem with My County Plan but Do Not Want to File a Grievance or Appeal?

You can get help from the State if you are having trouble finding the right people at the county to help you find your way through the system.

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

Call toll free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

THE GRIEVANCE PROCESS

What is a Grievance?

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

The grievance process will:

- Involve simple, and easily understood procedures that allow you to present your grievance orally or in writing.
- Not count against you or your provider in any way.
- Allow you to authorize another person to act on your behalf, including a provider. If you authorize another person to act on your behalf, the County Plan might ask you to sign a form authorizing the plan to release information to that person.



- Ensure that the individuals making the decisions are qualified to do so and not involved in any previous levels of review or decision-making.
- Identify the roles and responsibilities of you, your County Plan and your provider.
- Provide resolution for the grievance in the required timeframes.

When Can I File a Grievance?

If you have complaints or concerns regarding your service, or are unhappy, you can file a “grievance” with the County (SAPC). The *Complaint and Grievance Form* is available on the Patient and Public section of SAPC’s website or you can get it from your treatment provider. You can either email the form, or a provider will give you an addressed and stamped envelope at no charge. The County (SAPC) cannot take away your health care benefits or retaliate in any way if you file a grievance.

You can file the complaint in one of the following ways:

- Provider or patient can email the form to SAPCMonitoring@ph.lacounty.gov
- Provider or patient can fax the form to 1-626-458-6692
- Printing out the form from the SAPC website, filling it out and mailing it to:

Los Angeles County Department of Public Health
 Substance Abuse Prevention and Control, Contract
 Services Division
 1000 South Fremont Ave, Building, A-9 East, 3rd Floor
 Alhambra, CA 91803
 Questions: (626) 299-4532

Grievances can be filed orally or in writing. Oral grievances do not have to be followed up in writing. The County (SAPC) can help you fill out the *Complaint and Grievance Form* over the phone or in person. You can also request an interpreter or the document in another format. You may also have a Member Representative, or a person you appoint to represent you.

How do I know if the County Plan Received My Grievance?

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

When will My Grievance be Decided?

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

How do I know if the County Plan has made a Decision about My Grievance?

When a decision has been made regarding your grievance, the County Plan will notify you or your representative in writing of the decision. If your County Plan fails to notify you or any affected parties of the grievance decision on time, then the County Plan will



provide you with a Notice of Adverse Benefit Determination advising you of your right to request a State Fair Hearing. Your County Plan will provide you with a Notice of Adverse Benefit Determination on the date the timeframe expires.

Is there a Deadline to File a Grievance?

You may file a grievance at any time.

THE APPEAL PROCESS: STANDARD AND EXPEDITED

Your County Plan is responsible for allowing you to request a review of a decision that was made about your substance use 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, the County Plan may take up to 30 days to review it. If you think waiting 30 days will put your health at risk, you should ask for an 'expedited appeal'.

The standard appeals process will:

- Allow you to file an appeal in person, on the phone, or in writing. If you submit your appeal in person or on the phone,



you must follow it up with a signed written appeal. You can get help to write the appeal. If you do not follow-up with a signed written appeal, your appeal will not be resolved. However, the date that you submitted the oral appeal is the filing date.

- Ensure filing an appeal will not count against you or your provider in any way.
- Allow you to authorize another person to act on your behalf, including a provider. If you authorize another person to act on your behalf, the plan might ask you to sign a form authorizing the plan to release information to that person.
- Have your benefits continued upon request for an appeal within the required timeframe, which is 10 days from the date your Notice of Adverse Benefit Determination was mailed or personally given to you. You do not have to pay for continued services while the appeal is pending. If you do request continuation of a benefit, and a 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 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 your County Plan:

- If your county or one of the county contracted providers decides that you do not qualify to receive any Medi-Cal or My Health LA substance use treatment services because you do not meet the medical necessity criteria.
- If your provider thinks you need a substance use treatment service and asks the county for approval, but the county does not agree and denies your provider's request, or changes the type or frequency of service.
- If your provider has asked the County Plan for approval, but the county needs more information to make a decision and does not complete the approval process on time.
- If your County Plan does not provide services to you based on the timelines the County Plan has set up.
- If you do not think the County Plan is providing services soon enough to meet your needs.



- If your grievance, appeal or expedited appeal was not resolved in time.
- If you and your provider do not agree on the substance use services you need.

How can I File an Appeal?

If you would like to file an appeal to a decision made by the County (SAPC), you can file an “appeal” with the County (SAPC). The *Appeal Form* is available on the Patient and Public section of SAPC’s website or you can get it from your treatment provider. You can either email the form, or a provider will give you an addressed and stamped envelope at no charge. The County (SAPC) cannot take away your health care benefits or retaliate in any way if you file an appeal.

You can file the appeal in one of the following ways:

- Provider or patient can email the form to SAPCMonitoring@ph.lacounty.gov
- Provider or patient can fax the form to 1-626-458-6692
- Printing out the form from the SAPC website, filling it out and mailing it to:

Los Angeles County Department of Public Health
Substance Abuse Prevention and Control, Contract
Services Division
1000 South Fremont Ave, Building, A-9 East, 3rd Floor
Alhambra, CA 91803
Questions: (626) 299-4532



The County (SAPC) can help you fill out the form over the phone or in person. You can also request an interpreter or the document in another format. You may also have a Member Representative, or a person you appoint to represent you.

How do I know if My Appeal has been Decided?

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

- The results of the appeal resolution process.
- The date the appeal decision was made.

If the appeal is not resolved wholly in your favor, the notice will also contain information regarding your right to a State Fair Hearing and the procedure for filing a State Fair Hearing.

Is there a Deadline to File an Appeal?

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

When will a Decision be made about My Appeal?

The County Plan must decide on your appeal within 30 calendar days from when the County Plan receives your request for the appeal. Timeframes may be extended by up to 14 calendar days if

you request an extension, or if the County Plan believes that there is a need for additional information and that the delay is for your benefit. An example of when a delay is for your benefit is when the county believes it might be able to approve your appeal if the County Plan had a little more time to get information from you or your provider.

What if I cannot 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 with these exceptions:

- Your appeal must meet certain requirements.
- The expedited appeals process follows different deadlines than the standard appeals process.
- 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 and Expedited Appeal?

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



resolve your expedited appeal within 72 hours after the County Plan receives the appeal. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the County Plan shows that there is a need for additional information and that the delay is in your interest. If your County Plan extends the timeframes, the plan will give you a written explanation as to why the timeframes were extended.

If the County Plan decides that your appeal does not qualify for an expedited appeal, the County Plan must make reasonable efforts to give you prompt oral notice and will notify you in writing within 72 hours giving you the reason for the decision. Your appeal will then follow the standard appeal timeframes outlined earlier in this section. If you disagree with the county's decision that your appeal does not meet the expedited appeal criteria, you may file a grievance.

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

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



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 Fair Hearing).
- Be told about how to ask for a State Fair Hearing.
- Be told about the rules that govern representation at the State Fair Hearing.
- Have your benefits continued upon your request during the State Fair Hearing process if you ask for a State Fair Hearing within the required timeframes.

When can I file for a State Fair Hearing?

You can file for a State Fair Hearing:

- If you have completed the County Plan's appeal process.
- If your county or one of the county contracted providers decides that you do not qualify to receive any Medi-Cal substance use treatment services because you do not meet the medical necessity criteria. The State Fair Hearing process is not available to resolve issues related to services provided to My Health LA participants.
- If your provider thinks you need a substance use treatment service and asks the County Plan for approval, but the County Plan does not agree and denies your provider's request, or changes the type or frequency of service.
- If your provider has asked the County Plan for approval, but the county needs more information to make a decision and does not complete the approval process on time.



- If your County Plan does not provide services to you based on the timelines the county has set up.
- If you do not think the County Plan is providing services soon enough to meet your needs.
- If your grievance, appeal or expedited appeal was not resolved in time.
- If you and your provider do not agree on the substance use treatment services you need.

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
P.O. Box 944243, Mail Station 9-17-37
Sacramento, California 94244-2430*

You can also call 1-800-952-5253 or for TDD 1-800-952-8349.

Is there a Deadline for Filing for a State Fair Hearing?

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

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



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

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

If you do request continuation of a benefit, and a 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.

What do I need to do if I Want to Continue Services While I am Waiting for a State Fair Hearing Decision?

If you want services to continue during the State Fair Hearing process, you must request a State Fair Hearing within 120 days from the date of the county notice of resolution.

What if I cannot Wait 120 Days for My State Fair Hearing Decision?

You may ask for an expedited (quicker) State Fair Hearing if you think the normal 120-day time frame will cause serious problems with your health, including problems with your ability to gain,



maintain, or regain important life functions. The Department of Social Services, State Hearings Division, will review your request for an expedited State Fair Hearing and decide if it qualifies. If your expedited hearing request is approved, a hearing will be held and a hearing decision will be issued within 3 working days of the date your request is received by the State Hearings Division.

MEMBER RIGHTS AND RESPONSIBILITIES

What are my Rights as a Recipient of County START-ODS Plan Services?

As a person eligible for Medi-Cal or My Health LA, and residing in a DMC-ODS pilot program county, you have a right to receive medically necessary substance use treatment services from the County Plan. You have the right to:

- Be treated with respect, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information.
- Receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand.
- Participate in decisions regarding your substance use 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 treatment services covered by the County

Plan, other obligations of the County Plan and your rights as described here.

- Have your confidential health information protected.
- Request and receive a copy of your medical records, and request that they be amended or corrected 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 substance use treatment services from a County Plan that follows the requirements of its contract with the State in the areas of availability of services, assurances of adequate capacity and services, coordination and continuity of care, and coverage and authorization of services.
- Access Minor Consent Services, if you are a minor.
- Access medically necessary services out-of-network in a timely manner, if the plan does not have an employee or contract provider who can deliver the services. “Out-of-network provider” means a provider who is not on the County Plan’s list of providers. The county must make sure you do not pay anything extra for seeing an out-of-network provider. You can contact the Substance Abuse Service Helpline or SASH at 1-844-804-7500 for information on how to receive services from an out-of-network provider.



- Request a second opinion from a qualified health care professional within the county network, or one outside the network, at no additional cost to you.
- File grievances, either verbally or in writing, about the organization or the care received.
- Request an appeal, either verbally or in writing, upon receipt of a notice of adverse benefit determination.
- Request a State Fair Hearing, including information on the circumstances under which an expedited fair hearing is possible.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Be free to exercise these rights without adversely affecting how you are treated by the County Plan, providers, or the State.

What are my Responsibilities as a Recipient of County START-ODS Plan Services?

As a recipient of County Plan services, it is your responsibility to:

- Carefully read the member informing materials that you have received from the County Plan. These materials will help you understand which services are available and how to get treatment if you need it.
- Attend your treatment as scheduled. You will have the best result if you follow your treatment plan. If you do need to miss an appointment, call your provider at least 24 hours in advance and reschedule for another day and time.



- Always carry your Medi-Cal (County Plan) ID card and a photo ID when you attend treatment.
- Let your provider know if you need an interpreter before your appointment.
- Tell your provider all your medical concerns in order for your plan to be accurate. The more complete information that you share about your needs, the more successful your treatment will be.
- Make sure to ask your provider any questions that you have. It is very important you completely understand your treatment plan and any other information that you receive during treatment.
- Follow the treatment plan you and your provider have agreed upon.
- Be willing to build a strong working relationship with the provider that is treating you.
- Contact the County Plan if you have any questions about your services or if you have any problems with your provider that you are unable to resolve.
- Tell your provider and the County Plan if you have any changes to your personal information. This includes address, phone number, and any other medical information that can affect your ability to participate in treatment.
- Treat the staff who provide your treatment with respect and courtesy.
- If you suspect fraud or wrongdoing, report it (the phone numbers are listed below).



FRAUD, ABUSE AND WASTE

Fraud, abuse and waste have a far-reaching impact by wasting millions of dollars of funds and resources that could go to providing better care to you and other patients in need.

What is Fraud?

Fraud is when someone intentionally gives false or incomplete information to deceive someone else to benefit themselves or another. For example, it may be fraud for your substance use treatment provider to intentionally bill for services you did not receive or need, or for you to use someone else's social security number to qualify for Medi-Cal.

To avoid and help prevent health care fraud:

- Do not let anyone borrow your ID card or social security card
- Do not give anyone your ID card number or social security number to anyone except your physician, health care provider or health plan
- Do not sign a blank forms such as sign-in sheets for services that you did not receive or for dates in the future or insurance claims forms
- Do not accept money or gifts in exchange for participating in services that you do not need or that you do not receive
- Be wary of offers for free medical services in addition to Medi-Cal services in exchange for your ID card
- Report actions that do not seem right to you



What is Abuse and Waste?

Abuse and waste are intentional or careless actions that result in unnecessary costs to our programs. Abuse could include excessively using emergency rooms for non-emergency situations, requesting medical equipment you do not need for yourself, or other actions that use the program services and resources in a manner outside of the intended purpose. Waste could include prescribing more medication than is medically necessary.

What do I do if I Suspect Fraud, Abuse or Waste?

If you suspect someone is committing Medi-Cal or My Health LA fraud, abuse, or waste, contact:

- Los Angeles County, Department of Auditor Controller at 1-800-544-6861 or <http://fraud.lacounty.gov/>; and/or
- California Department of Health Care Services Fraud and Abuse Hotline at 1-800-822-6222 or <http://www.dhcs.ca.gov/individuals/Pages/StopMedi-CalFraud.aspx>; and/or
- Department of Justice Office of the Attorney General Bureau of Medi-Cal Fraud and Elder Abuse at 1-800-722-0432.

Your call is confidential, and you will not get in trouble or lose needed substance use treatment services because you made the call.



CONFIDENTIALITY

The County (SAPC), treatment network providers, and other healthcare professionals must follow legal and ethical standards. There are federal and State laws and regulations that protect the confidentiality of your records and, where applicable, your identity. All providers that contract with the County (SAPC) are required to establish policies and procedures regarding confidentiality and comply with Title 42, Chapter I, Subchapter A, Part 2 of the Code of Federal Regulations, Part 2 (42 CFR Part 2), the Health Insurance Portability and Accountability Act (HIPAA) standards, and California State law regarding confidentiality for information regarding your medical records, including those related to alcohol and drug use.

You have the right to keep your medical records confidential. If you are seeking or receiving services for drug- or alcohol-related issues, you have extra protections to ensure that you can safely and privately seek treatment and recovery without fear of stigma or prosecution. Your physician, treatment provider or the County (SAPC) cannot reveal that you have sought or are receiving treatment related to substance use to unauthorized persons, including your family, employers, or even the police without a valid court order. Any information that can identify you directly or indirectly as having a current or past drug or alcohol problem, or as a participant in a treatment program is protected.

It is important, however, to balance these laws and regulations against the need to provide you with informed, coordinated, and integrated care. Your provider may ask you to sign appropriate patient releases and/or consent forms, which may include the right



to share clinical information with relevant providers across the systems of care. This includes other treatment network providers, your health plan (e.g., Anthem Blue Cross, Care 1st, Health Net, Kaiser Permanente, L.A. Care, Molina Health Care) or assigned doctor(s), and other County agencies as needed. The reason for this is to help everyone provide better care for you, and help you meet your health and recovery goals.

Before a substance use treatment provider gives your health information to someone else, you must give us your approval in writing. There are times when a substance use treatment provider may share information that can identify you as a patient, including in cases of medical emergency, in reporting crimes that occur on program premises or against staff, or to qualified service organizations.

It is important that you understand the limit and scope of your right to confidentiality. Make sure you ask questions as needed to make sure you give informed consent before signing any consent forms.

PROVIDER DIRECTORY

A current Provider Directory is available at <http://sapccis.ph.lacounty.gov/sbat/>. The Provider Directory, known also as the Service and Bed Availability Tool or SBAT, includes information related to: (1) what services or levels of care are available by site address; (2) contact information; (3) availability of language and cultural specific services; and (4) whether providers are accepting new patients, specifically availability of assessment appointments for outpatient services and available beds for residential services. You may also contact the Substance Abuse



Service Helpline or SASH (1-844-804-7500) to receive a screening and assistance with scheduling an intake appointment. A hard copy of the Provider Directory is available upon request.

IMPORTANT NOTICE: The County's START-ODS Plan is NOT health insurance. We provide specialty substance use treatment services for low-income and other qualified people in Los Angeles County. Our network providers offer free services to you if you qualify for Medi-Cal or My Health LA, and meet criteria for substance use treatment. Services are not covered, or in other words free, if they are delivered by a provider outside of our network or by a provider in another county or state. If you have health insurance, do not drop it!