

Behavioral Health Services (BHS) – Information Notice

To:	Mental Health Plan (MHP) Beneficiaries
From:	Drug Medi-Cal Organized Delivery System (DMC-ODS) Beneficiaries Behavioral Health Services
Date:	February 9, 2023
Title	Beneficiary Handbook – Notice of Significant Changes

When you first started receiving services at our program, you were offered a copy of a Beneficiary Handbook which explains your benefits, how to get care, and answer questions you may have about the County of San Diego’s Behavioral Health Services system.

The MHP and DMC-ODS beneficiary handbook templates have been updated to align with the California Advancing and Innovating Medi-Cal (CalAIM) behavioral health initiatives that became effective in January 2022 and July 2022. These initiatives include the criteria for beneficiary access criteria to Specialty Mental Health Services (SMHS) ([BHIN 21-073](#)), DMC-ODS program requirements ([BHIN 21-075](#) superseded by [BHIN 23-001](#)), behavioral health documentation requirements ([BHIN 22-019](#)), and the No Wrong Door policy ([BHIN 22-011](#)). The Beneficiary Handbook will be available on the effective date of 3/12/2023.

Attached to this notification is a Summary of Changes for the Beneficiary Handbook.

The Summary of Changes are available on the Optum website under there Beneficiary tab or by using this link below:

- DMC-ODS
 - <https://www.optumsandiego.com/content/sandiego/en/county-staff---providers/dmc-ods.html>
 - https://www.optumsandiego.com/content/dam/san-diego/documents/dmc-ods/beneficiary/DMC-ODS_Beneficiary_Handbook_Summary_of_Changes_-_2-6-23.pdf

- MHP
 - <https://www.optumsandiego.com/content/SanDiego/sandiego/en/county-staff---providers/orgpublicdocs.html>
 - <https://www.optumsandiego.com/content/dam/san-diego/documents/organizationalproviders/beneficiarymaterials/01%20-%20MHP%20Beneficiary%20Handbook%20Summary%20of%20Changes.pdf>

For More Information:

- Contact QIMatters.HHSA@sdcounty.ca.gov

County of San Diego Mental Health Plan Beneficiary Handbook Summary of Changes – March 2023

SECTION	REVISION	SUMMARY OF CHANGES
Handbook footers	Updated information.	<ul style="list-style-type: none"> Updated website link.
General Information <i>Subsection: Need This Handbook in Your Language or a Different Format?</i>	Added information.	<ul style="list-style-type: none"> Four additional threshold languages were added to indicate the additional languages this handbook is available in: Chinese (Mandarin), Korean, Dari, and Somali.
General Information <i>Subsection: What is My Mental Health Plan Responsible For?</i>	Added information.	<ul style="list-style-type: none"> Responsibilities were added, including the mental health plan providing an assessment, threshold languages, and coordinated care information.
Information about the Medi-Cal Program <i>Subsection: How Can I Apply for Medi-Cal?</i>	Added and updated information.	<ul style="list-style-type: none"> “By Phone” option was added to apply for Medi-Cal, which include 2-1-1 and the Access line. “Mail-In” section was updated to indicate where the completed applications and/or verifications may be mailed or dropped off.
Information about the Medi-Cal Program <i>Subsection: What Are Emergency Services?</i>	Added and updated information.	<ul style="list-style-type: none"> Removed reference to “pregnant woman” to be more inclusive – “the health of the individual” is currently stated. Added “reasonably” to define emergency medical condition. Updated psychiatric emergency medical condition, defined as a “health condition or suspected mental health condition”.
Information about the Medi-Cal Program <i>Subsection: Is Transportation Available?</i>	Added and updated information.	<ul style="list-style-type: none"> Added “medical” to specify the type of non-emergency transportation. “Non-emergency medical transportation and non-medical transportation may be provided for Medi-Cal beneficiaries who are unable to provide transportation on their own and who

<p><i>Subsection: Additional Mental Health Plan Specific Information</i></p>		<p>have a medical necessity to receive certain Medi-Cal covered services. If you need assistance with transportation, contact your managed care plan for information and assistance”.</p> <ul style="list-style-type: none"> • Added new information to include contacting the County mental health plan if you need non-medical transportation and are not enrolled in a managed care plan. • Website linked under “Additional Health Plan Specific Information” subsection of approved non-medical transportation providers per DHCS.
<p>Information about the Medi-Cal Program <i>Subsection: Who Do I Contact If I’m Having Suicidal Thoughts?</i></p>	<p>Added information.</p>	<ul style="list-style-type: none"> • Added “988” as the National Suicide Prevention Lifeline.
<p>How To Tell if You or Someone You Know Needs Help <i>Subsection: How Do I Know When I Need Help?</i></p>	<p>Added information.</p>	<ul style="list-style-type: none"> • Added “If you or your family member are eligible for Medi-Cal and need mental health services, you should call your mental health plan access line at 1-888-724-7240. Your managed care plan can also help you contact your mental health plan if they believe you or a family member need mental health services that the managed care plan does not cover. The mental health plan will help you find a provider for services you may need” to align with CalAIM changes. • Added and modified a total of five dot points that describe when the beneficiary or family member should call their mental health plan to get help.
<p>How To Tell If You or Someone You Know Needs Help</p>	<p>Added and updated information.</p>	<ul style="list-style-type: none"> • Added information that a “screening” may be provided and added “Your managed care plan can also help you contact your mental health plan if they believe your child or teenager needs mental health services that

<p><i>Subsection: How Do I Know When a Child or Teenager Needs Help?</i></p>		<p>the managed care plan does not cover” to align with CalAIM changes.</p> <ul style="list-style-type: none"> • Added the following dot points regarding signs to look out for: <ul style="list-style-type: none"> ○ “A lot of trouble concentrating or staying still, putting them in physical danger or causing school problems” ○ “Repeated fights, or use of a weapon, or serious plan to hurt others” • Updated signs to look out for, and they include: <ul style="list-style-type: none"> ○ A lot of trouble concentrating or staying still, putting them in physical danger or causing school problems ○ Intense worries or fears that get in the way of daily activities ○ Sudden overwhelming fear without reason, sometimes with racing heart rate or fast breathing ○ Feels very sad or withdraws from others for two or more weeks, causing problems with daily activities ○ Extreme mood swings that cause problems in relationships ○ Drastic changes in behavior ○ Not eating, throwing up, or using laxatives to cause weight loss ○ Repeated use of alcohol or drugs ○ Severe, out-of-control behavior that can hurt self or others ○ Serious plans or tries to harm or kill self ○ Repeated fights, or use of a weapon, or serious plan to hurt others
<p>Accessing Specialty Mental Health Services</p>	<p>Added information.</p>	<ul style="list-style-type: none"> • Added the last dot point about peer support services being included as a specialty mental health service.

<p><i>Subsection: What Are Specialty Mental Health Services?</i></p>		
<p>Accessing Specialty Mental Health Services <i>Subsection: How Do I Get Specialty Mental Health Services</i></p>	<p>Added and updated information.</p>	<ul style="list-style-type: none"> • Added information to indicate beneficiaries may ask for an appointment for a screening to receive specialty mental health services from their mental health plan or managed care plan. • Added “There is no wrong door for accessing mental health services. You may even be able to receive non-specialty mental health services through your Medi-Cal Managed Care Plan in addition to specialty mental health services. You can access these services through your mental health provider if your provider determines that the services are clinically appropriate for you and as long as those services are coordinated and not duplicative” to align with CalAIM. • Updated information to indicate “specialty mental health services can be provided by the mental health plan or other providers the mental health plan contracts with”.
<p>Accessing Specialty Mental Health Services <i>Subsection: Where Can I Get Specialty Mental Health Services?</i></p>	<p>Added and updated information.</p>	<ul style="list-style-type: none"> • Added information to indicate beneficiaries can get specialty mental health services “outside of your county if necessary”. • Updated information to indicate if the beneficiary meets the criteria to access specialty mental health services, the mental health plan will refer you to receive an assessment. • Added information about the right to receive a written Notice of Adverse Benefit Determination if a provider denies, limits, reduces, delays, or ends services you want or believe you should get, and added information about rights to file an appeal

		and/or State Hearing, and how to find additional information regarding these rights.
<p>Accessing Specialty Mental Health Services <i>Subsection: When Can I Get Specialty Mental Health Services?</i></p>	Added information.	<ul style="list-style-type: none"> • Added a timeframe of 10 business days to be offered an appointment for ongoing conditions. • Added “However, these waiting times may be longer if your provider has determined that a longer waiting time is appropriate and not harmful”.
<p>Accessing Specialty Mental Health Services <i>Subsection: Who Decides Which Services I Will Receive?</i></p>	Added and updated information.	<ul style="list-style-type: none"> • Added “A mental health professional will talk with you and will help determine what kind of specialty mental health services are appropriate based on your needs”. • Updated to indicate the mental health plan will conduct an assessment of your condition. • Added information about how those who are under 21 may be able to access specialty mental health services and how the mental health plan must provide medically necessary services to align with CalAIM. • Added information about prior authorization.
<p>Accessing Specialty Mental Health Services <i>Subsection: What Is Medical Necessity?</i></p>	Section was moved up, and information was updated.	<ul style="list-style-type: none"> • Updated what medical necessity means for those who are 21 years of age and older and updated what medical necessity means for those who are under the age of 21 and covered as “Early and Periodic Screening, Diagnostic, and Treatment” services.
<p>Accessing Specialty Mental Health Services <i>Subsection: How Do I Get Mental Health Services That Are Not Covered by the Mental Health Plan?</i></p>	Added information.	<ul style="list-style-type: none"> • Added in parentheses regarding outpatient laboratory, drugs: “please note that most medications are covered under the Fee-For-Service Medi-Cal program”. • Added “Please note that most prescription medication dispensed by a pharmacy is covered under the Fee-For-Service Medi-Cal program, not your managed care plan”.

<p>Selecting a Provider <i>Subsection: How Do I Find a Provider For The Specialty Mental Health Services I Need?</i></p>	<p>Added and updated information.</p>	<ul style="list-style-type: none"> • Updated the mental health website. • Added the mental health plan’s responsibility to ensure the beneficiary has timely access to care and an adequate network of providers close to you for services. • Added the 30-day calendar notice to beneficiaries when a provider of the mental health plan is no longer contracted or no longer accepts Medi-Cal specialty mental health services.
<p>Selecting a Provider <i>Subsection: Can I Continue To Receive Services From My Current Provider?</i></p>	<p>Updated information.</p>	<ul style="list-style-type: none"> • Updated information that the beneficiary may continue services from a Medi-Cal managed care plan and mental health plan as long as the services are coordinated and not duplicative.
<p>Scope of Services <i>Subsection: Crisis Stabilization Services</i></p>	<p>Updated information.</p>	<ul style="list-style-type: none"> • Updated the crisis stabilization timeframe to less than 24 hours.
<p>Scope of Services <i>Subsection: Are There Special Services Available for Children, Adolescents, and/or Young Adults under the age of 21?</i></p>	<p>Updated information.</p>	<ul style="list-style-type: none"> • Updated eligibility information to receive services through Early and Periodic Screening, Diagnostic, and Treatment benefit.
<p>Scope of Services <i>Available Services by Telephone or Telehealth</i></p>	<p>New section.</p>	<ul style="list-style-type: none"> • New section was added to identify the services that can be provided by telephone or telehealth and services that cannot be provided via this method.
<p>Adverse Benefit Determinations by your Mental Health Plan <i>Subsection: What Rights Do I Have if the Mental Health Plan Denies the Services I Want or Think I Need?</i></p>	<p>Updated information.</p>	<ul style="list-style-type: none"> • Updated to include if services are “reduced” and updated to include the beneficiary’s right to a “written” Notice.

<p>Adverse Benefit Determinations by your Mental Health Plan <i>Subsection: What Is an Adverse Benefit Determination?</i></p>	<p>Updated information.</p>	<ul style="list-style-type: none"> Updated the “Adverse Benefit Determination” definition.
<p>Adverse Benefit Determinations by your Mental Health Plan <i>Subsection: Timing of the Notice</i></p>	<p>New section.</p>	<ul style="list-style-type: none"> Added a new section that outlines the timeframes of when the mental health plan must mail the notice to beneficiaries.
<p>Adverse Benefit Determinations by your Mental Health Plan <i>Subsection: Will I Always Get A Notice Of Adverse Benefit Determination When I Don’t Get The Services I Want?</i></p>	<p>New section.</p>	<ul style="list-style-type: none"> Added a new section that details how the beneficiary may file an appeal or request a state fair hearing.
<p>Adverse Benefit Determinations by your Mental Health Plan <i>Subsection: What Will the Notice of Adverse Benefit Determination Tell Me?</i></p>	<p>Updated information.</p>	<ul style="list-style-type: none"> Updated information to include the notice will also include “how to request for continuation of these services, and whether the costs of these services will be covered by Medi-Cal”.
<p>The Problem Resolution Process: To File a Grievance or Appeal <i>Subsection: What If I Don’t Get the Services I Want From My Mental Health Plan?</i></p>	<p>Updated information.</p>	<ul style="list-style-type: none"> Updated the appeal process.
<p>The Problem Resolution Process: To</p>	<p>Added information.</p>	<ul style="list-style-type: none"> Added “advocate” as another authorized person to act on the beneficiary’s behalf.

<p>File a Grievance or Appeal <i>Subsection: Can I Get Help With Filing an Appeal, Grievance, or State Hearing?</i></p>		
<p>The Grievance Process <i>Subsection: What Is the Grievance Process?</i></p>	<p>Added information.</p>	<ul style="list-style-type: none"> • Added “advocate” as another authorized person to act on the beneficiary’s behalf.
<p>The Appeal Process (Standard and Expedited) <i>Subsection: What Is a Standard Appeal?</i></p>	<p>Removed information.</p>	<ul style="list-style-type: none"> • Removed reference to submitting an appeal orally.
<p>The Appeal Process (Standard and Expedited) <i>Subsection: How Can I File an Appeal?</i></p>	<p>Removed information.</p>	<ul style="list-style-type: none"> • Removed reference to submitting an appeal orally.
<p>Beneficiary Rights and Responsibilities <i>Subsection: What Are My Responsibilities as a Recipient of Specialty Mental Health Services?</i></p>	<p>Updated information.</p>	<ul style="list-style-type: none"> • Updated list of responsibilities.

County of San Diego Drug Medi-Cal Organized Delivery System Beneficiary Handbook Summary of Changes – February 2023

SECTION	REVISION	WHAT HAS CHANGED
Cover Page	N/A	<ul style="list-style-type: none"> N/A
Table of Contents	Updated Information	<ul style="list-style-type: none"> Added Advance Directive section
General Information	Updated Information	<ul style="list-style-type: none"> Updated emergency services with Access and Crisis Line Updated to add 988 to National Suicide Prevention Hotline Updated to include transition of care
Services	Added & Updated Information	<ul style="list-style-type: none"> Renamed “Opioid Treatment” to “Narcotic Treatment Program” Renamed “Medication Assisted Treatment” to “Medications for Addiction Treatment” Added “Peer Support Services” Renamed “Case Management” to “Care Coordination Services” Added “Contingency Management” Updated “adolescents” to “beneficiaries under the age of 21” Updated to clarify: “Services offered in the DMC-ODS Delivery System are available by telephone or telehealth, except medical evaluations for Narcotic Treatment Services and Withdrawal Management”
Outpatient Treatment Services (sub-section under “Services” section)	Updated Information	<ul style="list-style-type: none"> Updated to include “care coordination, counseling, family therapy, medication services, Medications for Addiction Treatment for opioid use disorder, Medications for Addiction Treatment for alcohol use disorder and other non-opioid substance use disorders, patient education, recovery services, and substance use disorder crisis intervention services”
Partial Hospitalization (sub-section under “Services” section)	Updated Information	<ul style="list-style-type: none"> Added to include “available for adults in certain counties, but minors may be eligible for the service under Early and Periodic Screening, Diagnostic, and Treatment EPSDT irrespective of their county of residence
Residential Treatment (sub-section under “Services” section)	Updated Information	<ul style="list-style-type: none"> Updated to include “intake and assessment, care coordination, individual counseling, group counseling, family therapy, medication services, Medications for Addiction Treatment for opioid use disorder, Medications for Addiction Treatment for alcohol use disorder and other non-opioid substance use disorders, patient education, recovery services, and substance use disorder crisis intervention services”
Withdrawal Management (sub-section under “Services” section)	Updated Information	<ul style="list-style-type: none"> Updated to include “assessment, care coordination, medication services, Medications for Addiction Treatment for opioid use disorder, Medications for Addiction Treatment for alcohol use disorder and other non-opioid substance use disorders, observation, and recovery services.”

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SECTION	REVISION	WHAT HAS CHANGED
Medications for Addiction Treatment (sub-section under “Services” section)	Updated Information	<ul style="list-style-type: none"> • Updated to include “may be provided with the following services: assessment, care coordination, individual counseling, group counseling, family therapy, medication services, patient education, recovery services, substance use disorder crisis intervention services, and withdrawal management services”
Peer Support Services (sub-section under “Services” section)	New Sub-Section	<ul style="list-style-type: none"> • New “Peer Support Services” section: <ul style="list-style-type: none"> ○ Peer Support Services are culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities. ○ The Peer Specialist in Peer Support Services is an individual in recovery with a current State-approved certification program and who provides these services under the direction of a Behavioral Health Professional who is licensed, waived, or registered with the State ○ Peer Support Services include educational skill building groups, engagement services to encourage you to participate in behavioral health treatment, and therapeutic activities such as promoting self-advocacy
Recovery Services (sub-section under “Services” section)	Added Information	<ul style="list-style-type: none"> • “Recovery Services” added new information: <ul style="list-style-type: none"> ○ “You may receive Recovery Services based on your self-assessment or provider assessment of relapse risk.” ○ Updated services to include “assessment, care coordination, individual counseling, group counseling, family therapy, recovery monitoring, and relapse prevention components.”

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Care Coordination (sub-section under “Services” section)	Updated Information	<ul style="list-style-type: none"> • Updated “Care Coordination” section to include: <ul style="list-style-type: none"> ○ Care Coordination Services consists of activities to provide coordination of substance use disorder care, mental health care, and medical care, and to provide connections to services and supports for your health. ○ Care Coordination is provided with all services and can occur at clinical or non-clinical settings, including in your community. ○ Care Coordination Services include coordinating with medical and mental health providers to monitor and support health conditions, discharge planning, and coordinating with ancillary services including connecting you to community-based services such as childcare, transportation, and housing.
Contingency Management (sub-section under “Services” section)	Added Information	<ul style="list-style-type: none"> • Added “Contingency Management” section and new services: <ul style="list-style-type: none"> ○ “Contingency Management Services are an evidence-based treatment for stimulant use disorder where eligible beneficiaries will participate in a structured 24-week outpatient Contingency Management service, followed by six or more months of additional treatment and recovery support services without incentives ○ The initial 12 weeks of Contingency Management services includes a series of incentives for meeting treatment goals, specifically not using stimulants (e.g., cocaine, amphetamine, and methamphetamine) which will be verified by urine drug tests. The incentives consist of cash-equivalents (e.g., gift cards) ○ Contingency Management Services are only available to beneficiaries who are receiving services in non-residential setting operated by a participating provider and are enrolled and participating in a comprehensive, individualized course of treatment.
Screening, Assessment Brief Intervention and Referral to Treatment (sub-section under “Services” section)	Added Information	<ul style="list-style-type: none"> • Added “Screening, Assessment Brief Intervention and Referral to Treatment” section: <ul style="list-style-type: none"> ○ This is a benefit in Medi-Cal Fee-for-Service and Medi-Cal managed care delivery system for beneficiaries aged 11 years and older ○ Managed care plans must provide covered substance use disorder services, including alcohol and drug use screening, assessment, brief interventions, and referral to treatment (SABIRT) for beneficiaries ages 11 and older

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SECTION	REVISION	WHAT HAS CHANGED
Early Intervention Services (sub-section under “Services” section)	Added Information	<ul style="list-style-type: none"> • Added “Early Intervention Services” section and information: <ul style="list-style-type: none"> ○ Early intervention services are covered Drug Medi-Cal Organized Delivery System services for beneficiaries under the age of 21 ○ Any beneficiary under age 21 who is screened and determined to be at risk of developing a substance use disorder may receive any service covered under the outpatient level of service as early intervention services ○ A substance use disorder diagnosis is not required for early intervention services for beneficiaries under age 21
Substance Use Disorder Services Available from Managed Care Plans or “Regular” Medi-Cal “Fee for Service” Program (sub-section under “Services” section)	Added Information	<ul style="list-style-type: none"> • Added “Substance Use Disorder Services Available from Managed Care Plans or “Regular” Medi-Cal “Fee for Service” Program” section <ul style="list-style-type: none"> ○ Managed care plans must provide covered substance use disorder services, including alcohol and drug use screening, assessment, brief interventions, and referral to treatment (SABIRT) for beneficiaries ages 11 and older, including pregnant members, in primary care settings and tobacco, alcohol, and illicit drug screening ○ Must also provide or arrange for the provision of Medications for Addiction Treatment (also known as Medication-Assisted Treatment) provided in primary care, inpatient hospital, emergency departments, and other contracted medical settings ○ Must also provide emergency services necessary to stabilize the beneficiary, including voluntary inpatient detoxification
How To Get Drug Medi-Cal Organized Delivery System Services	Updated Information & New Sections	<ul style="list-style-type: none"> • Added “When Can I Get Drug Medi-Cal Organized Delivery System County Services?” sub-section to state: • The Drug Medi-Cal Organized Delivery System county must offer you an appointment that meets the following appointment time standards: <ul style="list-style-type: none"> ○ Within 10 business days of your non-urgent request to start services with a substance use disorder provider for outpatient and intensive outpatient services; ○ Within 3 business days of your request for Narcotic Treatment Program services; ○ A follow-up appointment within 10 days if you’re undergoing a course of treatment for an ongoing substance use disorder, except for certain cases identified by your treating provider • Added “Who Decides Which Services I Will Get?” sub-section to state: <ul style="list-style-type: none"> ○ A substance use disorder provider will evaluate whether you have a substance use disorder and the most appropriate services for your needs. You will be able to receive services you need while your provider conducts this assessment. ○ If you are under age 21, the Drug Medi-Cal Organized Delivery System county must provide medically necessary services that will help to correct or improve your mental health condition

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		<ul style="list-style-type: none"> ○ Services that sustain, support, improve, or make more tolerable a mental behavioral health condition are considered medically necessary
How To Get Mental Health Services	Updated Information	<ul style="list-style-type: none"> ● Added to “Where Can I Get Specialty Mental Health Services?” sub-section to state: “You can also request an assessment from your managed care plan if you are a beneficiary. If the managed care plan determines that you meet the access criteria for specialty mental health services, the managed care plan will help you transition to receive mental health services through the mental health plan. There is no wrong door for accessing mental health services.”
Access Criteria & Medical Necessity	Updated Information	<ul style="list-style-type: none"> ● Added sub-section titled “What Are The Access Criteria For Coverage Of Substance Use Disorder Treatment Services?” and defining Access Criteria as: <ul style="list-style-type: none"> ○ Must be enrolled in Medi-Cal ○ Must reside in a county that is participating in the Drug Medi-Cal Organized Delivery System ○ Must have at least one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM) for a Substance-Related and Addictive Disorder (with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders) or have had at least one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders for Substance Related and Addictive disorders prior to being incarcerated or during incarceration (with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders) ● Updated definition in “What Is Medical Necessity?” sub-section to: <ul style="list-style-type: none"> ○ For individuals 21 years of age and older, a service is medically necessary when it is reasonable and necessary to protect your life, prevent significant illness or disability, or to alleviate severe pain ○ For beneficiaries under the age of 21, a service is medically necessary if the service corrects or helps substance misuse or a substance use disorder ○ Services that sustain, supports, improve, or make more tolerable substance misuse or a substance use disorder are considered to help the condition and are thus covered as Early and Periodic Screening, Diagnostic, and Treatment services
Selecting A Provider	Updated Information	<ul style="list-style-type: none"> ● Updated and added wording for “How Do I Find A Provider For The Substance Use Disorder Treatment Services I Need?” sub-section to include: <ul style="list-style-type: none"> ○ Link for services and provider directory: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/bhs_services.html ○ If a contracted provider leaves the county network, the Drug Medi-Cal Organized Delivery System county must make a good faith effort to give written notice of termination of a county contracted provider within 15 days after receipt or issuance of the termination notice, to each person who was receiving substance use disorder treatment services from the provider ○ American Indian and Alaska Native individuals who are eligible for Medi-Cal and reside in counties that have opted into the Drug Medi-Cal Organized Delivery System county, can also receive Drug Medi-Cal

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SECTION	REVISION	WHAT HAS CHANGED
		Organized Delivery System county services through Indian Health Care Providers (IHCPs) that have the necessary DMC certification
Notice of Adverse Benefit Determination	N/A	<ul style="list-style-type: none"> • N/A – No significant changes
Problem Resolution Processes	N/A	<ul style="list-style-type: none"> • N/A – No significant changes
The Grievance Process	N/A	<ul style="list-style-type: none"> • N/A – No significant changes
The Appeal Process (Standard and Expedited)	Updated Information	<ul style="list-style-type: none"> • Updated “What Is a Standard Appeal?” sub-section to clarify: <ul style="list-style-type: none"> ○ If you submit your appeal orally (in person or on the phone), it is no longer required to follow it up with a signed written appeal
State Fair Hearing Process	Updated Information	<ul style="list-style-type: none"> • “How Do I Request A State Fair Hearing?” sub-section: added information for filing: <ul style="list-style-type: none"> ○ Online at: https://acms.dss.ca.gov/acms/login.request.do ○ In Writing: Submit your request to the county welfare department at the address shown on the Notice of Adverse Benefit Determination, or by fax or mail to: California Department of Social Services State Hearings Division P.O. Box 944243, Mail Station 9-17-37 Sacramento, CA 94244-2430 Or by Fax to 916-651-5210 or 916-651-2789. • Added “When Will a Decision Be Made About My State Fair Hearing Decision?” sub-section to explain: <ul style="list-style-type: none"> ○ “After you ask for a State Fair Hearing, it could take up to 90 days to decide your case and send you an answer
Important Information About the State of California Medi-Cal Program	Updated Information	<ul style="list-style-type: none"> • Updated “Is Transportation Available?” sub-section to include: <ul style="list-style-type: none"> ○ “Non-emergency transportation and non-medical transportation may be provided for Medi-Cal beneficiaries who are unable to provide transportation on their own and who have a medical necessity to receive certain Medi-Cal covered services. If you need assistance with transportation, contact your managed care plan for information and assistance.” ○ Added new information to include contacting Drug Medi-Cal Organized Delivery System county if you need non-medical transportation and are not enrolled in a managed care plan
Advance Directive	New Section	<p>New information regarding Advance Directive:</p> <ul style="list-style-type: none"> ○ An advance directive is designed to allow people to have control over their own treatment, especially when they are unable to provide instructions about their own care. ○ It is a legal document that allows people to say, in advance, what their wishes would be, if they become unable to make health care decisions

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SECTION	REVISION	WHAT HAS CHANGED
		<ul style="list-style-type: none"> ○ *You may get a form for an advance directive from your Drug Medi-Cal Organized Delivery System county or online
Beneficiary Right and Responsibilities	N/A	<ul style="list-style-type: none"> • N/A – No significant changes
Transition of Care Request	N/A	<ul style="list-style-type: none"> • N/A – No significant changes