

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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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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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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		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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		<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