

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

SECTION	REVISION	WHAT HAS CHANGED
Cover Page	N/A	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
Table of Contents	Added	<ul style="list-style-type: none"> <li>• Added “Other Languages and Formats” section</li> <li>• Added “Your Right to Access Medical Records and Provider Directory Information Using Smart Devices” section</li> </ul>
Other Languages and Formats	New Section	<ul style="list-style-type: none"> <li>• Added “Other Languages”, “Other Formats” and “Interpreter Services” sub-sections</li> </ul>
Nondiscrimination Notice	N/A	<ul style="list-style-type: none"> <li>• N/A – No significant changes</li> </ul>
General Information	Updated Information	<ul style="list-style-type: none"> <li>• Updated information for “As a Beneficiary of Your Drug Medi-Cal Organized Delivery System County Plan, Your Drug Medi-Cal Organized Delivery System County is Responsible For:” section</li> </ul>
Services	Added & Updated Information	<ul style="list-style-type: none"> <li>• Added “Mobile Crisis”</li> <li>• Updated to include “Services offered in the Drug Medi-Cal Organized Delivery System county are available by telephone or telehealth, except medical evaluations for Narcotic Treatment Services and Withdrawal Management.”</li> </ul>
Partial Hospitalization (sub-section under “Services” section)	Updated Information	<ul style="list-style-type: none"> <li>• Updated to include “Beneficiaries under age 21 may be eligible for the service under Early and Periodic Screening, Diagnostic, and Treatment regardless of their county of residence.”</li> </ul>
Inpatient Treatment Services (sub-section under “Services” section)	Updated Information	<ul style="list-style-type: none"> <li>• Updated to include “Beneficiaries under age 21 may be eligible for the service under Early and Periodic Screening, Diagnostic, and Treatment regardless of their county of residence.”</li> </ul>
Withdrawal Management (sub-section under “Services” section)	Updated Information	<ul style="list-style-type: none"> <li>• Updated to include “Regardless in which type of setting, the beneficiary shall be monitored during the withdrawal management process. Beneficiaries receiving withdrawal management in a residential or inpatient setting shall reside at the facility.”</li> </ul>
Medications for Addiction Treatment (sub-section under “Services” section)	Added & Updated Information	<ul style="list-style-type: none"> <li>• Added “A list of approved medications include: <ul style="list-style-type: none"> <li>○ Acamprosate Calcium</li> <li>○ Buprenorphine Hydrochloride</li> <li>○ Buprenorphine Extended-Release Injectable (Sublocade)</li> <li>○ Buprenorphine/Naloxone Hydrochloride</li> <li>○ Naloxone Hydrochloride</li> <li>○ Naltrexone (oral)</li> <li>○ Naltrexone Microsphere Injectable Suspension (Vivitrol)</li> <li>○ Lofexidine Hydrochloride (Lucemyra)</li> <li>○ Disulfiram (Antabuse)</li> <li>○ Methadone (delivered by Narcotic Treatment Programs)”</li> </ul> </li> <li>• Updated to include “Medications for Addiction Treatment may be provided as part of all Drug Medi-Cal Organized Delivery System services, including Outpatient Treatment Services, Intensive Outpatient Services, and Residential Treatment, for example.”</li> </ul>

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SECTION	REVISION	WHAT HAS CHANGED
Peer Support Services (sub-section under “Services” section)	Updated Information	<ul style="list-style-type: none"> <li>Updated to include “Beneficiaries under age 21 may be eligible for the service under Early and Periodic Screening, Diagnostic, and Treatment regardless of their county of residence.”</li> </ul>
Contingency Management (sub-section under “Services” section)	Updated Information	<ul style="list-style-type: none"> <li>Updated to include “Beneficiaries under age 21 may be eligible for the service under Early and Periodic Screening, Diagnostic, and Treatment regardless of their county of residence.”</li> </ul>
Mobile Crisis Services (sub-section under “Services” section)	Added	<ul style="list-style-type: none"> <li>Added “Mobile Crisis Services” sub-section and information:               <ul style="list-style-type: none"> <li>Mobile crisis services are covered Drug Medi-Cal Organized Delivery System services for beneficiaries under the age of 21</li> <li>Mobile crisis services are available for anyone experiencing a mental health and/or substance use crisis</li> <li>Mobile crisis services are provided by health professionals who go to the location beneficiary is experiencing a crisis</li> <li>Mobile crisis services include rapid response, individual assessment and community-based stabilization</li> </ul> </li> </ul>
Early Periodic Screening, Diagnosis, and Treatment (sub-section under “Services” section)	Updated Information	<ul style="list-style-type: none"> <li>Updated to include “The access criteria for beneficiaries under 21 is different and more flexible than the access criteria for adults accessing Drug Medi-Cal Organized Delivery System services, to meet the Early and Periodic Screening, Diagnostic, and Treatment mandate and the intent for prevention and early intervention of substance use disorder conditions.”</li> </ul>
How To Get Drug Medi-Cal Organized Delivery System Services	N/A	<ul style="list-style-type: none"> <li>N/A – No significant changes</li> </ul>
How To Get Mental Health Services	N/A	<ul style="list-style-type: none"> <li>N/A – No significant changes</li> </ul>
Access Criteria & Medical Necessity	N/A	<ul style="list-style-type: none"> <li>N/A – No significant changes</li> </ul>
Selecting A Provider	N/A	<ul style="list-style-type: none"> <li>N/A – No significant changes</li> </ul>
Your Right to Access Medical Records and Provider Directory Information Using Smart Devices	New Section	<ul style="list-style-type: none"> <li>New information regarding a new Patient Portal/Patient Access Application Programming Interface that will be coming soon</li> </ul>
Notice of Adverse Benefit Determination	N/A	<ul style="list-style-type: none"> <li>N/A – No significant changes</li> </ul>
Problem Resolution Processes	N/A	<ul style="list-style-type: none"> <li>N/A – No significant changes</li> </ul>

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

SECTION	REVISION	WHAT HAS CHANGED
The Grievance Process	N/A	<ul style="list-style-type: none"> <li>• N/A – No significant changes</li> </ul>
The Appeal Process (Standard and Expedited)	N/A	<ul style="list-style-type: none"> <li>• N/A – No significant changes</li> </ul>
State Fair Hearing Process	N/A	<ul style="list-style-type: none"> <li>• N/A – No significant changes</li> </ul>
Important Information About the Medi-Cal Program	Added	<ul style="list-style-type: none"> <li>• Added “Where Can I go for more information about Medi-Cal?” subsection and information:               <ul style="list-style-type: none"> <li>○ Visit the Department of Health Care Services website at <a href="https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/Beneficiaries.aspx">https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/Beneficiaries.aspx</a> for more information about Medi-Cal.</li> </ul> </li> </ul>
Advance Directive	N/A	<ul style="list-style-type: none"> <li>• N/A – No significant changes</li> </ul>
Beneficiary Rights and Responsibilities	N/A	<ul style="list-style-type: none"> <li>• N/A – No significant changes</li> </ul>
Transition of Care Request	N/A	<ul style="list-style-type: none"> <li>• N/A – No significant changes</li> </ul>

## LANGUAGE TAGLINES

### English Tagline

ATTENTION: If you need help in your language call (888) 724-7240 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call (888) 724-7240 (TTY: 711). These services are free of charge.

### الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ (888) 724-7240 (TTY: 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برايل والخط الكبير. اتصل بـ (888) 724-7240 (TTY: 711). هذه الخدمات مجانية.

### Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք (888) 724-7240 (TTY: 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք (888) 724-7240 (TTY: 711): Այդ ծառայություններն անվճար են:

### ភ្នំសម្ព័ន្ធជាភាសាខ្មែរ (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ (888) 724-7240 (TTY: 711)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចទាញបានផងដែរ។ ទូរស័ព្ទមកលេខ (888) 724-7240 (TTY: 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

### 简体中文标语 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电(888) 724-7240 (TTY: 711)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电(888) 724-7240 (TTY: 711)。这些服务都是免费的。

### مطلب به زبان فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با (888) 724-7240 (TTY: 711) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با (888) 724-7240 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

### हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो (888) 724-7240 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। (888) 724-7240 (TTY: 711) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

### **Nqe Lus Hmoob Cob (Hmong)**

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau (888) 724-7240 (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau (888) 724-7240 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

### **日本語表記 (Japanese)**

注意日本語での対応が必要な場合は (888) 724-7240 (TTY: 711)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。(888) 724-7240 (TTY: 711)へお電話ください。これらのサービスは無料で提供しています。

### **한국어 태그라인 (Korean)**

유의사항: 귀하의 언어로 도움을 받고 싶으시면 (888) 724-7240 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. (888) 724-7240 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

### **ແທກໄລພາສາລາວ (Laotian)**

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໃຫ້ທາດປີ (888) 724-7240 (TTY: 711). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມິຕິພິມໃຫຍ່ ໃຫ້ໃຫ້ທາດປີ (888) 724-7240 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

### **Mien Tagline (Mien)**

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux (888) 724-7240 (TTY: 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hlou mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx (888) 724-7240 (TTY: 711). Naav deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

### **ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)**

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ (888) 724-7240 (TTY: 711). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ (888) 724-7240 (TTY: 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

### **Русский слоган (Russian)**

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру (888) 724-7240 (линия ТТУ: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру (888) 724-7240 (линия ТТУ: 711). Такие услуги предоставляются бесплатно.

### **Mensaje en español (Spanish)**

ATENCIÓN: si necesita ayuda en su idioma, llame al (888) 724-7240 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al (888) 724-7240 (TTY: 711). Estos servicios son gratuitos.

### **Tagalog Tagline (Tagalog)**

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa (888) 724-7240 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa (888) 724-7240 (TTY: 711). Libre ang mga serbisyonang ito.

### **แท็กไลน์ภาษาไทย (Thai)**

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข (888) 724-7240 (TTY: 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข (888) 724-7240 (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

### **Примітка українською (Ukrainian)**

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер (888) 724-7240 (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер (888) 724-7240 (TTY: 711). Ці послуги безкоштовні.

### **Khẩu hiệu tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số (888) 724-7240 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số (888) 724-7240 (TTY: 711). Các dịch vụ này đều miễn phí.

## **NONDISCRIMINATION NOTICE**

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

The County of San Diego provides:

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

If you need these services, contact the Access and Crisis Line 24 hours a day, 7 days a week by calling (888) 724-7240. Or, if you cannot hear or speak well, please call 711. Upon request, this document can be made available to you in braille, large print, audio, or accessible electronic formats.

## **HOW TO FILE A GRIEVANCE**

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

- By phone:
  - For help with filing regarding **residential services**, you may call the **Jewish Family Service (JFS) Patient's Advocacy Program** at (858) 637-3210.
  - For help with filing regarding **outpatient or any other substance use disorder services**, you may call the **Consumer Center for Health Education and Advocacy (CCHEA)** at their toll-free number (877) 734-3258 (TTY 1-800-735-2929).
  - Or, if you cannot hear or speak well, please call 711.
- In writing: Fill out a complaint form or write a letter and send it to:
  - For Residential Services:**  
Jewish Family Service of San Diego  
Joan & Irwin Jacobs Campus  
Turk Family Center Community Services Building  
8804 & 8788 Balboa Avenue  
San Diego, CA 92123
  - For Outpatient or any other Substance Use Disorder Services:**  
Consumer Center for Health Education and Advocacy (CCHEA)  
1764 San Diego Avenue, Suite 100  
San Diego, CA 92110
- In person: Visit your doctor's office or any County of San Diego-contracted substance use disorder provider site and say you want to file a grievance.
- Electronically: Visit the following websites below:
  - For Residential Services:**  
Jewish Family Service of San Diego at <https://www.jfssd.org/>
  - For Outpatient or any other Substance Use Disorder Services:**  
Consumer Center for Health Education and Advocacy (CCHEA) at <https://www.lasdd.org/mental-health-and-substance-abuse-patients-rights/>



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## **OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

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

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

**Department of Health Care Services - Office of Civil Rights  
P.O. Box 997413, MS 0009  
Sacramento, CA 95899-7413**

Complaint forms are available at <https://www.dhcs.ca.gov/discrimination-grievance-procedures>

- Electronically: Send an email to [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov)
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## **OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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

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

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

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

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