PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

<table>
<tr><td colspan="4">Policy/Procedure Number: MC341 (previously MC305A)</td><td colspan="3">Lead Department: Member Services</td></tr>
<tr><td colspan="4">Policy/Procedure Title: Distribution of Member Rights and Responsibilities – Wellness and Recovery Program</td><td colspan="3">☒ External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="3">Original Date: 05/13/2020</td><td colspan="4">Next Review Date: 05/13/2027
Last Review Date: 05/13/2026</td></tr>
<tr><td>Applies to:</td><td colspan="2">☐ Employees</td><td>☒ Medi-Cal</td><td colspan="3">☐ Partnership Advantage</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☒ IQI</td><td>☐ P & T</td><td colspan="3">☐ QUAC</td></tr>
<tr><td colspan="2">☐ OPERATIONS</td><td>☐ EXECUTIVE</td><td>☐ COMPLIANCE</td><td>☒ DEPARTMENT</td></tr>
<tr><td rowspan="2">Approving Entities:</td><td colspan="2">☐ BOARD</td><td>☐ COMPLIANCE</td><td>☐ FINANCE</td><td>☐ PAC</td></tr>
<tr><td>☐ CEO</td><td>☐ COO</td><td>☐ CREDENTIALS</td><td colspan="2">☒ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="4">Approval Signature: Edna Villasenor, Senior Director, Member Services & Grievance</td><td colspan="3">Approval Date: 05/13/2026</td></tr>
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I. RELATED POLICIES:

A. MPBP8007 – Screening and Treatment for Substance Use Disorders
B. MPUP3144 – Residential Substance Use Disorder Treatment Authorization
C. CMP10 – Confidentiality
D. CMP41 – Wellness and Recovery Program Records
E. CMP15 – Amendment of Member's Protected Health Information
F. MPUP3001 – Communications Services
G. MPNET101 – Wellness and Recovery Access Standards and Monitoring
H. MPUP3078 – Second Medical Opinions
I. CGA024 – Medi-Cal Member Grievance System
J. MCUP3037 – Appeals of Utilization Management/ Pharmacy Decisions

II. IMPACTED DEPTS.:

A. Provider Relations
B. Behavioral Health

III. DEFINITIONS:

A. N/A

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

To ensure that all members and contracted practitioners are fully aware of Partnership HealthPlan of California's Wellness and Recovery (W&R) Member Rights and Responsibilities (R&R).

VI. POLICY / PROCEDURE:

A. It is the policy of Partnership to distribute the W&R Member R&R statement to all W&R members and contracted W&R contracted providers. The W&R Member R&R statement is available upon request and on Partnership's website.
B. W&R Member Rights and Responsibilities Statement
    1. As a person eligible for the Partnership W&R program, you have the right to receive medically necessary behavioral health services from your county. When accessing behavioral health services, you have the right to:
        a. Be treated with personal respect and respect for your dignity and privacy.
        b. Get clear and understandable explanations of available treatment options.

c. Participate in decisions related to your behavioral health care. This includes the right to refuse any treatment that you do not wish to receive.
d. Get a handbook to learn about county services and county obligations, and your rights.
e. Ask for a copy of your medical records and request changes, if necessary.
f. Be free from any form of restraint or seclusion that is imposed as a means of coercion, discipline, convenience, or retaliation.
g. Receive timely access to care 24/7 for emergency, urgent, or crisis conditions when medically necessary.
h. Upon request, receive written materials in alternative formats such as Braille, large-size print, and audio format in a timely manner.
i. Receive behavioral health services from the county that follows its state contract for availability, capacity, coordination, coverage, and authorization of care. The county is required to:
    1) Employ or have written contracts with enough providers to make sure that all Medi-Cal eligible members who qualify for behavioral health services can receive them in a timely manner.
    2) Cover medically necessary services out-of-network for you in a timely manner, if the county does not have an employee or contract provider who can deliver the services. **NOTE**: The county must make sure you do not pay anything extra for seeing an out-of-network provider. See below for more information.
        i. *Medically necessary behavioral health services* for individuals 21 years of age or older are services that are reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain. Medically necessary behavioral health services for individuals under 21 years of age are services that sustain, support, improve, or make more tolerable a behavioral health condition.
        ii. *Out-of-network provider* is a provider who is not on the county's list of providers.
    3) Upon your request, provide a second opinion from a qualified health care professional within or outside of the network at no extra cost.
    4) Make sure providers are trained to deliver the behavioral health services that the providers agree to cover.
    5) Make sure that the county's covered behavioral health services are enough in amount, length of time, and scope to meet the needs of Medi-Cal eligible members. This includes making sure that the county's method for approving payment for services is based on medical necessity and that the access criteria is fairly used.
    6) Make sure that its providers conduct thorough assessments and collaborate with you to establish treatment goals.
    7) Coordinate the services it provides with services being provided to you through a managed care plan or with your primary care provider, if necessary.
    8) Participate in the state's efforts to provide culturally competent services to all, including those with limited English proficiency and diverse cultural and ethnic backgrounds.
j. Express your rights without harmful changes to your treatment.
k. Receive treatment and services in accordance with your rights described in your handbook and with all applicable federal and state laws such as:
    1) Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80.
    2) The Age Discrimination Act of 1975 as implemented by regulations at 45 CFR part 91.
    3) The Rehabilitation Act of 1973.
    4) Title IX of the Education Amendments of 1972 (regarding education programs and activities).
    5) Titles II and III of the Americans with Disabilities Act.
    6) Section 1557 of the Patient Protection and Affordable Care Act.

l. You may have additional rights under state laws regarding behavioral health treatment. To contact your county's Patients' Rights Advocate, please contact your county by using the telephone number listed on the cover of your handbook.

2. You have a responsibility to:
   a. Attend your treatment as scheduled. You will have the best result if you work with your provider to develop goals for your treatment and follow those goals. If you do need to miss an appointment, call your provider at least 24 hours in advance, and reschedule for another day and time.
   b. Always carry your Medi-Cal Benefits Identification Card (BIC) and a photo ID when you attend treatment.
   c. Let your provider know if you need an oral interpreter before your appointment.
   d. Tell your provider all your medical concerns. The more complete information that you share about your needs, the more successful your treatment will be.
   e. Make sure to ask your provider any questions that you have. It is very important you completely understand the information that you receive during treatment.
   f. Follow through on the planned action steps you and your provider have agreed upon.
   g. Contact the county or Partnership if you have any questions about your services or if you have any problems with your provider that you are unable to resolve.
   h. Tell your provider and the county or Partnership if you have any changes to your personal information. This includes your address, phone number, and any other medical information that may affect your ability to participate in treatment.
   i. Treat the staff who provide your treatment with respect and courtesy.
   j. If you suspect fraud or wrongdoing, report it:
      i. The Department of Health Care Services asks that anyone suspecting Medi-Cal fraud, waste, or abuse to call the DHCS Medi-Cal Fraud Hotline at **1-800-822-6222**. If you feel this is an emergency, please call **911** for immediate assistance. The call is free, and the caller may remain anonymous.
      ii. You may also report suspected fraud or abuse by e-mail to fraud@dhcs.ca.gov or use the online form at http://www.dhcs.ca.gov/individuals/Pages/StopMedi-CalFraud.aspx.

C. It is the responsibility of the Member Services Senior Director to ensure:
   1. W&R Member R&R statement is included in the Drug Medi-Cal Organized Delivery System (DMC-ODS) W&R Member Handbook and Partnership website.
   2. W&R Members are advised of their right to receive a copy of the W&R Member R&R statement annually.
   3. W&R Members are notified of all revisions to the W&R Member R&R statement.
   4. W&R Member R&R statement is included in the Provider Manual available online to all network providers.

D. It is the responsibility of the Provider Relations Director to ensure W&R Member R&R is distributed to all W&R contracted providers.
   1. W&R Member R&R statement is included in the Newly Credentialed W&R Provider Orientation Packet.
   2. W&R Member R&R statement is included in the Provider Newsletter on an annual basis.
   3. Any revisions to the W&R Member R&R is issued to all W&R contracted practitioners within 90 days from the date the revisions are finalized.

VII. REFERENCES:

B. Code of Federal Regulation (CFR) §164.524 and 164.526

Policy/Procedure Number: MC341		Lead Department: Member Services	
Policy/Procedure Title: Distribution of Member Rights and Responsibilities – Wellness and Recovery Program		☒**External Policy** ☐**Internal Policy**	
Original Date: 02/18/2020		**Next Review Date: 05/13/2027** **Last Review Date: 05/13/2026**	
Applies to:	☐ **Employees**	☒ **Medi-Cal**	☐ **Partnership Advantage**

VIII. DISTRIBUTION:

A. Partnership Provider Manual
B. Partnership Website: http://www.PartnershipHP.org
C. DMC-ODS W&R Member Handbook
D. Partnership Department Directors

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Senior Director of Member Services & Grievance

X. REVISION DATES: 06/08/25; 05/13/26

PREVIOUSLY APPLIED TO: MC305A (05/13/21; 08/11/21; 08/31/22; 08/07/23; 09/10/24; archived 06/08/25)