



## LOS ANGELES COUNTY SUBSTANCE USE TREATMENT SERVICES PATIENT HANDBOOK SUMMARY

### WHAT IS A PATIENT HANDBOOK?

The Patient Handbook describes how to get care under Los Angeles County's Substance Use Disorder Organized Delivery System (START-ODS), including: who is eligible; what services are available at no-charge; how to get help accessing services; and how to resolve a problem or submit a complaint.

Ask your treatment provider for a **free** printed copy of the **full Patient Handbook** at any time, or get it at <http://publichealth.lacounty.gov/sapc/PatientPublic.htm>. Other available languages include:

Arabic - ربيبةالع	Armenian - Հայերեն	Cambodian/Khmer - ខ្មែរ
Chinese Simplified - 中文	Chinese Traditional - 繁體中文	Farsi - فارسی
Hmong - Hmoob	Korean - 한국어	Russian - Русский
Spanish - Español	Tagalog - Tagalog	Vietnamese - Tiếng Việt

### TREATMENT SERVICES BENEFIT PACKAGE

These services are **NO-COST** for Los Angeles County residents who are eligible or enrolled in Medi-Cal or My Health LA, or participate in select County-funded programs such as AB 109. To review a full list of the START-ODS Services and Benefit package, please refer to the Patient Handbook.

*Note: Share of Cost may apply for some Medi-Cal enrolled beneficiaries depending on income.*

- ✓ **Brief Outpatient if At-Risk and Age 12-20**
- ✓ **Outpatient Treatment**
- ✓ **Intensive Outpatient Treatment**
- ✓ **Short-Term Residential Treatment**
- ✓ **Withdrawal Management or Detox**
- ✓ **Medications for Addiction Treatment**
- ✓ **Opioid Treatment Programs**
- ✓ **Case Management and Care Coordination**
- ✓ **Recovery Bridge Housing (Time-Limited)**
- ✓ **Recovery Support Services Post Discharge**

### NON-DISCRIMINATION STATEMENT

The Los Angeles County Department of Public Health, Substance Abuse Prevention and Control (SAPC), and its Network Providers, comply with applicable Federal and State non-discrimination civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sexual orientation, or gender identity. Report any violations to SAPC (see below for contact information).

## PATIENT ASSISTANCE SERVICES

Let your treatment provider or Los Angeles County (1-844-804-7500) know if you need:

- ◆ Help transferring to another provider or different service type (also known as level of care).
- ◆ Beneficiary informing materials such as the Patient Handbook, or Grievance and Appeals Forms, in English or another language listed above.
- ◆ Assistance reading or understanding any of the documents you signed or were given, or you need beneficiary informing materials in large print.
- ◆ No-cost interpreter services if you have limited English proficiency that inhibits service participation.
- ◆ Auxiliary aids to help you participate in services if you have visual, hearing or physical disabilities.

## GRIEVANCES, APPEALS, AND COMPLAINTS

If you feel you have been mistreated or a service has been inappropriately denied by the County or Network Provider, you can file a grievance or appeal by email, mail, phone or fax. Submission deadlines and the full process is described in the Patient Handbook. Your treatment provider also has a process to submit grievances. It is your choice who you would like to contact. You can change your mind anytime.

### Treatment Provider Contact Information

(Phone) 1-

(Fax) 1-

Forms Available At:

### County - SAPC Contact Information

Department of Public Health  
Substance Abuse Prevention and Control  
Attention: Contract Services Division  
1000 South Fremont Avenue, Building A-9 East,  
3rd Floor, Alhambra, CA 91803  
SAPCMonitoring@ph.lacounty.gov  
(Phone) 1-626-299-4532 (Fax) 1-626-458-6692  
Forms Available At:  
<http://publichealth.lacounty.gov/sapc/PatientPublic.htm>

## ACKNOWLEDGEMENT

Before I signed this form, my intake counselor/staff talked to me about what benefits I am allowed to access for free, how I can submit a complaint or grievance, and where I can look in the full Patient Handbook for more information.  Yes  No

I received my free copy of the Patient Handbook as follows (check one):

- Staff gave me a printed copy
- Staff emailed me a copy (signed electronic release is on file)
- By downloading a copy on the SAPC website at <http://publichealth.gov/sapc/PatientPublic.htm>

Patient:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

Provider Staff:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

Note: All patients must receive the Patient Handbook in their preferred language and format within five (5) days of first service or admission.