POLLICY: **MENTAL HEALTH PLAN (MHP) & DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM (DMC-ODS) INFORMING MATERIALS**

I. **PURPOSE:**

The purpose of this policy is to inform Marin Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) staff of the requirements for certain Medi-Cal beneficiary notices and informing materials.

II. **REFERENCES:**

- DMH Letter No. 04-05
- MHP Contract, Exhibit A, Attachment 1, Section 7
- CCR Title 9, §1810.360 (b)(3),(d) and (e)
- CCR Title 9, § 1810.410 (e)(4)
- CCR Title 9, § 1850.205 (c)(1)(B)(C)
- Title 42 Code of Federal Regulations, 438.10
- Department of Health Care Services (DHCS)/Marin County DMC-ODS Intergovernmental Agreement, Exhibit A, Attachment 1

III. **POLICY:**

It is the policy of Marin Mental Health Plan (MHP) & Drug Medi-Cal Organized Delivery System (DMC-ODS) to ensure compliance with CFR 42 Section 438.10(f)(3) by providing Medi-Cal beneficiaries with the informing materials as required.

IV. **AUTHORITY/RESPONSIBILITY:**

- Quality Management Program
- Division Directors
- Program Manager/Supervisors
- Mental Health Plan and DMC-ODS Service Providers
V. PROCEDURE:

A. Provider Directory and Beneficiary Booklet:

1. A provider directory, that contains the names and any group affiliation, street address(es), telephone number(s), website URL, as appropriate, specialty, as appropriate, and whether the facility has accommodations for people with physical disabilities of current contracted providers in the beneficiaries’ service areas by category, is given to each beneficiary upon first receiving a specialty mental health or DMC-ODS service and thereafter upon request in accordance with policy and procedure.

2. The provider directory includes the provider’s cultural and linguistic capabilities.

3. The provider directory explains the number to call to determine if providers listed are not accepting new beneficiaries.

4. Information in a paper provider list is updated at least monthly and the electronic provider list is updated no later than thirty (30) calendar days after the Plan receives updated provider information.

5. The MHP or DMC-ODS provides beneficiary with a copy of the provider directory and Beneficiary Booklet upon first receiving a specialty mental health service or upon automatic mandatory enrollment in the DMC-ODS, respectively, and notifies beneficiary of their right to request and obtain this information at least once a year and thereafter upon request in accordance with 42 CFR 438.10.

6. The beneficiary Booklet includes information that enables the enrollee to understand how to use the managed care program, including, but not limited to: basic features of managed care; benefits provided; how and where to access any benefits provided by the State, including any cost sharing and how transportation is provided; any services not offered because of moral or religious objections, as applicable; how to obtain information; the amount, duration and scope of benefits, procedures for obtaining benefits, including authorizations and/or referrals; responsibility for coordinating enrollee care; the extent to which, and how, after-hours and emergency coverage are provided; any restrictions on freedom of choice; enrollees rights and responsibilities; grievance, appeal and fair hearing procedures and timeframes; how to exercise an advance directive; how to access auxiliary aids and services, including information in alternative formats or languages and the availability of oral interpreter services in all languages and written translation in Spanish and English; the toll-free number for member services; information on how to report suspected fraud or abuse; and other content required by the State.

7. The beneficiary Booklet is available in both English and Spanish.

8. The written materials in English and Spanish are reviewed and are easily understood in language and format.
1. Beneficiaries are informed in writing of any significant change in the information specified in CFR 42 Section 438.10(f) (6) and (g) at least 30 days before the intended effective date of the change.

2. Written informing materials in English and Spanish are available to beneficiaries in alternate formats and in an appropriate manner that takes into consideration the special needs of those who are limited or have limited reading proficiency. Posters in large font (printed in a font size no smaller than 18 point) and CD’s that contain required informing materials are available upon request at each MHP, DMC-ODS, and Organizational Provider site. Beneficiary informing materials are also posted at www.MarinHHS.org in a machine readable file and format and can be made available for print at no cost to the beneficiary within five (5) business days of the request. All written materials for the potential enrollees include taglines in the prevalent non-English languages in the State, as well as large print, explaining the availability of written translations or oral interpretations to understand the information provided and the toll-free and TTY/TTY telephone number for member services,

3. The Quality Management Program confirms with each MHP provider site annually to ensure all informing materials are readily available to Medi-Cal beneficiaries.

4. The Quality Management Program (for County-operated DMC-ODS services) and Contract Managers (for contracted DMC-ODS providers) confirms with each DMC-ODS provider site annually to ensure informing materials are readily available to Medi-Cal beneficiaries. The Quality Management program also reviews client files for DMC-ODS enrollees for documentation related to providing beneficiary informing materials.

B. Notice of Termination
   1. Within fifteen (15) days of a termination notice of a contracted provider the MHP and/or DMC-ODS notifies affected beneficiaries in writing and provides assistance in obtaining another provider of the choice, if feasible.

C. Cultural Specific Providers
   1. The MHP & DMC-ODS makes efforts to include cultural-specific providers and services in the range of programs offered by MHP and DMC-ODS. It does this by annually reviewing the Medi-Cal Paid Claims data and reviewing the services data from MHP’s electronic health record (EHR), and from DMC-ODS’ EHR.
   2. MMHP and DMC-ODS reviews Penetration Rates by age, ethnicity, language, and region to make determinations regarding underserved populations. The information is shared and budgetary decisions are made in regards to providing culturally competent services.
3. Whenever feasible and at the request of the beneficiary, the MHP and DMC-ODS provides an opportunity to change persons providing specialty mental health or DMC-ODS services, respectively, in accordance with the procedures outlined in the beneficiary Booklet and Marin County BHRS Policy and Procedure BHRS-36 – Change of Provider Requests.

D. Quality and Performance Indicators

1. BHRS posts annual MHP and DMC-ODS Quality Improvement Plans, which include information on quality and performance indicators, including enrollee satisfaction, at www.MarinHHS.org in a readily accessible machine readable file and format.