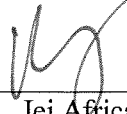


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| County of Marin<br><b>Behavioral Health and Recovery Services<br/>(BHRS)</b> | POLICY NO. BHRS-35   |
|  | Next Review Date: July 1, 2023   |
| <b>POLICY:</b>   | Date Approved: July 21, 2020   |
| <u><b>MHP &amp; DMC-ODS BENEFICIARY INFORMING MATERIALS</b></u>              | By: <br>Jei Africa, PsyD<br>Director of Behavioral Health and Recovery Services |
| <b>SUPERSEDES – BHRS-35</b>  |  |

**POLICY: MENTAL HEALTH PLAN (MHP) & DRUG MEDICAL ORGANIZED DELIVERY SYSTEM (DMC-ODS) BENEFICIARY INFORMING MATERIALS**

**I. PURPOSE:**

The purpose of this policy is to inform Marin Mental Health Plan (MHP) and Drug Medical Organized Delivery System (DMC-ODS) staff of the requirements for certain Medical beneficiary notices and informing materials to ensure that beneficiaries receive all the required informing materials as required.

**II. REFERENCES:**

DMH Letter No. 04-05: Required Mental Health Plan (MHP) Beneficiary Rights Policies  
MHP Contract, Exhibit A, Attachment 11, Section 1-7  
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  
MHSUDS IN No. 18-043: Beneficiary Handbook Requirements and Template  
MHSUDS IN No. 18-010: Federal Grievance and Appeal System Requirements with  
Revised Beneficiary Notice Templates

**III. POLICY:**

It is the policy of Marin Mental Health Plan (MHP) & Drug Medical Organized Delivery System (DMC-ODS) to ensure compliance with CFR 42 Section 438.10(f)(3) by providing Medical 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

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**V. PROCEDURE:**

**A. Beneficiary Informing Materials and Distribution**

1. Beneficiary informing materials include:
  - a. Beneficiary Handbook/Beneficiary Booklet
  - b. Provider Directory
  - c. Grievances/Appeal/Change of Provider and Mental Health Consumer Rights Posters
  - d. Grievance Brochure
  - e. BHRS Change of Provider Request Form
  - f. Language Assistance Taglines
  - g. Early & Periodic Screening, Diagnostic, and Treatment (EPSDT) Poster – *required only if serving clients 21 and under*
  - h. Advance Directives Handout and Form – *required for adult clients only*
  - i. County of Marin Notice of Privacy Practices – *contractors must post their own and not BHRS*
  - j. Continuity of Care Brochure and Request Form – *for MHP only*
  - k. Transitions in Care Medi-Cal Beneficiaries Brochure and Request Form – *for DMC-ODCS only*
2. All beneficiary informing materials must be available in provider waiting areas. Those must be posted on the respective MHP and DMC-ODS website in a machine-readable file and format and must be made available for print at no cost to the beneficiary within five (5) business days of the request.
3. The MHP or DMC-ODS provides beneficiary with a copy of the Provider Directory and Beneficiary Handbook/Booklet upon first receiving a specialty mental health service or upon automatic 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.
4. The Quality Management Program confirms with each MHP provider site annually to ensure all beneficiary informing materials are readily available to Medi-Cal beneficiaries.
5. 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. Provider Directory and Beneficiary Handbook**

1. The Provider Directory must contain 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

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physical disabilities of current contracted providers in the beneficiaries' service area by category.

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 the paper Provider Directory 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 Beneficiary Handbook/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; continuity of care information and requests; 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; the toll-free number for member services; information on how to report suspected fraud or abuse; and other content required by the State.
6. Beneficiaries are informed in writing of any significant changes, as defined by the State, to the Beneficiary Handbook/Booklet, as per CFR 42 Section 438.10(f) and (g), at least 30 days before the intended effective date of the change.

**C. Language and Format**

1. Written beneficiary informing materials must be available in both English and Spanish.
2. Beneficiary informing materials in English and Spanish are reviewed and are easily understood in language and format.
3. 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.
4. Written beneficiary informing materials for beneficiaries must be provided in a font size no smaller than 12-point.
5. Written beneficiary informing materials must be made available in alternate

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formats, including large print, upon request from a beneficiary or potential beneficiary at no cost. Large print meant printed in a font size no smaller than 18-point.

6. Posters in large font (printed in a font size no smaller than 18 point) and CD's that contain required beneficiary informing materials are available upon request at each MHP and DMC-ODS provider site.
7. All written informing materials for potential beneficiaries should 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/TDY telephone number for member services.
8. The MHP and DMC-ODS must make oral interpretation and auxiliary aids, such as TTY/TDY and American Sign Language (ASL), available and free of charge for any language.

**D. 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.

**E. Culturally Specific Providers**

1. The MHP & DMC-ODS makes efforts to include culturally 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. The MHP and DMC-ODS review 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, provide an opportunity to change persons providing specialty mental health or DMC-ODS services, respectively, in accordance with the procedures outlined in the Beneficiary Handbook/Booklet and Marin County BHRS Policy and Procedure BHRS-36: Change of Provider Requests.

**F. Quality and Performance Indicators**

1. BHRS posts annual MHP and DMC-ODS Quality Improvement Plans, which include information on quality and performance indicators, including beneficiary satisfaction at [www.MarinHHS.org](http://www.MarinHHS.org) in a readily accessible machine-readable file and format.

# BHRS

## Checklist for New or Revised Policies

Please submit this checklist to the Quality Improvement Coordinator along with the draft copy of your policy.

Date of initial submission

Type of Update:  New

Revision to Existing Policy, Policy Number: BHRS-35

Complete Title of Policy:

Mental Health Plan (MHP) & Drug Medi-Cal Organized Delivery System (DMC-ODS) Beneficiary Informing Materials

Lead Staff Name: Claribel Ojeda

System(s) of Care Affected:  BHRS       Mental Health Only       SUDS only

1. For **new** policies, summarize what the policy covers and explain the need for a new policy.  
or

For **revised** policies, summarize the changes that need to be made to the existing policy:

2. List any existing governmental regulations that relate to policy or state "None":

MHSUDS IN #18-059 Federal Continuity of Care Requirements for Mental Health Plans

3. Describe how policy will impact consumer access to care or state "N/A":

This updated policy will ensure that the Continuity of Care brochure and request form are made available to all beneficiaries as part of the already established beneficiary informing materials. The policy adds Continuity of Care to the list of required informing materials to be present in waiting areas for MHP and DMC-ODS programs, as well as in the respective websites as per BHRS contract with DHCS (Exhibit A, Attachment I I, Section I). The updated policy makes it easier for BHRS staff to identify what the required beneficiary informing materials are and gets rid of scrutinized details about the Provider Directory and the Beneficiary Handbook/Booklet that QM has already incorporated into those documents.

4. Have you compared this policy to similar policies in other counties?  Yes       No

If so, list counties whose policies were reviewed: Contra Costa County

5. Will this policy require staff training?  Yes       No

If so, indicate what staff will need to be trained and what training will be needed.

6. Will forms need to be developed or revised for this policy or policy update?  Yes       No

If so, list forms that will need. A Continuity of Care Brochure and request form will be made available to beneficiaries and those are in the development process, close to being finalized.

7. Describe any other changes that will need to be made in Behavioral Health (financial, consumer care, etc.) as a result of this policy: We will need to inform the Admin Team to include copies of the Continuity of Care brochure and request form at all the different program locations. We will inform CBOs about the new Continuity of Care brochure and request form requirement via their renewal contract (Exhibit L) and by posting the new informing material on our BHRS website under the Contractor Resources page.

