



ADMINISTRATIVE/FISCAL/CLINICAL/PHF POLICY AND PROCEDURES

COUNTY OF SANTA BARBARA
ALCOHOL, DRUG AND MENTAL HEALTH SERVICES

Section - QUALITY ASSURANCE	Effective: 4/1/1998
Policy - #2 MENTAL HEALTH PLAN- BENEFICIARY INFORMATION	Revised: 5/19/2010
Director's Approval <u>Ann Detrick</u>	Date <u>5/26/10</u>
Deputy Director's Approval <u>[Signature]</u>	Date <u>5/20/10</u>
Form Ref. -	Reviewed:

POLICY: Upon first accessing services, upon request, and annually thereafter, Santa Barbara County Mental Health Plan will provide beneficiaries with information regarding MHP specialty mental health services, availability of interpretive services including, but not limited to: types of services, how to access services, availability of interpretive services, list of providers, beneficiary rights, problem resolution processes, and advance directives. This information is included in the beneficiary brochure and regional provider list which will be made available in English and Spanish. The information will also be made available in alternative formats, such as audio tapes, to accommodate individuals with visual impairments and individuals with limited reading proficiency.

The MHP will monitor the distribution and availability of these materials through the use of tracking forms that log the date, name of provider/clinic, and materials distributed. Availability of materials in waiting room is also monitored for all ADMHS clinic sites and community based organizations in the provider network.

Legal Citations:
CFR, Title 42, Section 422.128, 438.6, 417.436, 438.10, & 438.206
CCR, Title 9, Chapter 11, Section 1810.410

PROCEDURE:

1. A beneficiary brochure and a MHP provider list will be given or mailed to all beneficiaries at the first point of contact. If a beneficiary does not have an address where information materials can be mailed, the MHP representative will encourage the beneficiary to pick up a brochure and provider list at the provider site at their first appointment.
 - a. With Access referrals to individual or contracted network providers, the Access clinician will inform the beneficiary that written materials will be sent, and that if

there is a need for an audio-taped or CD version, that version can be made available instead of written materials, and the Access clinician will note that information. The Access Team office assistant receives a copy of the Call Screening entry for each Medi-Cal beneficiary and sends the brochure and provider, or recorded audio materials. The office assistant indicates materials were sent by coding "BBPL sent" in the benefits field of the Call Screening entry.

- b. With Access referrals to clinics, the Patient Representative at the clinic will give the client the same information, in writing or audio as appropriate to the beneficiary's need and/or preference at the time of the client's first appointment. Tracking of this distribution occurs on the "Service Authorization Compliance Audit Form."

2. New providers will receive beneficiary brochures, notices regarding the complaint-resolution-grievance process, and complaint and grievance forms, all in English and Spanish. Updated materials will be sent on an annual basis and upon request. Providers will be given pre-addressed and stamped envelopes for beneficiary grievance and appeal forms to be sent to Quality Assurance.
3. All points of contact are provided with recorded audio versions of the beneficiary brochure. Each provider will be supplied with information regarding how to obtain audio materials for beneficiary use.
4. In addition to the brochures, posters, forms, and envelopes, providers will be given a packet which instructs providers to post notices, make available brochures and return envelopes for beneficiary access at their clinic or site.
5. Each clinic site will also have available a variety of mental and physical health education materials in both English and Spanish.
6. Providers and clinic staff may contact QA and request additional brochures, posters, education materials, or return envelopes at any time. Clinics and organizational providers will be supplied with new materials on an annual basis. Clinicians will provide brochures to beneficiaries at the time of annual service plan review.
7. Requests by providers/clinics for beneficiary materials will receive a response within 5 business days. In addition, availability of materials in ADMHS clinics, community-based organization sites, and network provider offices will be monitored by the QA team as a part of each chart review.
8. Whenever a contracted provider is terminated, within 15 calendar days after termination, the QA program will mail a written notice of the termination to all beneficiaries who are currently receiving services from the provider, or have received services from the provider within the previous 6 months.
9. Within 30 days of changes to materials, or a 25% or greater change in provider information, the QA program will send the new materials to all beneficiaries and notify DMH.
10. Beneficiary Brochures and Provider Lists are tested for ease of understanding (i.e. language and format) by QA program staff, including Spanish-speaking staff.