



NEW MEGA REGS POLICY & PROCEDURE (P&P) APPROVAL REQUEST FORM

I. P&P INFORMATION

Assigned Policy Name: Provider Beneficiary Communication

Assigned Policy Number: 13201

Mega Regs Policy Area(s): Mark All That Apply

- | | |
|---|--|
| <input type="checkbox"/> Plan Administration and Organization | <input checked="" type="checkbox"/> Provider Network |
| <input type="checkbox"/> Scope of Services | <input type="checkbox"/> Documentation Requirements |
| <input type="checkbox"/> Financial Reporting Requirements | <input type="checkbox"/> Coordination and Continuity of Care |
| <input type="checkbox"/> Management Information Systems | <input type="checkbox"/> Beneficiary Rights |
| <input type="checkbox"/> Quality Improvement System | <input type="checkbox"/> Beneficiary Problem Resolution |
| <input type="checkbox"/> Utilization Management Program | <input type="checkbox"/> Program Integrity |
| <input type="checkbox"/> Access and Availability of Services | <input type="checkbox"/> Reporting Requirements |

Submitted by: victor Ibabao Date: 3/29/2018

Policy developed by: Laura Luna

Attach P&P Document For Review In this Section



II. APPROVAL

Section A: HHS Compliance and County Counsel

HHS Compliance: DocuSigned by: Victoria Phan Date: 4/4/2018

County Counsel: 3527B4B4F12742C... DocuSigned by: Lorraine Van Kirk Date: 4/10/2018

Section B: BHSD Executive Director

BHSD Executive Director: DocuSigned by: Toni Tullys Date: 4/11/2018

Note - A copy of the Approved Mega Regs P&P Form will be emailed to: BHSD Compliance Unit



Policy & Procedure Number: BHSD # 13201

<input checked="" type="checkbox"/>	BHSD County Staff
<input checked="" type="checkbox"/>	Contract Providers
<input checked="" type="checkbox"/>	Specialty Mental Health
<input checked="" type="checkbox"/>	Specialty Substance Use Treatment Services

Title: Provider-Beneficiary Communication

Approved/Issue Date: NEW	Behavioral Health Services Director:	
Last Review/Revision Date:	Next Review Date:	Inactive Date:

<p><u>REFERENCE:</u></p> <ul style="list-style-type: none"> • 42 Code of Federal Regulations (C.F.R.) § 438.102. Provider Enrollee Communications • 42 Code of Federal Regulations (C.F.R.) § 438.10, Information Requirements • 42 Code of Federal Regulations (C.F.R.) § 438.400-424, Grievances and Appeals • 9 California Code of Regulations (C.C.R.) § 1810.223. Licensed Mental Health Professional • 9 California Code of Regulations (C.C.R.) § 1810.254. Waivered/Registered Professional • Health and Safety Code (H.S.C) § 11833. Quality Assurance (ODS) • Welfare and Institute Code (W.I.C) § 14600 - 14685.1. Mental Health Managed Care (MHD) • State Department of Health Care Services Contract, Exhibit • Behavioral Health Services Department (BHSD) Policy 11000 Beneficiary Rights • 2016 MHSUDS Information Notices 16-060 • BHSD #11400 Beneficiary Rights
--



Policy & Procedure Number: BHSD # 13201

<input checked="" type="checkbox"/>	BHSD County Staff
<input checked="" type="checkbox"/>	Contract Providers
<input checked="" type="checkbox"/>	Specialty Mental Health
<input checked="" type="checkbox"/>	Specialty Substance Use Treatment Services

Title: Provider-Beneficiary Communication

POLICY:

County and/or Contractor will not prohibit nor otherwise restrict, a licensed, waived, or registered professional who is acting within the lawful scope of practice from advising or advocating on behalf of a beneficiary for whom the provider is providing behavioral health services. Services include:

- 1) The beneficiary’s health status, medical care, or treatment options, including any alternative treatment that may be self-administered;
- 2) Information on the beneficiary needs in order to decide among all relevant treatment options;
- 3) The risks, benefits, and consequences of treatment not receiving treatment ; and
- 4) The beneficiary’s right to participate in decisions regarding his or her health care, including the right to refuse treatment, and to express preferences about future treatment decisions.
- 5) In order to give the client the opportunity to make informed decisions.
- 6) County and Contract staff

DEFINITIONS:

Beneficiary. A Medi-Cal recipient who is currently receiving services from BHSD or a BHSD contracted provider.

Grievance. An expression of dissatisfaction about any matter other than adverse benefit determination. Grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the beneficiary’s rights regardless of whether remedial action is requested. Grievance includes a beneficiary’s right to dispute an extension of time proposed by BHSD to make an authorization decision. (42 C.F.R. § 438.400)

Provider. A person or entity who is licensed, certified, or otherwise recognized or authorized under state law governing the healing arts to provide specialty mental health services and who meets the standards for participation in the Medi-Cal program as described in California Code of Regulations, title 9, Division 1, Chapters 10 or 11 and in Division 3, Subdivision 1 of Title 22, beginning with Section 50000. Provider includes but is not limited to licensed mental health professionals, clinics, hospital outpatient departments, certified day treatment



Policy & Procedure Number: BHSD # 13201

<input checked="" type="checkbox"/>	BHSD County Staff
<input checked="" type="checkbox"/>	Contract Providers
<input checked="" type="checkbox"/>	Specialty Mental Health
<input checked="" type="checkbox"/>	Specialty Substance Use Treatment Services

Title: Provider-Beneficiary Communication

facilities, certified residential treatment facilities, skilled nursing facilities, psychiatric health facilities, general acute care hospitals, and acute psychiatric hospitals. The MHP is a provider when direct services are provided to beneficiaries by employees of the Mental Health Plan.

<u>PROCEDURE:</u>	
Responsible Party	Action Required
BHSD	<ol style="list-style-type: none"> 1. Will inform providers and subcontractors at the time they enter into a contract about: <ol style="list-style-type: none"> a. Benefits provided by the Mental Health Plan, including the amount, duration, and scope of benefits available; b. How and where to access benefits, including cost sharing, how transportation is provided, and procedures for obtaining benefits; c. When and how after-hours and emergency coverage are provided; d. How benefits may be obtained from out-of-network providers; e. Beneficiary grievance, appeal and fair hearing procedures and timeframes as required by the State and Federal standards and requirements f. Beneficiary’s right to file grievances and appeals about the requirements and timeframes for filing g. Availability of assistance to the beneficiary with filing grievances and appeals h. Beneficiary’s right to request a State fair hearing after the Contractor has made a determination on an beneficiary’s appeal, which is adverse to the beneficiary i. Beneficiary’s right to request continuation of benefits that the Contractor seeks to reduce or terminate during an appeal or state fair hearing filing, if filed within the allowable timeframes, although the beneficiary may be liable for the cost of any continued benefits while the appeal or state fair hearing is pending if the final decision is adverse to the beneficiary. 2. Will post BHSD beneficiary rights and problem resolution process materials in waiting areas so they are accessible to in all threshold languages. 3. Have an employee orientation process to explain beneficiary rights



Policy & Procedure Number: BHSD # 13201

<input checked="" type="checkbox"/>	BHSD County Staff
<input checked="" type="checkbox"/>	Contract Providers
<input checked="" type="checkbox"/>	Specialty Mental Health
<input checked="" type="checkbox"/>	Specialty Substance Use Treatment Services

Title: Provider-Beneficiary Communication

	<p>and problem resolutions to beneficiaries on admission.</p> <ol style="list-style-type: none"> 4. Will provide beneficiaries and caregivers with sufficient information about his/her condition and treatment options in order to make informed decisions. 5. Develop treatment plans based on beneficiary choice of services and treatment planning goals.
All County and Contracted BHSD providers	<ol style="list-style-type: none"> 1. All providers and provider networks must adhere to all requirements applicable to their contracts and/or agreements. 2. All physician, hospital, specialist, pharmacy, behavioral health, and LTSS providers and provider networks shall submit updated monthly information for the BHSD's Provider Directory, including, as appropriate, the provider's name, street address(es), telephone number(s), website, specialty, cultural and linguistic capabilities, accommodations for individuals with physical disabilities, and whether the provider will accept new enrollees.
Attachments:	