

BHS Policies and Procedures



City and County of San Francisco
Department of Public Health
San Francisco Health Network
BEHAVIORAL HEALTH SERVICES

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POLICY/PROCEDURE REGARDING: Medi-Cal Beneficiary Informing Materials Policy

Issued By: Marlo Simmons, MPH
Interim Director of Behavioral Health Services

Effective Date: October 13th, 2020 *Marlo Simmons*

Manual Number: 3.02-25

References: MHSUDS
INFORMATION NOTICE NO.:
18-020 and 18-043; DHCS
Intergovernmental Agreement
(IA) Exhibit A, Attachment I -
ODS - San Francisco 19-96217;
Code of Federal Regulations -
Information requirements Title
42, Sections 438.10, 438.3,
438.406 and 438.228

Purpose: The purpose of this policy is to ensure all Medi-Cal beneficiaries and potential beneficiaries are provided with and have timely access to critical beneficiary informing materials regarding specialty mental health services (SMHS) and substance use disorder (SUD) services and to inform providers within the San Francisco Mental Health Plan (MHP) and the Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan on requirements related to the provider directory and beneficiary handbook, pursuant to Title 42, Code of Federal Regulations (CFR), part 438.

Scope: This policy applies to all beneficiaries enrolled in San Francisco's Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) and served by county-operated programs and contracted providers in accordance with the standards set forth by the California State Department of Health Care Services (DHCS), the Centers for Medicare & Medicaid Services (CMS) Managed Care Final Rule regulations codified in Title 42, and all other relevant federal and state laws and regulations.

Background: On May 6, 2016, the Centers for Medicare and Medicaid Services (CMS) published the Medicaid and Children's Health Insurance Program Managed Care Final Rule, aimed at aligning the Medicaid managed care regulations with requirements for other major sources of coverage. MHPs are classified as Prepaid Inpatient Health Plans, and therefore, must comply with all applicable federal managed care requirements. The Final Rule stipulates new requirements for the format, content, and distribution of beneficiary handbooks, which became effective July 1, 2017.

Additionally, effective July 1, 2017, Title 42 Code of Federal Regulations (CFR), Section 438.10(h) requires that each Plan must make available to beneficiaries, in paper form upon request and electronic form, specified information about its provider network.

Policy: It is the policy of the San Francisco Department of Public Health, Behavioral Health Services (BHS) to ensure that Medi-Cal beneficiaries receive critical beneficiary information and materials at admission and upon request thereafter.

Beneficiary Informing Materials

BHS and its contracted providers shall provide beneficiaries with informing materials, including but not limited to, a beneficiary booklet and provider directory, upon first accessing services and upon request.

Providing beneficiary information is a contractual obligation for providers who offer SMHS and SUD treatment services.

Beneficiary informing materials shall be in a manner and format that is easily understood and readily accessible to beneficiaries. Information will be comprehensible at the 6th grade level, in a font size no smaller than 12 point, and made available in English, Spanish, Tagalog, Vietnamese, Chinese, Russian (i.e., the county's threshold languages).

BHS shall have informing materials available in a readily accessible and prominent location on the Department's website: <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/default.asp>. The beneficiary shall be informed that the information on the website is available in paper form without charge, upon request and shall be provided within five (5) business days upon request.

Beneficiary informing materials that shall be available in all our threshold languages (English, Cantonese, Russian, Spanish, Tagalog, and Vietnamese) include: 1. Beneficiary booklet; 2. Provider directory; 3. Appeal and grievance notices; 4. Denial and termination notices; and 5. Behavioral health education materials.

BHS and its contracted providers shall include taglines in the prevalent non-English languages (within California) in all written materials that are critical to obtaining services explaining the availability of written translation or oral interpretation to understand the information provided. These written materials must also be available in large print. Large print means printed in a font size no smaller than 18 point.

BHS and its contracted providers shall inform beneficiaries that information is available in alternative formats, at no cost to them, that take into consideration the special needs of beneficiaries. Materials in alternative formats include but are not limited to large print and audio/video recordings. Beneficiaries will also be informed on how to access materials in these alternative formats.

BHS and its contracted providers shall inform beneficiaries with visual impairments that staff is available to read written materials to the beneficiary.

BHS and its contracted providers shall display the following information, in all threshold languages, in a visible location in its waiting rooms:

1. Medi-Cal Beneficiary Handbook;
2. Notices explaining grievance, appeal, and expedited appeal process procedures;
3. The availability of fair hearings after the exhaustion of an appeal or expedited appeal process;
4. Information explaining that a fair hearing may be requested whether or not the beneficiary has received a notice of adverse benefits determination; and
5. Forms used to file grievances, appeals, and expedited appeals, with self-addressed envelopes deliverable to Behavioral Health Grievance Office.

BHS and its contracted providers shall provide beneficiaries with any reasonable assistance in completing forms and other procedural steps related to a grievance or appeals. This includes but is not limited to, providing interpreter services and toll-free numbers with TTY/TDD and interpreter capability.

Beneficiary Handbook

Beneficiaries will receive either the MHP Beneficiary Handbook or the DMC-ODS Beneficiary Handbook, when first accessing SMHS or SUD treatment services and thereafter upon request.

The following list of information shall be included in the beneficiary handbook (NOTE: This list contains core requirements and is non-exhaustive):

1. Benefits provided by BHS and its contracted providers, included the amount, duration, and scope of benefits available;
2. How and where to access benefits, including information on the county's 24/7 tollfree Access Line and any requirements for service authorizations and/or referrals;
3. How to access transportation for medically necessary services;
4. How to access after-hours and emergency coverage;
5. How to obtain continuity of care protections, or obtain authorization to continue services with an existing out-of-network provider;
6. Information on the grievance, appeal, and state hearing procedures and timeframes, including:
 - a. The right to file grievances and appeals;
 - b. The requirements and timeframes for filing a grievance or appeal;
 - c. The availability of assistance in the filing process;
 - d. The right to request a State Hearing after BHS has made a determination on a beneficiary's appeal which is adverse to the beneficiary; and
 - e. The fact that, when requested by the beneficiary, benefits that BHS seeks to reduce or terminate will continue if the beneficiary files an appeal or requests a State Hearing within the timeframes specified for filing, when requested by beneficiary.

The beneficiary booklet is considered provided to the beneficiary if BHS and its contracted providers:

1. Provide the printed hardcopy at admission or upon request to the beneficiary;
2. Mail a printed copy of the beneficiary handbook to the beneficiary's mailing address; Providers must first obtain permission from the beneficiary to mail any information to prevent from inadvertently mailing identifying information to a shared address, mailing to an address that may be difficult to access by the beneficiary, or in the case that the beneficiary does not have a permanent mailing address.
3. Provide a flash drive with an electronic copy of the beneficiary booklet. This must be a flash drive BHS or its contracted providers procures and then provides directly to the beneficiary. The beneficiary booklet cannot be stored onto a beneficiary's personal flash drive. At no time can the beneficiary's personal information (e.g., PHI, PII) be saved on flash drives provided to beneficiaries.
4. Posts the beneficiary booklet on the Department's or contracted providers' website and advises the beneficiary in paper or electronic form that the beneficiary booklet is available on the internet, including the applicable internet address, provided that beneficiaries with disabilities who cannot access this information online are provided auxiliary services and aids upon request at no cost; and/or
5. Provide the beneficiary booklet by any other method that can reasonably be expected to result in the beneficiary receiving the information.

BHS and its contracted providers will document in the beneficiary's electronic health record when the beneficiary booklet is provided and the method in which it was provided. If the beneficiary refuses to accept the booklet, BHS and its contracted provider will document the reason for refusal.

Provider Directory

A provider directory shall be made available by BHS and its contracted providers to the beneficiary when first receiving a SMHS and SUD treatment service.

BHS shall make the provider directory available on the Department's website in a machine-readable file and format.

The provider's website address will be included in the provider directory. Websites will include information for each licensed, waivered, or registered mental health provider and licensed substance use disorder services provider.

The following information shall be included in the provider directory:

1. The provider's name as well as any group affiliation
2. Provider's business address(es) (e.g., physical location of the clinic or office);
3. Telephone number(s);
4. Email address(es), as appropriate;
5. Web site address, as appropriate;
6. Any specialization including, training, experience or certifications (if any); .
7. Services/modalities provided, including information about populations served (i.e., perinatal, children/youth, adults);
8. If the provider will accept new beneficiaries;
9. The provider's cultural capabilities (e.g., veterans, older adults, Transition Age Youth, LGBTQ);
10. The provider's linguistic capabilities including languages offered (e.g., Spanish, Tagalog, American Sign Language)
11. Available accommodations, at the provider's office/facility, for people with physical disabilities, including offices, exam room(s) and equipment.

In addition to the program information listed in this policy, the provider directory must also include the following information for each rendering provider (i.e., each staff employed or contracted by the organization that provides direct services). BHS or its contracted providers may elect to list rendering provider information in a separate document from the provider directory, and make if available on their website:

1. Name of practitioner;
2. Type of practitioner, as appropriate;
2. National Provider Identifier (NPI) number;
3. California licensure number and type of licensure;
4. Language capabilities; and,
4. An indication of whether the provider has completed cultural competence training.

The provider directory will be updated at least monthly, and no later than 30 calendar days after BHS has been notified by contracted providers of any updated information.

Beneficiary Information on Advance Health Care Directives

All beneficiaries shall be informed of their rights and responsibilities, including access to a dedicated patient's rights advocate, by BHS and its contracted providers.

BHS and its contracted providers shall provide Advance Directive forms, instructions, and resource materials to beneficiaries upon admission or upon request.

Potential Beneficiary Information

BHS shall provide information specified in this section to each potential beneficiary, either in paper or in electronic format, at the time that the potential beneficiary is first required to enroll in the Contractor's program.

The information for potential beneficiaries shall include, at a minimum, all of the following:

1. The basic features of managed care.
2. Which populations are subject to mandatory enrollment and the length of the enrollment period.
3. The service area covered by the Contractor.
4. Covered benefits including: benefits provided by Contractors and those provided directly by BHS.
5. For a counseling or referral service that the Contractor does not cover because of moral or religious objections, BHS shall provide information about where and how to obtain the service.
6. The provider directory and formulary information.
7. Any cost sharing that will be imposed by the Contractor consistent with those set forth in the State Plan.
8. The requirements for each Contractor to provide adequate access to covered services, including the network adequacy standards established in 42 CFR §438.68.
9. The Contractor's entities responsible for coordination of beneficiary care.
10. To the extent available, quality and performance indicators for the Contractor, including beneficiary satisfaction.

BHS shall make every effort to provide beneficiaries with a written notice of termination of a contracted provider within 15 calendar days after receipt or issuance of termination notice.

Contact Person:

Managed Care Policy and Planning Coordinator, phone number 415-255-9792.

Distribution:

BHS Policies and Procedures are distributed by the Behavioral Health Services Compliance Office.

Administrative Manual Holders

BHS Programs

SOC Managers

BOCC Program Managers

CDTA Program Managers