


**SANTA CRUZ COUNTY  
Behavioral Health Services**

**POLICIES AND PROCEDURE MANUAL**

<b>Subject: Mental Health Plan and DMC-ODS Beneficiary Rights</b>	<b>Policy Number: 3227</b>
<b>Date Effective: 8/1/2021</b>	<b>Pages: 3</b>
<b>Prior Version: 11/16/20</b>	<b>Responsible for Updating: Quality Improvement Staff</b>
<b>Approval:</b>  Behavioral Health Director	<u>8-1-2021</u> Date

**BACKGROUND:**

Santa Cruz County Behavioral Health Services, which comprises Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) network providers, is committed to respecting and acknowledging beneficiary rights and providing beneficiary rights information to clients in an easily understandable format.

**SCOPE:**

Providers who render MHP and DMC-ODS services shall adhere to this policy and ensure beneficiaries are aware of their rights.

**PURPOSE:**

To ensure MHP and DMC-ODS network providers, representatives and beneficiaries are aware of beneficiary rights & deliver services in accordance with these rights.

**POLICY:**

The MHP and DMC-ODS network shall provide all Medi-Cal beneficiaries with information concerning their rights, including reviewing, posting, and obtaining acknowledgement, and will ensure these rights are upheld in treatment services.

**PROCEDURES:**

All staff and contract providers shall ensure the following beneficiary rights to:

1. Receive information in accordance with CFR, Title 42, Section 438.10.
  - a) Beneficiaries who are Limited English Proficient (English is not their first language and/or they have a limited ability to read, write, speak, or understand English) are eligible to receive language assistance to understand their rights.
  - b) Bilingual beneficiary rights (English and Spanish (threshold language)) are posted in Behavioral Health clinic lobbies.

- c) Beneficiary rights are documented in the Beneficiary Handbook of both the MHP and DMC-ODS and the Handbooks are posted on the Behavioral Health Web site.
    - Beneficiary Handbooks are available in English and Spanish, in large font, and in audio format.
2. Be treated with respect and with due consideration for their dignity and privacy.
    - a) If a beneficiary is not satisfied with services or feels their rights have been violated, they are provided with the Behavioral Health Grievance Resolution Request Form which:
      - Is available in English and Spanish
      - Is processed by Behavioral Health Quality Improvement
      - Includes Ombudsman / Advocate Office contact information
      - Includes the Board of Behavioral Sciences contact information
    - b) Beneficiaries have a right to appeal a discharge or other action. Beneficiaries will be issued a Notice of Adverse Benefit Determination when appropriate (see **Policy & Procedure 3223: NOABD**) and will be provided with the Behavioral Health Appeal Request Form which:
      - Is available in English and Spanish
      - Is processed by Behavioral Health Quality Improvement
      - Includes information regarding Expedited Appeals, State Fair Hearing process and rights regarding continued services during the appeal process
  3. Receive information on available treatment options and alternatives, presented in a manner appropriate to the enrollee's condition and ability to understand and to be accorded safe, healthful and comfortable accommodations to meet their needs. (The information requirements for services that are not covered under the contract because of moral or religious objections are set forth in 42 CFR Sec. 438.10(g)(2)(ii)(A) and (B).)
  4. Participate in decisions regarding his or her health care, including the right to refuse treatment.
  5. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in other Federal regulations on the use of restraints and seclusion.
  6. Be free from verbal, emotional and physical abuse and / or inappropriate sexual behavior.
  7. Be free from discrimination based on ethnic group identification, religion, age, gender, sexual orientation or disability.
  8. Take medications prescribed by a licensed medical professional for physical, mental health or SUD conditions.
  9. Be furnished health care services in accordance with CFR 42, Sec. 438.206 through 438.210.

10. For MHP: Request and receive a copy of his or her medical records, and request that they be amended or corrected, as specified in 45 CFR Sec. 164.524 and 164.526.
11. For DMC-ODS: If the privacy rule, as set forth in 45 CFR parts 160 and 164 subparts A and E applies, request and receive a copy of his or her medical records, and request that they be amended or corrected, as specified in 45 CFR Sec. 164.524 and 164.526.

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**PRIOR VERSIONS:** January 26, 2009, September 27, 2016, November 14, 2018, November 16, 2020

**REFERENCES:** CFR, Title 42, Section 438.10 & Section 438.100, AOD Certification Standards, DHCS BH Info Notice 20-006

**FORMS / ATTACHMENTS:** Grievance Resolution Request Form; MHP Beneficiary Handbook, DMC-ODS Beneficiary Handbook