

SANTA CRUZ COUNTY BH GRIEVANCE & APPEAL PRACTICES

MHAB Presentation
Cybele Lolley, LMFT
BH Quality Improvement (QI) Director
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EVERY
EXPERIENCE
MATTERS

EVERY VOICE
MAKES A
DIFFERENCE

Santa Cruz County Behavioral Health Services is committed to assuring that clients and guests are satisfied with the services they receive. We strive to provide quality and appropriate care in a timely manner. We attempt to understand a person's situation and customize treatment services as appropriate to support wellness.

Nonetheless, there are times when someone is dissatisfied with our delivery of services and/or quality of care. We respond with respect and dignity, and do not tolerate any intimidation or retaliation towards individual(s). We appreciate a person informing us of their dissatisfaction as it allows us an opportunity to partner with the beneficiary to improve the situation.

SANTA CRUZ CO BH QI TEAM — QUALITY ASSURANCE FOR MEDI-CAL SERVICES

DMC-ODS: Drug Medi-Cal – Organized Delivery System for Substance Use Disorder treatment services for Medi-Cal Beneficiaries (clients)

Includes:

- Monitoring clinical documentation and appropriate utilization of services
- Conducting program audits of contracted network service providers
- Coordinating BH's external audits by State and other agencies.
- Attending to client rights protections and advocacy practices

MHP: Mental Health Plan for Specialty Mental Health Services for Medi-Cal Beneficiaries (consumers)

Includes:

- Monitoring clinical documentation and appropriate utilization of services
- Conducting program audits of contracted network service providers & Medi-Cal certifications
- Coordinating BH's external audits by State and other agencies.
- Attending to client rights protections and advocacy practices

QI TEAM'S AIM

Values: Accountability, Collaboration, Compassion, Effectiveness, Innovation, Respect, Support, Transparency and Trust

Intention: Quality Improvement (QI) reflects BH's organizational commitment to ongoing improvements in the delivery of quality services. QI team strives to establish and maintain an impactful systemic process for ensuring quality services are delivered to our clients.

Purpose: We ensure local, state and federal regulatory requirements are met; monitor and track key indicators for client care and delivery system improvements; safeguard client satisfaction and client driven solutions by responding to and incorporating client feedback; support organizational decision making, implement and evaluate ongoing quality improvement activities across BH services; develop communication strategies to share information with providers, clients and other appropriate stakeholders; and create quality improvement capacity across program and services.

Enhanced Beneficiary Protections

- ✓ Applies to those who receive Medi-Cal Mental Health and/or Substance Use Disorder Services

**MEDICAID MANAGED CARE
FINAL RULE, 42 CFR PART 438
& DHCS INFORMATION NOTICE #: 18-010E**

“DHCS” = CA’s Department of
Health Care Services

REGULATORY MANDATES FOR MEDI-CAL SERVICE PROVIDERS

Medicaid Managed Care Final Rule:

Title 42, Code of Federal Regulations (CFR)

- 42 CFR, Part 438 Subpart F specifically addresses beneficiary grievances and appeal rights and protections
- Resource:

<https://www.medicaid.gov/medicaid/managed-care/guidance/final-rule/index.html>

DHCS Information Notice 18-010E

State released in March 2018

Effort to align State Medi-Cal requirements to the Medicaid Managed Care Final Rules

Resource:

https://www.dhcs.ca.gov/formsandpubs/Pages/2018_MHSUDS_Information_Notices.aspx

GRIEVANCE & APPEAL PROTECTIONS SUMMARY

1. Informing Information and Sharing Methods

- Brochures, Handbooks, Notices
- County and Contracted Provider Locations (Provider Directory)
- Website posting
- Notice of Adverse Benefit Determination Letters (NOABDs)

2. Handling Grievances and Appeals

- Timeframes, Responsiveness, Logging information, Reporting to BH's QIC Committee
- First Level and Second Level

3. Monitoring Grievances and Appeals

- Oversight of County and Contractor G & As – Policies, Reporting, Training
- Reporting G & As to DHCS

Posting & Sharing Information

County BH Internet - NEW Client Information Page. Designed by QI & Launched in 2021

BROCHURES HANDBOOKS PROVIDER DIRECTORIES

[Client Information \(santacruzhealth.org\)](http://santacruzhealth.org)

The screenshot shows the Behavioral Health Division website. The header includes the text "Behavioral Health Division" and "COUNTY OF SANTA CRUZ Behavioral Health Services FOR CHILDREN & ADULTS". A central banner features a tree icon and the text "We Want to Hear from You! We need your feedback on the services that are available to you. click here to learn more!". A sidebar on the left lists navigation options: "Behavioral Health", "Adult Mental Health Services", "Behavioral Health Comment Form", "Behavioral Health Strategic Planning", "Child and Adolescent Behavioral Health Services", "Client Information" (highlighted), "Crisis Intervention Team (CIT)", "Frequently Asked Questions", "HOPES Team", and "How to Receive Mental Health Services". A right sidebar contains a language selection notice and an "Information" section with links for "Client Service Information", "How to Receive Mental Health Services", and "How to Receive Substance Use Disorder (SUDS) Services".

The screenshot shows the "Client & Family Information" page. The header includes the text "Client & Family Information" and "Welcome to Santa Cruz County Behavioral Health Services (BHS)". The main content area provides a detailed welcome message: "County Behavioral Health Services (BHS) is a Division of the Santa Cruz County Health Services Agency (HSA). At BHS, we care for the whole person with compassion and respect your cultural values and unique needs. Our goal is to help you achieve and maintain long term health, wellness, and recovery; and to foster healthy families and communities. We aim to provide an integrative service delivery model through strength based, accessible, culturally, and linguistically appropriate services. We work in partnership with community treatment providers to provide outpatient, residential, crisis services, and care coordination care addressing specialty mental health and substance use service needs of Santa Cruz County Medi-Cal beneficiaries and uninsured residents." A sidebar on the left lists navigation options: "Behavioral Health", "Adult Mental Health Services", "Behavioral Health Comment Form", "Behavioral Health Strategic Planning", "Child and Adolescent Behavioral Health Services", and "Client Information". A right sidebar contains a language selection notice and an "Information" section with links for "How to Receive Mental Health Services" and "Como obtener servicios de Salud Mental".

Paper Copies Available at all Provider Locations

- ✓ Grievance Brochure (Purple) [English/Spanish]
- ✓ Appeal Brochure (White) [English/Spanish]
- ✓ Change of Provide (Yellow) [English/Spanish]
- ✓ Medi-Cal Service Handbook [English/Spanish]
 - ✓ 1 for each: Mental Health and DMC-ODS
- ✓ Provider Directory [English/Spanish]
 - ✓ 1 for each: Mental Health and DMC-ODS

| | |
|--|---|
| Medi-Cal Mental Health Services: Mental Health Plan (MHP) | + |
| Medi-Cal Substance Use Disorder Services (SUDS): Drug Medi-Cal Organized Delivery System (DMC-ODS) | + |
| General Information: Medi-Cal Rights, Forms and Instructions | - |

- Advance Directive Form
 - [English](#) - [Large Print](#)
 - [Spanish](#) - [Large Print](#)
- Appeal Resolution Instructions/Form
 - [English](#) - [Large Print](#)
 - [Spanish](#) - [Large Print](#)
- Authorization to Share Confidential Information with Instructions
 - [English](#)
 - [Spanish](#)
- Behavioral Health Client Records Request & Authorization
 - [English](#)
 - [Spanish](#)
- Board of Behavioral Health Sciences Complaint Information
 - [English](#)
 - [Spanish](#)
- Change of Treatment Staff Request Instructions/Form
 - [English](#) - [Large Print](#)
 - [Spanish](#) - [Large Print](#)
- Client Preferred Communication Practices: Opt-In Consent
 - [English](#)
 - [Spanish](#)
- Consent for Mental Health Services
 - [English](#)
 - [Spanish](#)
- Consent for Substance Use Disorders Services (SUDS)
 - [English](#)
 - [Spanish](#)
- Consent for Telehealth Services
 - [English](#)
 - [Spanish](#)

COMPLAINT/GRIEVANCE (TIMEFRAME & RESPONSIVENESS)

QI POLICY:

(1) If verbal complaint/grievance, provider shall write down the complaint on behalf of the beneficiary and send to QI no later than 1 business day.

(2) QI staff will log all grievances, send acknowledgement letter to beneficiary (legal guardian) within 1 business day, and call provided number to review grievance and learn what could be indicator of resolution.

(3) QI staff work with others to resolve issue, write summary resolution letter and send to beneficiary and provider.

(4) QI staff log resolution information within 1 business day

Beneficiary (or legal guardian) can file a verbal or written complaint/grievance at any time.

Filing a Grievance

Submit a Grievance Brochure
QI Help Line: (831) 454-4468

QI's goal is to resolve a Grievance as soon as possible or within 30 days. Per 18-010E, a County must resolve within 90 days.

HANDLING NOABD LETTERS — 42 CFR 438.10

Adverse Benefit Determinations (ABDs) & Timeframe

An ABD is a decision by the treatment provider which includes the determination of medical necessity, appropriateness of covered benefits and/or financial liability. If a beneficiary agrees with the provider's treatment changes, then this may not be an adverse event.

All providers must provide timely and adequate notice of the ABD in writing to the beneficiary (or legal guardian) & use the DHCS letter templates.

Notice Letters include (based on medical necessity criteria for eligibility)

Delivery system denials due to not meeting SMHS criteria (within 2 business days)

Reduction, suspension, or termination of current services (10 days prior to action)

Denial of service request (within 2 business days)

Failure to provide services in a timely manner (within 2 business days)

Failure to resolve grievance or appeal in a timely manner (within 2 business days)

Denial of a beneficiary's request to dispute financial liability (time of decision)

ALL Letters must include the DHCS attachments: "Your Rights", Nondiscrimination Notice & Language taglines

NOABD APPEALS (TIMEFRAMES & RESPONSES)

- County BH QI team is the first level of appeal and has 30 days for resolving a standard appeal.
- Expedited Appeal resolutions must be resolved within 72 hours. “Expedited” criteria: standardize resolution timeframe could seriously jeopardize the beneficiary’s MH or SUD condition and/or the beneficiary’s ability to attain, maintain, or regain maximum function.
- If the beneficiary (or legal guardian) is not in agreement with the first level appeal decision, then the beneficiary (or legal guardian) can submit a second-level appeal to the State/DHCS.
- QI staff’s Appeal process follows the procedural steps and timelines as described on the Complaint/Grievance slide. Appeals can be submitted through brochure, other written communication or at QI Help Line.

Beneficiary (or legal guardian) can file a verbal or written Appeal to QI within 60 calendar days of the letter date.

All verbal appeals must be accompanied by a follow-up written appeal within the 60 days. QI will send an Appeal brochure with the appeal acknowledgement letter and inform of need for written appeal requirement.

MONITORING GRIEVANCE & APPEALS

Grievance and Appeal Oversight

1. Written policies and procedures
2. Ensure beneficiary material are available and current
3. Log and track all grievances and appeals

4. Submit quarterly reports to DHCS for both MH and DMC-ODS that describe:

- a. Date/time of receipt of grievance or appeal
- b. Name of beneficiary filing grievance or appeal
- c. Name of QI staff recording the G or A
- d. Description of the complaint/problem
- e. Description of the actions take by the County or provider to investigate and resolve the G or A
- f. Proposed resolution by the County
- g. Name of the County staff responsible for resolving the G or A
- h. Date the notification to the beneficiary of the resolution

CO BH & ADVOCACY INC. PARTNERSHIP

QI & BH leadership have a strong and positive working relationship with Advocacy Inc. and staff. There is open communication and as needed meetings to address any consumer or program items.

Advocacy Inc sends the BH QI and Adult MH Directors monthly summaries of processed consumer requests and grievances as well as quarterly reports on WIC certification and reise hearings at the Telecare PHF. QI Director reviews reports and will follow up on items as needed. The Patient Advocates attend to consumer requests for assistance with disability paperwork, housing issues as well as provider facility complaints.

Advocacy Inc.

Questions & Answers

Thank you for your time.

