

COUNTY OF YOLO

HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 5, CHAPTER 1, POLICY 010

ACCESS TO INFORMING MATERIALS

POLICY NUMBER:	5-1-010
SYSTEM OF CARE:	BEHAVIORAL HEALTH
FINALIZED DATE:	03/10/2021
EFFECTIVE:	07/01/2020
SUPERSEDES # :	Supersedes Policy #'s: 5-2-002 Access to Informing Materials PP 504 Availability of Translated Materials (10-20-08)

A. PURPOSE: To establish uniform guidelines, requirements, and timelines for consumer access to informing materials for Mental Health Plan (MHP) Specialty Mental Health Services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Substance Use Disorder (SUD) services, to ensure that all consumers have equitable access to informing materials and that Yolo County Health and Human Services Agency (HHSA) Behavioral Health (BH) and its Network Providers are following federal and state requirements.

B. FORMS REQUIRED: N/A

C. DEFINITIONS:

- 1. Threshold Language** (prevalent non-English language): A population group of Medi-Cal beneficiaries residing in Yolo County where there are prevalent non-English languages, as identified from the Medi-Cal Eligibility System (MEDS), and that meet a numeric threshold of 3,000 beneficiaries or five percent of the beneficiary population, whichever is lower. For the DMC-ODS program, prevalent non-English languages also include any population group of Medi-Cal beneficiaries residing in Yolo County's service area who indicate their primary language as other than English and who meet the concentration standards of 1,000 in a single ZIP code or 1,500 in two contiguous ZIP codes.

2. **Network Providers:** Any provider, group of providers, or entity that has a network provider agreement with the Administrator and receives Medicaid funding directly or indirectly to order, refer or render covered services as a result of the contract (Title 42 Code of Federal Regulations [42 CFR] § 438.2)
3. **Administrator:** Yolo County HHSA BH is the administrator of the Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan, hereby referred to as the “Administrator”.
4. **Information provided to beneficiaries or potential beneficiaries:** For consistency in the information provided to beneficiaries, the Administrators uses the Department of Health Care Services (DHCS) developed definitions for managed care terminology, including: appeal, excluded services, grievance, hospitalization, hospital outpatient care, medically necessary, network, non-participating provider, physician services, plan, preauthorization, participating provider, provider, skilled nursing care, and urgent care. (42 C.F.R. 438.10(c)(4)(i).)

D. POLICY: The Administrator and its Network Providers is committed to ensuring that all beneficiaries, prospective beneficiaries, and members of the public have equitable access to information and services.

Information shall be made available and provided, in a manner and format that is easily understood and readily accessible to beneficiaries and potential beneficiaries. (42 C.F.R. § 438.10(c)(1).) The Administrator and Network Providers shall provide required information when first receiving services and upon request. All written materials for beneficiaries and potential beneficiaries shall be in easily understood language, format, and alternative formats that take into consideration the special needs of beneficiaries. (42 C.F.R. § 438.10(d)(6).

The Administrator shall make its written materials that are critical to obtaining services available to beneficiaries and prospective beneficiaries in prevalent non- English threshold languages. (MHP Contract, Ex. A, Att. 11; 42 C.F.R. § 438.10(d).) The Administrator shall notify all beneficiaries and prospective beneficiaries that written translation is available in prevalent languages free of cost and shall notify beneficiaries and prospective beneficiaries how to access those materials. (42 C.F.R. § 438.10(d)(5)(i), (iii); Cal. Code Regs., tit. 9, § 1810.410, subd. (e), para. (4).) The Administrator shall make oral interpretation services and auxiliary aids, such as TTY/TDY and American Sign Language (ASL), available free of charge and in a timely manner to each beneficiary, including qualified interpreters for individuals with disabilities (WIC 14029.91(e)(2)).

The Administrator shall include taglines in the prevalent non-English languages in the county, as well as large print, explaining the availability of written translation or oral interpretation to understand the information provided. (MHSUDS IN 18-010E).

E. Procedure:

1. Information provided to all beneficiaries and prospective beneficiaries

- a. The Administrator shall provide information to beneficiaries and potential beneficiaries including, at a minimum, all of the following:
 - i. The basic features of managed care. (42 C.F.R. § 438.10(e)(2)(ii).)
 - ii. Which populations are subject to mandatory enrollment and the length of the enrollment period (42 C.F.R. § 438.10(e)(2)(iii)?)
 - iii. The service area covered by the Administrator. (42 C.F.R. § 438.10(e)(2)(iv).)
 - iv. Covered benefits, including:
 - a. Which benefits are provided by the Administrator; and,
 - b. Which, if any, benefits are provided directly by the State.
 - v. The provider directory (and formulary information, if applicable)
 - vi. Any cost-sharing that will be imposed by the Administrator consistent with the State Plan. (42 C.F.R. §§ 438.10(e)(2)(vii); State Plan § 4.18.)
 - vii. The requirements to provide adequate access to covered services, including the network adequacy standards established in 42 Code of Federal Regulations part 438.68. (42 C.F.R. § 438.10(e)(2)(viii).)
 - viii. The Administrator's responsibilities for coordination of care. (42 C.F.R. § 438.10(e)(2)(ix).)
 - ix. To the extent available, quality and performance indicators, including beneficiary satisfaction. (42 C.F.R. § 438.10(e)(2)(x).)
- b. The Administrator shall make written materials that are critical to obtaining services available in its threshold language and shall have in place mechanisms to help beneficiaries and potential beneficiaries understand the requirements and benefits of the plan. Written materials shall include, at a minimum, the following:
 - i. Provider directories, which shall include a listing of SMHS, SUD, and other Administrator services available for beneficiaries in their primary language by location of the services, pursuant to Section 1810.360 (f)(1). (CCR, Title 9, Section 1810.410 (c)(3), 1810.360 (f)(1))
 - ii. Beneficiary handbooks, which have been developed by the Department of Health Care Services (DHCS) and are model beneficiary handbooks and beneficiary notices that describe the transition of care policies for beneficiaries. (42 C.F.R. 438.62(b)(3).)
 - iii. Appeal and grievance notices,
 - iv. Denial and termination notices, and,
 - v. Education materials,

2. Electronic Written Material

- a. The Administrator shall operate a website that provides any written materials (42 C.F.R. § 438.10.) either directly or by linking to the Administrator's website.

Beneficiary information shall be provided electronically by the Administrator when all of the following conditions are met:

- i. The format is readily accessible;
- ii. The information is placed in a location on the Administrators website that is prominent and readily accessible;
- iii. The information is provided in an electronic form which can be electronically retained and printed;
- iv. The information is consistent with the content and language requirements of state and federal guidelines; and
- v. The beneficiary is informed that the information is available in paper form without charge upon request and provides it upon request within 5 business days. (42 C.F.R. 438.10(c)(6).)

3. **Language and Format**

a. The Administrator shall have a mechanism for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and/or culturally appropriate field testing). (DMH IN No. 10-02). All written materials that are critical to obtaining services shall be:

- i. In a font size no smaller than 12 point. (42 C.F.R. 438.10(d)(6)(ii).)
- ii. Available in alternative formats, including large print, upon request of the beneficiary or potential beneficiary at no cost. Large print means printed in a font size no smaller than 18 point. (42 C.F.R. § 438.10(d)(3).)
- iii. Available in the Administrators threshold languages
- iv. Available for oral interpretation and auxiliary aids, such as Teletypewriter Telephone/Text Telephone (TTY/TDY) and American Sign Language (ASL), available and free of charge for any language. (42 C.F.R. § 438.10(d)(2), (4)-(5).)

4. **Interpretation**

a. Oral interpretation services shall be provided by an interpreter that, at a minimum, meets all of the following qualifications:

- i. Demonstrated proficiency in speaking and understanding both spoken English and the language spoken by the Limited-English-proficient beneficiary.
- ii. The ability to interpret effectively, accurately, and impartially, both receptively and expressly, to and from the language spoken by the Limited-English-proficient beneficiary and English, using any necessary specialized vocabulary, terminology, and phraseology.
- iii. Adherence to generally accepted interpreter ethics principles, including client confidentiality.

b. The Administrator shall not require a beneficiary with limited English proficiency to provide his or her own interpreter, a staff member who does not meet the qualifications described in WIC 14029.91(a)(1)(B), or an adult or minor child

accompanying the Limited-English-proficient beneficiary to interpret or facilitate communication except under the circumstances described in WIC Section 14029.91 (a)(1)(D).

- c. The Administrator shall not require a beneficiary with limited English proficiency to accept language assistance services.
- d. The Administrator provides referrals for beneficiaries who prefer to receive services in a threshold language, but who initially access services outside Yolo County, to a key point of contact that does have interpreter services in that threshold language (CCR, Title 9, Section 1810.410 (e)(2)(B))

5. Linguistically Competent Services

- a. The Administrator shall provide services in a culturally and linguistically competent manner that shall include the following when applicable:
 - i. Documentation and have evidence of interpreter services being offered and provided;
 - ii. Treatment specific information being provided to beneficiaries in an alternative format (e.g., braille, audio, large print, etc.). (CCR, title 9, § 1810.410(e)(2), and 3200.210)
 - iii. If the needs for language assistance is identified in the assessment, there is documentation of linking beneficiaries to culture-specific and/or linguistic services as described in the MHP’s CCPR.
 - iv. Adopt the federal Office of Minority Health Culturally and Linguistically Appropriate Service (CLAS) national standards (Document 3V) and comply with 42 CFR 438.206(c)(2).

6. Nondiscrimination Notice, Nondiscrimination Statement, and Taglines

- a. The Administrator shall:
 - i. Post a DHCS approved nondiscrimination notice and language taglines in at least the top 16 non-English languages in the State (as determined by DHCS), as well as large print, explaining the availability of free language assistance services, including written translation and oral interpretation to understand the information provided, and the toll-free and TTY/TDY telephone number of the Administrator’s member/customer service unit, as follows:
 - a. In all conspicuous physical locations where the Administrator interacts with the public;
 - b. In a conspicuous location on the Administrator’s website that is accessible on the Administrator’s home page, and in a manner that allows beneficiaries, prospective beneficiaries, and members of the public to easily locate the information; and
 - c. In all significant communications and significant publications targeted to beneficiaries and members of the public (including notices of action and the beneficiary handbook), except for

significant publications and significant communications that are small-sized, such as postcards and tri-fold brochures. (42 C.F.R. § 438.10(d)(2)-(3); 45 C.F.R. § 92.8(d)(1), (f)(1)(i)-(iii); Welf. & Inst. Code, § 14727(b), (c)(1)(A)-(C).)

- ii. Post a DHCS-approved nondiscrimination statement and language taglines in at least the top two non-English languages in the State (as determined by DHCS), explaining the availability of free language assistance services, and the toll-free and TTY/TDY telephone number of the Administrator's member/customer service unit, as follows:
 - a. In all significant publications and significant communications that are small-sized, such as postcards and tri-fold brochures. (42 C.F.R. § 438.10(d)(2)-(3); 45 C.F.R. § 92.8(d)(2), (g); Welf. & Inst. Code, § 14727(b).)
 - b. The Administrator's nondiscrimination notice, nondiscrimination statement, and language taglines must be in a conspicuously visible font size no smaller than 12 point. Any large print tagline required must be in a font size no smaller than 18 point, and must include information on how to request auxiliary aids and services, including the provision of the materials in alternative formats. (42 C.F.R. § 438.10(d)(3), (d)(6)(ii), (d)(6)(iv); 45 C.F.R. § 92.8(f)-(g).)
- b. The Administrator shall provide information to all beneficiaries, prospective beneficiaries, and members of the public on how to file a Discrimination Grievance with:
 - i. The Administrator and DHCS if there is a concern of discrimination based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation. (45 C.F.R. § 92.8(A)(5); Welf. & Inst. Code § 14727(a)(4).)
 - ii. The United States Department of Health and Human Services Office for Civil Rights if there is a concern of discrimination based on race, color, national origin, sex, age, or disability. (45 C.F.R. § 92.8(A)(7); Welf. & Inst. Code § 14727(a)(5).)

7. Beneficiary Handbook

- a. The Administrator shall provide beneficiaries with a copy of the handbook and provider directory when the beneficiary first accesses services and thereafter upon request. (Cal. Code Regs., tit. 9, § 1810.360.)
- b. The Administrator shall ensure that the handbook includes the current toll-free telephone number(s) that provides information in threshold languages and is available twenty-four hours a day, seven days a week. (Cal. Code Regs., tit. 9, § 1810.405, subd. (d).)

- c. The beneficiary handbook shall include information that enables the beneficiary to understand how to effectively use the managed care program. This information shall include, at a minimum:
- i. Benefits provided by the Administrator. (42 C.F.R. § 438.10(g)(2)(i).)
 - ii. How and where to access any benefits provided by the Administrator, including any cost sharing, and how transportation is provided. (42 C.F.R. § 438.10(g)(2)(ii).)
 - iii. The amount, duration, and scope of benefits available under DHCS Contract in sufficient detail to ensure that beneficiaries understand the benefits to which they are entitled. (42 C.F.R. § 438.10(g)(2)(iii).)
 - iv. Procedures for obtaining benefits, including any requirements for service authorizations and/or referrals for specialty care and for other benefits not furnished by the beneficiary's provider. (42 C.F.R. § 438.10(g)(2)(iv).)
 - v. Any restrictions on the beneficiary's freedom of choice among network providers. (42 C.F.R. § 438.10(g)(2)(vi).)
 - vi. The extent to which, and how, beneficiaries may obtain benefits from out-of-network providers. (42 C.F.R. § 438.10(g)(2)(vii).)
 - vii. Cost sharing, if any, consistent with the State Plan. (42 C.F.R. § 438.10(g)(2)(viii); State Plan § 4.18.)
 - viii. Beneficiary rights and responsibilities, including the elements specified in 42 C.F.R. § 438.100. (42 C.F.R. § 438.10(g)(2)(ix).)
 - ix. The process of selecting and changing the beneficiary's provider. (42 C.F.R. § 438.10(g)(2)(x).)
 - x. Grievance, appeal, and fair hearing procedures and timeframes, consistent with 42 C.F.R. §§ 438.400 through 438.424, in a state-developed or state-approved description. Such information shall include:
 - 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 fair hearing after the Administrator has made a determination on a beneficiary's appeal which is adverse to the beneficiary;
 - e. The fact that, when requested by the beneficiary, benefits that the Administrator seeks to reduce or terminate will continue if the beneficiary files an appeal or a request for state fair hearing within the timeframes specified for filing, and that the beneficiary may, consistent with state policy, be required to pay the cost of services furnished while the appeal or state fair hearing is pending if the final decision is adverse to the beneficiary. (42 C.F.R. § 438.10(g)(2)(xi).)
 - xi. How to exercise an advance directive, as set forth in 42 C.F.R. 438.3(j). (42 C.F.R. § 438.10(g)(2)(xii).)

- xii. How to access auxiliary aids and services, including additional information in alternative formats or languages. (42 C.F.R. § 438.10(g)(2)(xiii).)
 - xiii. The Administrator's toll-free telephone number for member services, medical management, and any other unit providing services directly to beneficiaries. (42 C.F.R. § 438.10(g)(2)(xiv).)
 - xiv. Information on how to report suspected fraud or abuse. (42 C.F.R. § 438.10(g)(2)(xv).)
 - xv. Additional information that is available upon request, includes the following:
 - a. Information on the structure and operation of the Administrator.
 - b. Physician incentive plans as set forth in 42 C.F.R. § 438.3(i). (42 C.F.R. § 438.10(f)(3).)
- d. The Administrator shall give each beneficiary, notice of any significant change (as defined by DHCS) to information in the handbook at least 30 days before the intended effective date of the change. (42 C.F.R. § 438.10(g)(4).)
- e. The handbook will be considered provided if the Administrator:
- i. Mails a printed copy of the information to the beneficiary's mailing address before the beneficiary first receives a service;
 - ii. Mails a printed copy of the information upon the beneficiary's request to the beneficiary's mailing address;
 - iii. Provides the information by email after obtaining the beneficiary's agreement to receive the information by email;
 - iv. Posts the information on the Administrator's website and advises the beneficiary in paper or electronic form that the information is available on the internet and includes the applicable internet addresses, provided that beneficiaries with disabilities who cannot access this information online are provided auxiliary aids and services upon request at no cost; or,
 - v. Provides the information by any other method that can reasonably be expected to result in the beneficiary receiving that information. If the Administrator provides the handbook in-person when the beneficiary first receives specialty mental health services, the date and method of delivery shall be documented in the beneficiary's file.

8. Provider Directory

- a. The Administrator will make its provider directories available in electronic and paper form, and ensure that the provider directories include:
 - i. Information on the category or categories of services available from each provider. (42 C.F.R. § 438.10(h)(1)(v).)
 - ii. The names, any group affiliations, street addresses, telephone numbers, specialty, and website URLs of current contracted providers by category. (42 C.F.R. § 438.10(h)(1)(i)-(v).)

- iii. The cultural and linguistic capabilities of network providers, including languages (including ASL) offered by the provider or a skilled medical interpreter at the provider's office, and whether the provider has completed cultural competence training. (42 C.F.R. § 438.10(h)(1)(vii).)
 - iv. Whether network providers' offices/facilities have accommodations for people with physical disabilities, including offices, exam room(s) and equipment. (42 C.F.R. § 438.10(h)(1)(viii).)
 - v. A means to identify which providers are accepting new beneficiaries. (42 C.F.R. § 438.10(h)(1)(vi).)
- b. Information included in a paper provider directory shall be updated at least monthly and electronic provider directories shall be updated no later than 30 calendar days after the Administrator receives updated provider information. (42 C.F.R. § 438.10(h)(3).)
 - c. Provider directories shall be made available on the Administrator's website in a machine- readable file and format. (42 C.F.R. § 438.10(h)(4).)

9. Advance Directives (SMHS program)

- a. Advance directive means a written instruction, such as a living will or durable power of attorney for health care, recognized under California law, relating to the provision of health care when the individual is incapacitated. (42 C.F.R. § 489.100.)
- b. Any written materials prepared by the Administrator for beneficiaries shall be updated to reflect changes in state laws governing advance directives as soon as possible, but no later than 90 days after the effective date of the change. (42 C.F.R. § 438.3(j)(4).)
- c. The Administrator shall provide adult beneficiaries with the written information on advance directives. (42 C.F.R. § 438.3(j)(3).)
- d. The Administrator shall not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive. (42 C.F.R. §§ 422.128(b)(1)(ii)(F), 438.3(j).)
- e. The Administrator shall educate staff concerning its policies and procedures on advance directives. (42 C.F.R. §§ 422.128(b)(1)(ii)(H), 438.3(j).)
- f. The Administrator will document in the individual's medical record whether or not the beneficiary has executed an advance directive. (42 C.F.R. part 417(K)(iii).)

10. Formulary (DMC-ODS program)


- a. The Administrator shall make available in electronic or paper form, the following information about its formulary:
 - i. Which medications are covered (both generic and name brand).

- ii. What tier each medication resides.
- b. Formulary drug lists shall be made available on the Contractor's website in a machine-readable file and format.

F. REFERENCES:

1. 42 C.F.R. §438.10(d)
2. DMC-ODS Intergovernmental Agreement
3. MHP Contract
4. 42 CFR part 438.10(g)(3)
5. Title 9, section 1810.360, subdivision (e),
6. 45 CFR §92.201
7. WIC 14029.91(e)(1)

Approved by:



**Karen Larsen, Director
Yolo County Health and Human Services Agency**

3/16/2021

Date