

 <p style="text-align: center;">County of Sacramento Department of Health and Human Services Division of Behavioral Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	QM
	Policy Number	QM-03-08
	Effective Date	05-25-2008
	Revision Date	01-06-2021
Title: Problem Resolution Forms and Brochures Distribution	Functional Area: Beneficiary Protection	
Approved By: (Signature on File) Signed version available upon request		
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BACKGROUND/CONTEXT:

Recognizing the County of Sacramento is an ethnically rich, culturally diverse community; Quality Management will distribute culturally appropriate materials to inform Mental Health Plan (MHP) and Substance Use Prevention and Treatment (SUPT) members of service availability, member’s rights and responsibilities, and how to access services.

PURPOSE:

This procedure outlines distribution requirements of culturally and linguistically appropriate materials to beneficiaries.

DETAILS:

A. Sacramento County Threshold Languages

1. Quality Management staff will utilize the most recent MHSUDS Information Notice “Annual Threshold Language Update” to determine the Sacramento County threshold languages.
2. Quality Management will work with the Cultural Competence and Ethnic Services staff to provide translation of the required materials and brochures, that are critical to obtaining services, into the prevalent non-English languages in Sacramento County (threshold languages). This will include taglines in the prevalent non-English languages in the State, as well as large print, explaining the availability of oral interpretation or written translation services. Documents will be available for print in a font size no smaller than 12, available in larger fonts upon request, and oral translation will be available to members, upon request, and at no cost to the member, in all languages, not just threshold languages.
3. Quality Management will post all of the Threshold language materials, along with applicable taglines, on the Department of Behavioral Health Services (DHS) website at: <https://dhs.saccounty.net/BHS/Pages/GI-Provider-Resources-Forms.aspx>
4. Quality Management will update materials as changes occur and notify providers of those changes.

B. Culturally and Linguistically Appropriate Materials

1. Providers will display, in their waiting area, the Problem Resolution Poster in the threshold languages, with applicable taglines.
2. Providers will display, in their waiting area, the Non-Discrimination Notice and Notice of Privacy Practices, with applicable taglines.

3. Providers will display, in their waiting area, the Language Assistance notice.
4. Providers shall make available, in their waiting area, all of the following culturally and linguistically appropriate materials in all of the threshold languages, with applicable taglines. In addition, if requested, providers shall identify staff or another individual to assist the Member with writing the grievance, appeal, or expedited appeal.
 - a. Member Rights and Problem Resolution Guide
 - b. Appeal form
 - c. Grievance form
 - d. Beneficiary (Member) Handbook (Mental Health)
 - e. DMC-ODS Member Handbook (SUPT)
*Handbooks may be displayed as a sample with a notice stating "Available Upon Request."
 - f. Suggestion form
 - g. A locked Grievance/Suggestion Box shall also be available in the lobby for members.
 - i. Change of Provider form

5. Providers shall make the Member Handbook available to members when the member first accesses services with their assigned provider and upon request, in the threshold languages, with applicable taglines.
 - a. Providers will review and give members a written copy of the Member Handbook. This will be evidenced by the member's signature on the Acknowledgement of Receipt form and the Provider shall document this in the associated progress note.

OR

- b. Providers will review the Member Handbook with the member and advise the member that the document is available on the County website, provided that beneficiaries with disabilities who cannot access this information online is provided auxiliary aids and services, upon request, and at no cost. The Provider will give the member the County web address, in writing, the member will sign the Acknowledgement of Receipt as confirmation and the Provider will document this in the associated progress note.

Mental Health Handbook Web address:

<https://dhs.saccounty.net/BHS/Documents/Members-Handbooks/MQM-Handbook-English-06-13.pdf>

DMC-ODS Member Handbook Web address:

https://dhs.saccounty.net/BHS/Documents/SUPT/GI-BHS--DMC-ODS_Member_Handbook.pdf

6. When the member first accesses services with their assigned provider, and annually thereafter, providers will inform members, both verbally and in writing, of the process for reporting and resolving grievances and appeals. This will be evidenced by the member's signature on the Acknowledgement of Receipt form and the Provider shall document this in the associated progress note. This information is available in the Member Handbook and Member Rights and Problem Resolution Guide.
7. Providers shall make the Provider List (Directory) available to members when the member first accesses services with their assigned provider and upon request.
 - a. Providers will review and give members a written copy of the Provider List. This will be evidenced by the member's signature on the Acknowledgement of Receipt form and the Provider shall document this in the associated progress note.

OR

- b. Providers will review the Provider List with the member and advise the member that the document is available on the County website, provided that beneficiaries with disabilities

who cannot access this information online is provided auxiliary aids and services, upon request, and at no cost. The Provider will give the member the County web address, in writing, the member will sign the Acknowledgement of Receipt form as confirmation, and the Provider will document this in the associated progress note.

Mental Health Provider List Web address:

<https://dhs.saccounty.net/BHS/Documents/MHP-MediCal-Providers/GI-MHP-Medi-Cal-Provider-List-English.pdf>

DMC-ODS Provider Directory Web address:

<https://dhs.saccounty.net/BHS/Documents/SUPT/GI-BHS-SUPT-DMC-ODS-Provider-Directory-English.pdf>

8. Providers shall review and give adult members or emancipated minors the Advance Medical Directive Brochure when the member first accesses services with their assigned provider and upon request. Brochures shall be available to the member in all of the threshold languages, with included taglines.
 - a. The Advanced Medical Directive Brochure shall be given to the member in writing. The member will sign the Acknowledgement of Receipt form as confirmation and the Provider will document this in the associated progress note.
9. Providers shall review and give members a copy of their Notice of Privacy Practices when the member first accesses services with their assigned provider and annually thereafter.
 - a. The Notice of Privacy Practices shall be given to the member in writing. The member will sign the Acknowledgement of Receipt form as confirmation and the Provider will document this in the associated progress note.
10. Mental Health Providers will inform members of their right to vote and offer voter registration to each qualified member at the start of service with their assigned provider and annually thereafter.
 - a. Providers shall document that the brochure was given on the Acknowledgement of Receipt form and document this in the associated progress note.
 - b. Providers shall document the member's preference on the Voter Preference form and keep this form in the member's medical record for two years.
11. Providers will make documents available in requested languages, not just threshold, or in alternative formats, for those members who are blind, have low vision or have poor reading proficiency, at no cost to the beneficiary. Documents are available for download on the BHS website or by calling Member Services at (916) 875-6069.
12. Providers will provide auxiliary aids (i.e. audio format), upon request and at no cost to the member, to ensure member access to informing materials that are critical to obtaining mental health and substance use prevention and treatment services.

REFERENCE(S)/ATTACHMENTS:

- California Code of Regulations, Title 9, Div 1, Chapter 11-1810.410, 1850.205
- DHCS All Plan Letter (APL) 17-006
- DHCS All Plan Letter (APL) 17-011

- DHCS MHSUDS Information Notice 18-010E
- DHCS MHSUDS Information Notice 18-043
- DHCS APL 20-015
- DHCS APL 19-003
- DHCS BHIN No.: 20-032
- Title 42 CFR § 438.10

RELATED POLICIES:

- PP-QM-03-01 Problem Resolution
- PP-QM-03-05 Advanced Medical Directive
- PP-SUPT-05-86 SUPT Services Grievance and Problem Resolution
- PP-CC-01-02 Cultural Competence & Ethnic Services Procedure for Access to Interpreter

DISTRIBUTION:

Enter X	DL Name	Enter X	DL Name
X	Mental Health Staff		
X	Mental Health Treatment Center		
X	Adult Contract Providers		
X	Children’s Contract Providers		
X	Substance Use Prevention and Treatment Services Staff		
X	Substance Use Prevention and Treatment Service Providers		

CONTACT INFORMATION:

- Quality Management Unit
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