

## Beneficiary Rights Webinar Transcript

Slide Number	Slide Heading	Slide Narration Text
1	Beneficiary Rights: Grievance/ Appeal, State Fair Hearings & the NOABD Process	Welcome to this webinar on Beneficiary Rights. Our goal for the webinar is to introduce you to Client Rights in the County of San Diego's Drug Medi-Cal Organized Delivery System, or DMC-ODS, with specific attention to the grievance and appeals, and State Fair Hearing processes. We'll also review the Notice of Adverse Benefits Determination process (also referred to as NOADB) so programs are familiar with what NOABD forms are most applicable to them, and when they would use those forms.
2	Client Survey Data	<p>Before we begin, let's look at a snapshot of what clients know about their rights, and the grievance and appeal process. This information comes from the Treatment Perceptions Survey (or TPS) that was made available to all clients receiving services at participating SUD programs in the County of San Diego between October 1<sup>st</sup> and October 5<sup>th</sup>, 2018.</p> <p>Supplemental questions regarding client's rights and the grievance/appeal process were incorporated into the TPS and all clients responding to the survey were offered an opportunity to answer the questions.</p> <p>One of the supplemental questions was "I understand how to file a grievance," and 1698 responses were obtained to this question. 82% of respondents indicated they either strongly agreed or agreed with this statement, while almost one-fifth of respondents (or 19%) disagreed or strongly disagreed with the statement.</p>
3	Client Survey Data	<p>This graph represents the responses to the statement, "My provider informed me of the grievance and appeal process."</p> <p>While 65% of the responses indicated the provider informed the client of the grievance and appeal processes, more than one-third of responses indicated the client did not know or were not informed of the grievance and appeal processes.</p> <p>These findings suggest that an opportunity exists to increase client awareness of their rights as part of the DMC-ODS plan, including the grievance and appeal processes among consumers in the SUD system of care in the County of San Diego.</p>

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4	Client Rights - AOD Certification Standards	<p>All clients in SUD programs have the same legal rights as any other citizens, and the Department of Health Care Services (or DHCS), through the County of San Diego DMC-ODS, wants to guarantee that clients are knowledgeable about the specific rights afforded them as clients receiving SUD services in the County. These rights apply to both Drug Medi-Cal and non-Drug Medi-Cal clients. For example, since all contracted SUD programs in our county are required to follow the Alcohol and/or Other Drug Program Certification Standards established by DHCS, all clients have the right:</p> <p>to confidentiality as provided for in HIPAA and Title 42, Code of Federal Regulations, Part 2</p> <p>The right to be accorded dignity in contact with staff, volunteers, board members, and other individuals</p> <p>and the right to be accorded safe, healthful and comfortable accommodations to meet his or her needs</p>
5	Client Rights - AOD Certification Standards	<p>Additionally, all clients in SUD programs contracted with the County of San Diego have the right:</p> <p>to be free from verbal, emotional, physical abuse and/or inappropriate sexual behavior</p> <p>to be informed by the program of the procedures to file a grievance or appeal</p> <p>to be free from discrimination based on ethnic group identification, religion, age, gender, race, sexual orientation, or disability</p> <p>to be accorded access to his or her file</p> <p>Programs shall inform clients of these seven personal rights at an DHCS AOD certified program; this is documented in the client file by using the “Your Personal Rights at an AOD Certified Program” form from the Substance Use Disorder Uniform Record Manual (also referred to as the SUD-URM, or “SUD URM”). This form, which is reviewed with the client at admission and which the client signs, indicates they’ve been advised of these rights and that the program has provided a copy of the form to them.</p> <p>Since opting-in to the DMC-ODS Waiver pilot program, the County of San Diego Substance Use Disorders system of care is considered a managed care plan. Clients with Medi-Cal who are receiving SUD services in a SUD program contracted with the County have additional rights as defined in the DMC-ODS Beneficiary Handbook. There is some overlap between the Client Rights per the AOD Certification Standards and the DMC-ODS Beneficiary Handbook, but also some key differences. Let’s look at these on the next few slides.</p>

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6	Client Rights - DMC-ODS Beneficiary Handbook	<p>Drug Medi-Cal Beneficiaries have the following rights, as listed in the DMC-ODS Beneficiary Handbook:</p> <ul style="list-style-type: none"> <li>• To be treated with respect, giving due consideration to the client's right to privacy and the need to maintain confidentiality of their medical information.</li> <li>• To receive information on available treatment options and alternatives, presented in a manner appropriate to the Member's condition and ability to understand.</li> <li>• To participate in decisions regarding their SUD care, including the right to refuse treatment.</li> <li>• To receive timely access to care, including services available 24 hours a day, 7 days a week, when medically necessary to treat an emergency condition or an urgent or crisis condition.</li> </ul>
7	Client Rights - DMC-ODS Beneficiary Handbook	<p>Additionally, clients have the right:</p> <ul style="list-style-type: none"> <li>• To receive the information in the DMC-ODS Beneficiary handbook about the SUD treatment services covered by the county DMC-ODS plan, other obligations of the county plan and the client rights as described there.</li> <li>• To have their confidential health information protected.</li> <li>• To request and receive a copy of medical records, and request that they be amended or corrected as specified in 45 CFR Sections 164.524 and 164.526.</li> <li>• To receive written materials in alternative formats (including Braille, large size print, and audio format) upon request and in a timely fashion appropriate for the format being requested. Please note: most of these materials are available on the DMC-ODS page of the Optum website under the Beneficiary tab. We'll provide the link to that website at the end of this webinar.</li> </ul>
8	Client Rights - DMC-ODS Beneficiary Handbook	<p>Also, Drug Medi-Cal Beneficiaries have the right:</p> <ul style="list-style-type: none"> <li>• To receive oral interpretation services in the client's preferred language.</li> <li>• To receive SUD treatment services from a county plan that follows the requirements of its contract with the State in the areas of availability of services, assurances of adequate capacity and services, coordination and continuity of care, and coverage and authorization of services.</li> <li>• To access Minor Consent Services, if the client is a minor.</li> </ul>

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9	Client Rights - DMC-ODS Beneficiary Handbook	<p>In addition, DMC-Beneficiaries have the right to:</p> <p>Access medically necessary services out-of-network in a timely manner, if the plan doesn't have an employee or contract provider who can deliver the services. "Out- of-Network Substance Use Disorder Provider" means a provider who is not on the county DMC-ODS list of providers. This is a County of San Diego responsibility – to make sure clients with Medi-Cal don't pay anything extra for seeing an out-of-network SUD Provider.</p> <p>Similarly, per the DMC-ODS Beneficiary Handbook, clients have the right to:</p> <p>Request a second opinion from a qualified health care professional within the county network, or one outside the network, at no additional cost to them.</p> <p>To file grievances, either verbally or in writing, about the organization or the care received.</p> <p>And to request an appeal, either verbally or in writing, upon receipt of a notice of adverse benefit determination. WE will talk more about these notices, also called NOABDs, later in the presentation.</p>
10	Client Rights - DMC-ODS Beneficiary Handbook	<p>Finally, Drug Medi-Cal beneficiaries have:</p> <p>The right to request a State Medi-Cal fair hearing, including information on the circumstances under which an expedited fair hearing is possible.</p> <p>The right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.</p> <p>And the right to be free to exercise these rights without adversely affecting how the beneficiary is treated by the county DMC-ODS plan, SUD providers, or the State.</p> <p>Programs are to review these additional rights in the Drug Medi-Cal Organized Delivery System Beneficiary Handbook with clients who are Medi-Cal beneficiaries, and offer them a copy of the Handbook (either the print version, or by providing a link to the PDF version on the Optum website, per the preference of the client). This is done at the time of admission to the program. Like the AOD Certification Standards rights, there is a form that programs review with Medi-Cal beneficiaries at intake, called the "Acknowledgement and Provision of the Drug Medi-Cal Organized Delivery System Beneficiary Handbook and BHS Provider Directory" form. This form is also part of the SUDURM, and once the program has reviewed with the client, the client signs and is offered a copy of the form.</p>

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11	Who is Responsible?	<p>In reviewing these rights you may be wondering who is responsible to guarantee that client rights are being upheld? The answer is all of us.</p> <p>The Department of Health Care Services monitors the County's implementation of the Federal Grievance and Appeal System requirements (required now that the County has implemented the DMC-ODS, which is a type of managed care plan.)</p> <p>The County's responsibilities include the larger, systemic functions such as providing materials for programs to use. These are sometimes referred to as "Informing Materials," and they include things like the Beneficiary Handbook and Grievance and Appeal forms. The county has a responsibility to make these informing materials available in alternate formats and in the threshold languages of the County.</p> <p>The County also has the responsibility to follow the requirements of our contract with the State in the areas of availability of DMC-ODS services, assurances of adequate capacity and services, coordination and continuity of care, and coverage and authorization of services. The County also has the responsibility to monitor programs' compliance with client rights and the grievance/appeal process, in conjunction with the Advocacy Agencies (JFS and CCHEA) who work with clients directly as requested. This responsibility includes ensuring that SUD provider contractors comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including Information Notices.</p> <p>Providers have the responsibility to follow the requirements of their contract with the County regarding active participation in the client's rights process – including educating clients, making the informing materials easily accessible, facilitating clients' access to the Advocacy Agencies, following all of the federal and state regulations regarding privacy and protection of client information, the federal grievance and appeal system requirements, etc.</p> <p>Together, we all create a system of care that is respectful of clients and works together to provide the highest level of substance use disorder service available to the clients who turn to our system when in need of services. Following these client rights helps to create an organized delivery system of SUD services consistent with the best practices of SUD treatment. It is strongly recommended that program practices are reviewed and adjusted, as needed, to fully incorporate all client rights.</p>
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12	Client Responsibilities - DMC-ODS Beneficiary Handbook	<p>In addition to client rights, the DMC-ODS Beneficiary Handbook also spells out the client's responsibilities within the DMC-ODS. Some of those responsibilities include the clients' responsibilities to:</p> <ul style="list-style-type: none"><li>Attend treatment as scheduled</li><li>Let provider know if an interpreter is needed before an appointment</li><li>Tell the provider all medical concerns in order to best inform treatment planning</li><li>Ask questions of the provider to understand the treatment plan and process</li><li>Follow the treatment plan as agreed upon with the provider</li><li>Be willing to build a strong working relationship with treating providers</li><li>Inform of any changes to personal information</li><li>Treat staff who provide treatment with respect and courtesy.</li></ul> <p>Clients should be educated at the beginning of treatment of their rights and responsibilities as part of reviewing the DMC-ODS Beneficiary Handbook. While providers are encouraged to remind clients of their responsibilities as needed, a client's rights are not dependent on their compliance with the responsibilities listed on this slide.</p>
13	Grievances are Good?	<p>Before looking at the Grievance and Appeal process, a quick word about grievances.</p> <p>Title 42 CFR section 438.400 (b) defines grievance as "an expression of dissatisfaction about any matter other than an adverse benefit determination," so what was formerly known as a "complaint" is now a grievance.</p> <p>While the word grievance has a lot negative connotations to it, the process isn't seen as a negative one by the County. The grievance process is an opportunity for clients to feel safe in their treatment, and to have their concerns noted. This type of communication, when heard and acknowledged, is part of a continual quality improvement process. It is a way to engage clients in services and, when engaged, client outcomes improve.</p> <p>The ability for programs to receive and respond to grievances, both on the program level and as partners with the advocacy agencies, is a positive thing.</p>

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14	Grievance & Appeal Process	<p>As mentioned, part of client rights in the DMC-ODS is the right to file grievances (either verbally or in writing) about concerns with the program they are receiving services from or about the treatment they've received. If there has been an action that determines a client does not meet medical necessity for services, or ends or changes a client's receipt of DMC-ODS services, clients have the right to appeal.</p> <p>In alignment with these rights, the County of San Diego is committed to providing a fair, impartial, and effective process for resolving client grievances in compliance with all Federal and State regulations for substance use disorder services.</p> <p>This process is designed to:</p> <ul style="list-style-type: none"><li>• Encourage effective grievance resolution at program level</li><li>• Provide grievance/appeals and State Fair Hearing processes adhering to Federal and State regulations</li><li>• Improve the quality of SUD services for all County of San Diego residents</li></ul>
15	Grievance & Appeal Process)	<p>The Grievance/Appeals and State Fair Hearing processes are available to utilize by all clients, their authorized representative, or providers acting on behalf of the client and with the client's written consent.</p> <p>All SUD treatment providers must have policies and procedures in place for collecting/logging, reviewing, and acting upon all client grievances or appeals. We will talk about what should be included in this log later in the webinar. The process should be clear and transparent to all clients and providers, and should be integrated into the provider's quality assurance processes. At all times, grievance and appeal information must be readily available for clients without the need for request, according to 42 CFR §438.228. This means that grievance and appeal posters should be posted in public places, such as the program's lobby. We'll talk about this more on the next slide.</p> <p>And a reminder – all of this information is explained for programs in the Substance Use Disorder Providers Operation Handbook, or SUDPOH, in Section G. Please always consult the most current version of the SUDPOH for expanded information about grievance and appeal policies and procedures.</p>

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16	Grievance & Appeal Process	<p>Fundamental to client rights is ease of access to information about the DMC-ODS, and what rights the client can expect all programs to follow. Because of this, there are beneficiary materials that must be made available to clients including the right for grievances or appeals.</p> <p>Materials should be available so that the client does not have to ask staff for them.</p> <p>As a provider you are required to make the following available in a prominent public place (such as the program's waiting room), in all threshold languages:</p> <ul style="list-style-type: none"><li>a. Grievance/Appeal Posters</li><li>b. Grievance/Appeal Brochures</li><li>c. Grievance/Appeal form for clients</li><li>d. Self-addressed envelopes for Grievances/Appeals</li><li>c. Limited English Proficiency (LEP) posters</li><li>d. Access and Crisis Line posters</li></ul> <p>All of this material is posted on the Optum website under the "Beneficiary" tab of the DMC-ODS page. Certain items (such as the self-addressed envelopes and posters), are best ordered from BHS, obtained from the Advocacy Agencies (for example, JFS provides self-addressed envelopes), and/or printed by the program, as needed, from the Optum website. Please note: when ordering materials from BHS, please do so in manageable quantities – such as a month's worth of materials.</p> <p>Also, please note that clients need to be offered the County of San Diego Drug Medi-Cal Organized Delivery System Beneficiary Handbook (the print version, if a client wants that, or a link to the PDF version on the Optum website, if that is the client's preference.) The client must also be educated about the provider directory (with the same client preferences honored for either a print version or a link to the online version).</p>
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17	Grievance & Appeal Process	<p>According to 42 CFR Section 438.406:</p> <p>Clients shall not be discouraged, hindered, or otherwise interfered with when seeking or attempting to file a grievance/appeal. This federal law recognizes that many clients may be fearful of retaliation if they submit a grievance or appeal, so part of orienting clients to their rights is assuring them that programs will not retaliate against a client for exercising their right to speak with one of the advocacy agencies, or file a grievance or appeal.</p> <p>Additionally, this law states that clients are not required to present a grievance/appeal in writing</p> <p>If a client requests assistance with preparing a written grievance/appeal, the program (or advocacy agency) shall provide assistance.</p> <p>Providers shall inform clients, their authorized representative, or the provider acting on behalf of the client, about their right to file a grievance with assistance from one of the County's contract advocacy organizations</p> <p>Jewish Family Service (JFS) – for inpatient or residential services Consumer Center for Health, Education, and Advocacy (CCHEA) – for outpatient services</p> <p>We'll talk more about the advocacy organizations a little later on in the webinar</p>
18	Grievance Process	<p>Providers must have policies and procedures in place for logging, reviewing and acting upon all client grievances or appeals. Details for specifics of what information to track is in the SUDPOH, Section G.</p> <p>Grievances received over the telephone or in person (that are not coverage disputes or disputed services involving medical necessity) that are resolved to the beneficiary's satisfaction by the close of the next business day are exempt from the requirement to send a written acknowledgment and response to the grievance. Programs should keep track of all grievances they receive, including except grievances, and these should be available for review upon request by the program COR and the SUD QM team.</p> <p>Please note: Grievances received via mail are not considered exempt grievances</p>

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19	Grievance Process	<p>In many cases, a responsible and reasonable resolution can be achieved through an informal and professional discussion between the client and the provider, either verbally or in writing. Providers are encouraged to resolve grievances at the program level, and must have policies and procedures in place to do so.</p> <p>Unresolved client grievances (that is those not resolved to the client's satisfaction by the close of the next business day following receipt of a verbal, written or phone contact, or the client refuses to utilize the appropriate advocacy organization) should be reported to the program's COR. For non-DMC beneficiaries, grievances unresolved by the close of the next business day are also to be recorded on a SUD Grievance Report Form and sent to BHS SUD QM within 72-hours of receipt of the grievance (see Appendix G.5 for the SUD Grievance Form). Completion of this form is to be done by the program with or without the client present.</p> <p>For all clients, County of San Diego SUD QM or the appropriate advocacy program shall acknowledge all client grievances, in writing, to the client, within five calendar days. Should a client initiate a grievance directly to BHS, the client will be reminded about their right to file a grievance with assistance from one of the County's contracted advocacy organizations (as mentioned, JFS or CCHEA). If the client refuses to utilize the advocacy organization, then the SUD QM unit will contact both the provider and the program's COR to gather information and facilitate a resolution within process timeframes.</p>
20	Grievance Process	<p>For all clients, a grievance can be filed at any time either orally or in writing, by the client, a provider, and/or an authorized representative (with the client's written consent). A resolution must occur within 60 days from receipt of grievance (but many will be resolved sooner). There is a possible 14-day extension to this timeline, if needed, for good cause. Jewish Family Service Patient Advocacy Program (also known as JFS) facilitates the grievance process for clients within inpatient facilities and 24-hour residential facilities. The Consumer Center for Health, Education, and Advocacy, or "CCHEA" facilitates the grievance process for clients seeking or receiving services within outpatient programs and all other SUD services. Additionally, clients may also contact DHCS directly at the phone numbers listed here, or online at the DHCS website. When the advocacy agencies are contacted, they will provide the client written acknowledgement of receipt of a grievance within five calendar days of receipt of the grievance. Providers will be contacted within two business days of written permission from the client to represent him/her.</p>
21	Timelines	<p>Please note: There are mandated timelines for grievances and appeals. Your quick and efficient cooperation will ensure compliance with these requirements. When requested, please provide copies of medical records to the JFS Patient Advocacy Program and CCHEA within seven calendar days from the date of the medical record request. The Advocate Agencies will provide the program with a signed release of information from the client with the request, and will work with the program to find a mutually agreeable solution for grievance resolution.</p>

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22	Appeal Process	<p>Let's look now at the appeals process.</p> <p>Oral and/or written appeals are reviews of adverse benefit determinations (formerly called "Actions"). The County reviews changes to services provided through an authorization process, including:</p> <ul style="list-style-type: none"><li>• Reduction, limitation or delay of services</li><li>• Reduction, suspension or termination of a previously authorized service</li><li>• Denial of, in whole or part, payment for services</li><li>• Failure to provide services in a timely manner</li><li>• Grievance, appeal or expedited appeal was not resolved in time</li></ul> <p>Medi-Cal beneficiaries (or provider and/or authorized representative, with written consent of the beneficiary) wishing to appeal one of the above adverse benefit determinations contact JFS (for inpatient or residential programs) or CCHEA (for outpatient or OTP programs) within 60 calendar days from the date of receiving a notice of adverse benefit determination form. JFS or CCHEA then will provide the beneficiary written acknowledgement of receipt of an appeal postmarked within (5) calendar days of receipt of the appeal. The advocacy organization will contact the provider within two (2) business days of receiving written permission from the client to represent him/her. The advocacy organization shall investigate the appealed matter and make a recommendation to the county. The County will review the recommendations of the advocacy organization and make a decision on the appealed matter.</p> <p>Federal regulations required the appeal to be resolved within 30 calendar days of receipt of the appeal. The resolution timeline may be extended by up to 14 calendar days if the beneficiary requests the extension, or the County demonstrates, to the satisfaction of DHCS upon request, that there is a need for additional information and how the delay is in the beneficiary's best interest.</p> <p>Note: A decision by a counselor to limit, reduce, or terminate a client's service is considered a clinical decision and cannot be the subject of an appeal; however, it can be grieved.</p>
23	Expedited Appeal Process	<p>Should a standard appeal process jeopardize a client's life, health, or functioning, an expedited appeal may be filed by the advocacy organization on behalf of the client. Notification to the provider by the advocacy organization will occur in less than (2) business days. A decision by the County with notification to affected parties will occur within (72) hours after receipt of the expedited appeal request.</p> <p>Expedited appeals may be extended by up to 14 days for good cause.</p>

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24	State Fair Hearings	<p>Let's talk now about State Fair Hearings. A State Fair Hearing is a legal process that includes an impartial hearing and ruling by an administrative law judge. 42 CFR delineates the right to this process.</p> <p>A Medi-Cal beneficiary is required to exhaust the SUD problem resolution process prior to requesting a State Fair Hearing.</p> <p>A beneficiary has the right to request a State Fair Hearing only after receipt of notice that the County is upholding an Adverse Benefit Determination. Beneficiaries may request a State Fair Hearing within 120 calendar days from the date of the Notice of Appeal Resolution (also called the NAR). This form notifies the beneficiary that the adverse benefit decision has been upheld by the County DMC-ODS plan.</p> <p>For a Standard hearing, the State must reach its decision on the hearing within 90 calendar days of the request for the hearing. For an expedited hearing, the State must reach its decision within 3 working days.</p>
25	State Fair Hearings	<p>A request for a State Fair Hearing may occur if:</p> <ul style="list-style-type: none"> <li>• Appeals are not wholly resolved</li> <li>• If a provider/contractor fails to adhere to the notice and timing requirements per <b>42CFR Section 438.408</b></li> <li>• After exhausting the grievance process regardless of receipt of a Notice of Adverse Benefit Determination</li> <li>• If the Denial of services is due to not meeting medical necessity criteria</li> <li>• If Services are not provided in a timely manner</li> <li>• or in the case of a County denial of provider request for beneficiary treatment</li> </ul>
26	Provider Appeal Process	<p>Separate from a Drug Medi-Cal beneficiary's appeal process is the provider appeal process.</p> <p>If a provider and advocacy organization cannot successfully resolve a client's grievance or appeal, the advocacy organization will issue a finding to be sent to the client, provider, and County, which may include the need for a Plan of Correction to be submitted by the provider to the County within 10 days.</p> <p>In the rare occurrence when the provider disagrees with the disposition of the grievance/appeal and/or does not agree to write a Plan of Correction, the provider may write to the County within 10 days, requesting an administrative review. The County shall have the final decision about needed action.</p> <p>Before moving on to the discussion about the NOABD forms, we want to give a quick overview of what the process between Advocacy Agency and provider looks like.</p>

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27	What Else Should You Know?	<p>This slide is a list of other considerations that your program should be aware of. For example, once the advocacy agency has consent, they always contact the provider with the intention of collaboration. If the grievance or appeal contains a clinical issue, the advocacy agency is required to obtain an independent clinical consultation on the issue. For other types of issues, the advocacy agency will often ask about what policies are in place, and what procedures are followed in similar situations. If an advocacy agency believes that a policy is in conflict with the client's rights, they will work with the provider and may suggest policy changes. Finally, the advocacy agencies track grievance issues to keep an eye on trends, which informs future investigations and resolutions.</p>
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28	NOABD	<p>Now, let's discuss the topic of NOABDs in more detail.</p> <p>As previously mentioned, NOABD stands for Notice of Adverse Benefit Determination. These notices or forms are issued when the County or a program takes an "action" about services a Drug Medi-Cal Client has requested and been denied, or when changes are made to services that the client has been receiving.</p> <p>In legal terms, an Adverse Benefit Determination is defined as one which encompasses all previous elements of "Action" under federal regulations with the addition of language that clarifies the inclusion of determinations involving medical necessity, appropriateness and setting of covered benefits, and financial liability. An Adverse Benefit Determination is defined to mean any of the following actions taken by a provider or the County:</p> <ul style="list-style-type: none"><li>• The denial or limited authorization of a requested service, including determinations based on the type or level of service, medical necessity, appropriateness, setting or effectiveness of a covered benefit</li><li>• The reduction, suspension, or termination of a previously authorized service</li><li>• The denial, in whole or in part, of payment for a service</li><li>• The failure to provide services in a timely manner</li><li>• The failure to act within the required timeframes for standard resolution of grievances and appeals</li><li>• The denial of a beneficiary's request to dispute financial liability.</li></ul> <p>Some of these NOABDs are provided by the County and others may be provided by programs. We'll talk more about that in a minute. For now, it's important to note that beneficiaries must receive a written NOABD when the Program/Plan takes any of the actions described above. The Program/Plan must give beneficiaries timely and adequate notice of an adverse benefit determination in writing, consistent with the requirements in 42 CFR Section 438.10. These timelines will be discussed as we talk through each of the NOABDs that are most applicable to programs.</p>
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29	NOABD Required Elements	<p>There are a number of required elements in a completed NOABD form per federal regulations. These include explanations of the adverse benefit determination made, or that the program or County intends to make, the reason for the decision, a description of the criteria used to make the adverse benefit determination (such as medical necessity criteria, for example), and beneficiary rights as specified in federal regulation.</p> <p>Luckily, the DHCS, has created specific NOABD forms that all counties are required to use, so meeting these requirements is as easy as filling in the blanks on the forms. All NOABD forms are available on the Optum website – we'll give specific directions on how to access them in upcoming slides.</p> <p>Issuing of an NOABD begins the 120 day period that a beneficiary has to file for a State Fair Hearing.</p> <p>On the next slide, we'll look at the NOABD forms the County believes will be most frequently used by programs.</p>
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30	NOABD Forms	<p>While there is a somewhat long list of NOABD forms, most will be issued by the County, or by the County's Administrative Services Organization which is Optum.</p> <p>However, the County has identified three NOABD forms that providers may need to issue at their level. These are the Termination Notice, The Denial Notice, and the Timely Access Notice.</p> <p>The Termination Notice is similar to what programs used to send to clients prior to completing an administrative discharge. The previous method was sending a form known as the "10 day Notice Letter". This form is no longer a part of the Substance Use Disorder Uniform Record Manual and programs should no longer be using the "10 Day Notice" letter. Rather, when completing an administrative discharge (like in situations when a client has dropped out of treatment and is not responding to outreach attempts), the Termination Notice is mailed or hand delivered 10 days prior to the decision to discharge. This notice is accompanied by three additional forms, or attachments, that we'll talk about more shortly.</p> <p>The Denial notice is provided when a client seeks treatment at a program and is screened or assessed as not meeting the medical necessity criteria for services (that is they don't have a DSM-5 SUD diagnosis and meet ASAM criteria for service). This notice is also accompanied by three attachments. This NOABD and attachments must be mailed or hand delivered within two business days of the decision.</p> <p>The Timely Access Notice is provided when a program cannot meet the timeline requirements for a face to face appointment. <b>County of San Diego DMC-ODS providers are required to ensure a face to face appointment within ten (10) business days of the request for Outpatient and Intensive Outpatient Services. Opioid Treatment Programs will ensure a face to face appointment within three (3) business days of the request for service.</b> When not met, the Timely Access Notice is mailed or hand delivered with the three attachments we will talk about on the next slide.</p>
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31	NOABD Attachments	<p>All NOABDs must be sent with the following three attachments:</p> <p>The NOABD “Your Rights” notice explains to the client how to file an appeal, expedited appeal, or State Fair Hearing, including information on how to contact JFS or CCHEA, what the timelines are for filing, etc.</p> <p>The NOABD “Language Assistance” Notice explains to clients how to access free language assistance, if this will help the client file an appeal.</p> <p>And the Beneficiary Non-Discrimination Notice explains that discrimination is against the law, and provides information to clients on alternative formats for getting information as well information on filing grievances.</p> <p>These three attachments, as well as the NOABD forms, are available for download in all the threshold languages of the County of San Diego on the Optum website’s DMC-ODS page, under the “NOABD” tab. This website link will be provided at the end of the presentation, on the “Resources” slide.</p>
32	Provider Process for Issuing NOABD	<p>County of San Diego SUD programs shall have a written policy and procedure addressing the collecting, storing, filing, and mailing of Notice of Adverse Benefit Determinations. It is recommended that programs maintain all NOABDs in a confidential location at the program site for no less than ten (10) years after discharge for adults. For minors, records are to be kept until they have reached the age of 18, plus seven (7) years.</p> <p>All SUD programs shall maintain a monthly NOABD Log on program site. The next slide will detail the elements of the NOABD Log.</p>
33	Program's NOABD Log	<p>NOABD Logs will be maintained at the program site and should contain:</p> <ul style="list-style-type: none"> <li>• The Date the NOABD was issued</li> <li>• The Beneficiary identification number</li> <li>• The Beneficiary response, requests, provisions for second opinions, initiation of grievance/appeal procedure, and/or request for a State Fair Hearing if known</li> <li>• It should include which NOABD was given (or, if there were no NOABDs issued within a month, document that fact)</li> <li>• Also include a list of attachments sent with the NOABD</li> <li>• These logs are then used for reporting the numbers and types of NOABDs issued during the reporting period Quarterly Status Report (QSR)</li> <li>• Finally, the program’s NOABD logs shall be made available to the SUD QM team and/or Program CORs on request</li> </ul>

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34	Resources	<p>Thank you for your participation in this webinar.</p> <p>We want to leave you with the resources on this slide as they will be helpful to you in the future.</p> <p>The Department of Health Care Services, or DHCS, website has a wealth of information on the DMC-ODS, and federal/state regulations pertaining to SUD treatment, including Information Notices that communicate new or changing regulation. Specific to this webinar, you'll find Information Notice 18-010E, dated March 27, 2018, which is the Information Notice on the Federal Grievance and Appeal System Requirements.</p> <p>The Optum website is where the County of San Diego uploads important information about our County's DMC-ODS. Our manuals, as well as other resources, such as communications, copies of our monthly newsletter, resources on QM produced trainings, forms, brochures and other information are all found under the County Staff and Providers tab of the website, where you can select the Drug Medi-Cal Organized Delivery System page. Specific to this webinar, you'll find the NOABD forms on the NOABD tab, all the beneficiary materials for posting on the Beneficiary tab, the Substance Use Disorder Provider Operations Handbook, or SUDPOH, on the SUDPOH tab, and the Substance Use Disorder Uniform Record Manual, or SUDURM on the SUDURM tab. SUDPOH section G includes the information about client rights, the grievance and appeal process, and state fair hearings that we've reviewed in this webinar.</p> <p>Finally, please don't hesitate to contact the QI Matters email listed on this slide, or the QM Specialist assigned to assist your specific program. We are here to help with any questions you have about this webinar, as well as documentation or clinical standards in the DMC-ODS, and to be a resource for other questions you may have.</p>
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