





BENEFICIARY RIGHTS: GRIEVANCE/APPEAL, STATE FAIR HEARINGS & THE NOABD PROCESS

County of San Diego Behavioral Health Services
Drug Medi-Cal Organized Delivery System

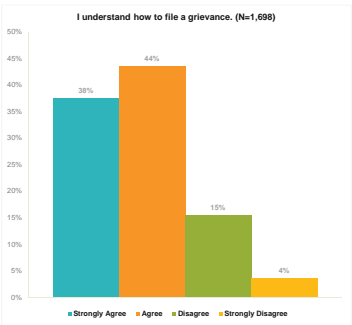
 **LIVE WELL
SAN DIEGO**

1



CLIENT SURVEY DATA

I understand how to file a grievance. (N=1,698)



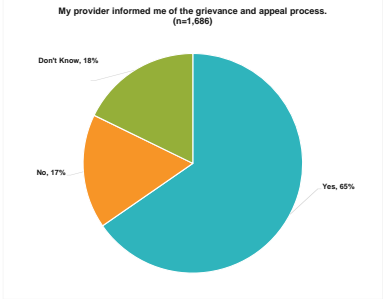
Response	Percentage
Strongly Agree	38%
Agree	44%
Disagree	19%
Strongly Disagree	4%

2

CLIENT SURVEY DATA

My provider informed me of the grievance and appeal process. (n=1,686)



Response	Percentage
Yes	65%
Don't Know	18%
No	17%

3

CLIENT RIGHTS –
AOD CERTIFICATION STANDARDS






- All clients in SUD programs contracted with the County of San Diego have the following rights:
 - The right to confidentiality as provided for in HIPAA and Title 42, Code of Federal Regulations, Part 2
 - The right to be accorded dignity in contact with staff, volunteers, board members, and other individuals
 - The right to be accorded safe, healthful and comfortable accommodations to meet his or her needs




4

CLIENT RIGHTS –
AOD CERTIFICATION STANDARDS






- All clients in SUD programs contracted with the County of San Diego have the following rights:
 - The right to be free from verbal, emotional, physical abuse and/or inappropriate sexual behavior
 - The right to be informed by the program of the procedures to file a grievance or appeal
 - The right to be free from discrimination based on ethnic group identification, religion, age, gender, race, sexual orientation, or disability
 - The right to be accorded access to his or her file
- "Your Personal Rights at an AOD Certified Program" form in the SUDURM (Form number F203).




5

CLIENT RIGHTS –
DMC-ODS BENEFICIARY HANDBOOK

- Be treated with respect, giving due consideration to the client's right to privacy and the need to maintain confidentiality of their medical information.
- Receive information on available treatment options and alternatives, presented in a manner appropriate to the Member's condition and ability to understand.
- Participate in decisions regarding their SUD care, including the right to refuse treatment.
- 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.



6

CLIENT RIGHTS – DMC-ODS BENEFICIARY HANDBOOK



- 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.
- Have confidential health information protected.
- Request and receive a copy of medical records, and request that they be amended or corrected as specified in 45 CFR §164.524 and 164.526.
- 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.



7

CLIENT RIGHTS – DMC-ODS BENEFICIARY HANDBOOK



- Receive oral interpretation services in the client's preferred language.
- 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.
- Access Minor Consent Services, if the client is a minor.



8

CLIENT RIGHTS – DMC-ODS BENEFICIARY HANDBOOK



- 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.
- Request a second opinion from a qualified health care professional within the county network, or one outside the network, at no additional cost to the beneficiary.
- File grievances, either verbally or in writing, about the organization or the care received.
- Request an appeal, either verbally or in writing, upon receipt of a notice of adverse benefit determination (NOABD).



9

CLIENT RIGHTS – DMC-ODS BENEFICIARY HANDBOOK



- Request a State Medi-Cal fair hearing, including information on the circumstances under which an expedited fair hearing is possible.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Be free to exercise these rights without adversely affecting how the beneficiary is treated by the county DMC-ODS plan, providers, or the State.

"Acknowledgement and Provision of the Drug Medi-Cal Organized Delivery System Beneficiary Handbook and BHS Provider Directory" Form (SUDURM Form number F209) reviewed with client, signed, and copy offered to client at admit.

10

WHO IS RESPONSIBLE?



- Everybody plays a part:
 - DHCS
 - County Behavioral Health Services
 - Clients
 - Advocacy Agencies
 - Providers



11

CLIENT RESPONSIBILITIES – DMC-ODS BENEFICIARY HANDBOOK



- Attend treatment as scheduled
- Let provider know if an interpreter is needed before an appointment
- Tell the provider all medical concerns in order to best inform treatment planning
- Ask questions of the provider to understand the treatment plan and process
- Follow the treatment plan as agreed upon with the provider
- Be willing to build a strong working relationship with treating providers
- Inform of any changes to personal information
- Treat staff who provide treatment with respect and courtesy.




12

GRIEVANCES ARE GOOD?





- Title 42 CFR § 438.400 (b) defines grievance as “an expression of dissatisfaction about any matter other than an adverse benefit determination.”
- Grievance process
 - Part of continual quality improvement process
 - Opportunity to engage clients differently




13

GRIEVANCE & APPEAL PROCESS






- A fair, impartial and effective process for resolving client grievances and appeals.
- Is designed to:
 - Encourage effective grievance resolution at program level
 - Provide a grievance/appeals and State Fair Hearing process adhering to Federal and State regulations
 - Improve the quality of SUD services for all County of San Diego residents

Please refer to your SUDPOH, Section G for expanded information about grievance and appeal policies and procedures



14

GRIEVANCE & APPEAL PROCESS

- Available for all clients, their authorized representative, or providers acting on behalf of the client (with the client's consent)
- SUD treatment providers must have policies and procedures in place for collecting/logging, reviewing, and acting upon all client grievances or appeals.

Please refer to your SUDPOH, Section G for expanded information about grievance and appeal policies and procedures

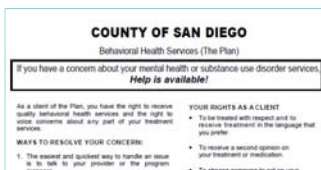
15

GRIEVANCE & APPEAL PROCESS



- Providers are required to have available/posted materials displayed in a prominent public place (such as the program waiting room/lobby), in all threshold languages, including:

- Grievance/Appeal Posters
- Grievance/Appeal Brochures
- Self-addressed envelopes with grievance/appeal forms
- Interpreter services notification
- Toll-free numbers that have adequate TTY/TTD and interpreter capability.
- Access and Crisis Line Posters



16

GRIEVANCE & APPEAL PROCESS



- Clients shall not be discouraged, hindered, or otherwise interfered with when seeking or attempting to file a grievance/appeal
- Clients are not required to present a grievance/appeal in writing
 - If a client requests assistance with preparing a written grievance/appeal, the program shall provide assistance.
- 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
 - Jewish Family Service (JFS) – for inpatient or residential services
 - Consumer Center for Health, Education, and Advocacy (CCHCA) – for outpatient services



17

GRIEVANCE PROCESS





- Programs required to log, review and act upon all grievances received by the program.
- Certain grievances received by phone or in person that are resolved by the close of the next business day are Exempt Grievances
 - This means they are exempt from the requirement to send a written acknowledgement and response to the grievance




18

GRIEVANCE PROCESS

- Providers are encouraged to resolve grievances at the program level
- If a resolution to a client's grievance has not occurred by close of the next business day following receipt of a verbal, written, or phone contact and/or the client refuses to utilize the appropriate advocacy organization:
 - Report to program's COR
 - Non DMC Beneficiaries - Complete SUD Grievance Report Form and send to BHS SUD QM within 72-hours (Appendix G.5 of the SUDPOH).
- Client and Program are contacted to facilitate resolution
- DMC beneficiaries – refer to appropriate advocacy agency



19

GRIEVANCE PROCESS










- Jewish Family Service, Patient Advocacy Program (JFS)**
 - (For inpatient or residential SUD services)
 - 1-800-479-2233 or 619-282-1134
 - Email: jfsonline@jfsd.org
- Consumer Center for Health, Education, and Advocacy (CCEA)**
 - (For outpatient SUD services)
 - 1-877-734-3258
 - TTY-1-800-735-2929
- Clients may also contact DHCS directly (877-655-8333 or 916-322-2911)

20

TIMELINES

- There are mandated timelines for grievances and appeals
- Your cooperation ensures compliance with these requirements
- When requested, please provide copies of medical records within 7 calendar days
- A signed release of information accompanies the request

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7

21

APPEAL PROCESS



- Appeal – review of adverse benefits determinations (formerly “actions”) by the county regarding provision of services through an authorization process, including:
 - Reduction/limitation or delay of services
 - Reduction, suspension, or termination of a previously authorized service
 - Denial of, in whole or part, payment for services
 - Failure to provide services in a timely manner
 - Grievance, appeal or expedited appeal was not resolved in time
- **Note:** A counselor’s decision to limit, reduce, or terminate a client’s service is considered a clinical decision and cannot be the subject of an appeal. However, the client can file a grievance about these types of clinical decisions.



22

EXPEDITED APPEAL PROCESS



- When a standard appeal process could jeopardize a client’s life, health, or functioning
- Decision timeline – within 72 hours
 - Possible 14-day extension for good cause



23



STATE FAIR HEARINGS



- A legal process
 - Impartial hearing and ruling by an administrative law judge.
- 42 CFR §438.402(c)
 - Must exhaust the County’s appeal process prior to request
 - Right to request State Fair Hearing only after receipt of notice that the County is upholding an Adverse Benefit Determination
 - May request a State Fair Hearing within 120 calendar days from the date of the Notice of Appeal Resolution (NAR)

24

STATE FAIR HEARINGS






- Request for State Fair Hearing may occur if:
 - Appeals are not wholly resolved
 - If a provider fails to adhere to the notice and timing requirements
 - After exhausting the grievance process regardless of receipt of a NOABD
 - Denial of Services due to not meeting medical necessity criteria
 - Services are not provided in a timely manner
 - County denial of provider request for beneficiary treatment




25

PROVIDER APPEAL PROCESS






- If provider and advocacy organization cannot successfully resolve a client's grievance or appeal:
 - Advocacy organization issues a finding sent to client, provider and County
 - This may include the need for a Plan of Correction to be submitted to the County within 10 days.
- Rare, but if the provider disagrees (or does not agree to write a POC)
 - Provide may request administrative review from County within 10 days.




26

WHAT ELSE SHOULD YOU KNOW?

- Advocacy agency contacted/obtains consent
- Contacts provider
- Clinical issue requires clinical consultation
- Other issues - policies/procedures
- Tracking

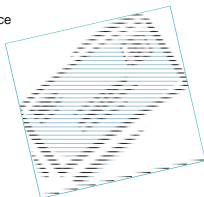


27

NOABD



- Notice of Adverse Benefit Determination
- Issued when an "action" has been taken against a beneficiary's request for services or continuing services
 - Denial or limited authorization of a requested service
 - Reduction, suspension or termination of a previously authorized service
 - Denial of payment for a service
 - Failure to provide services in a timely manner
 - Failure to act within the required timeframes for resolution
 - Denial of a beneficiary's request to dispute financial liability



28

NOABD REQUIRED ELEMENTS



- Multiple required elements in the NOABD
 - Easily met by completing the NOABD form available on the Optum Website
- Issuing of an NOABD begins the 120 day period that a beneficiary has to file for a State Fair Hearing



29

NOABD FORMS



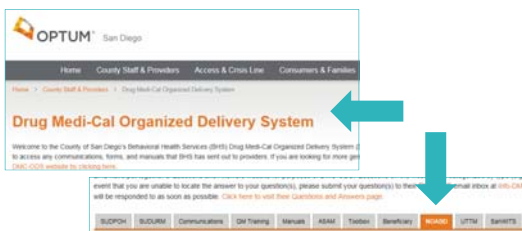
- **The Termination Notice**
 - Similar to former "10-day Notice" letter.
 - Mailed (or hand delivered) at least 10 days prior to the decision
- **The Denial Notice**
 - When client requests services but is assessed as not meeting medical necessity
 - Mailed (or hand delivered) within two business days of the decision
- **The Timely Access Notice**
 - When requested services cannot be provided within timelines
 - Face-to-Face appointment within 10 business days of request for OS/IOS
 - Within 3 business days of request for OTP
 - This NOABD mailed (or hand delivered) within two business days of the decision

30

NOABD ATTACHMENTS



- The NOABD “Your Rights” Notice
- The NOABD – “Language Assistance” Notice
- The Beneficiary Non-Discrimination Notice



PROVIDER PROCESS FOR ISSUING NOABD



- Issue the appropriate NOABD and three attachments within timelines as described on the previous slides
- Have (and follow) a written policy and procedure addressing the following regarding NOABDs:
 - Collecting
 - Storing (recommended 10 years after discharge for adults; minors, until age 18 reached plus seven years)
 - Filing
 - Mailing
 - Tracking on NOABD log



32

PROGRAM'S NOABD LOG





- Date NOABD issued
- Beneficiary ID Number
- Beneficiary response
- Type of NOABD given (or No NOABD Issued if there were none for the month)
- List of attachments sent with the NOABD
- Used for QSR Reporting
- Made available to County on request



33

RESOURCES



- DHCS – www.dhcs.ca.gov
- Optum – www.optumsandiego.com
 - County Staff & Providers > Drug Medi-Cal Organized Delivery System
 - NOABD, Beneficiary, SUDPOH and SUDURM Tabs
- Quality Management (QM) Support Desk
QIMatters.HHSA@sdcounty.ca.gov

