



SYSTEM TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT

Los Angeles County's Substance Use Disorder Organized Delivery System

ENSURING PATIENTS RIGHTS

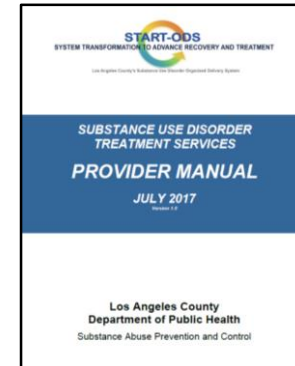
Medicaid Managed Care Requirements: Patient Materials and 42 CFR Part 438

August 3, 2017

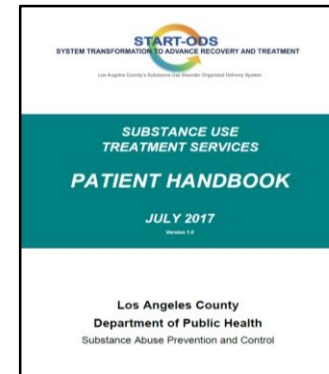
*Los Angeles County Department of Public Health
Substance Abuse Prevention and Control (SAPC)*

RESOURCES

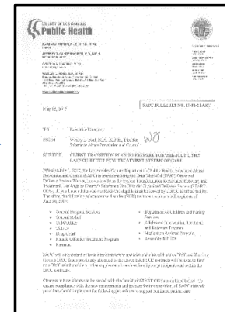
Provider Manual



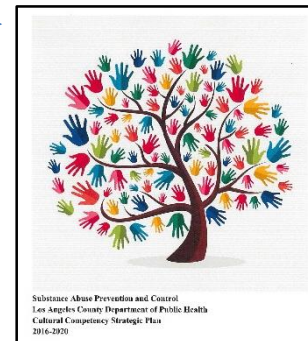
Patient Handbook (Pg.30)



Contract Bulletins



CLAS Standards



START-ODS Provider Page:

<http://publichealth.lacounty.gov/sapc/NetworkProviders.htm>

START-ODS Patient Page:

<http://publichealth.lacounty.gov/sapc/PatientPublic.htm>



42 CFR PART 438 MANAGED CARE REGULATIONS

Patient Related Sections





Compliance with **42 CFR part 438**

- **Managed Care** -

Regulations are Just as Critical to Comply with

EQUAL

IMPORTANCE

As Compliance with **42 CFR part 42**

- **Confidentiality of Substance Use
Disorder Patient Records** -

Regulations



Plan Requirements: Enrollee Rights/Protections

This Means SAPC and by Extension its Network Providers (You)

- **Written Policies** - Each County Plan must have written policies regarding enrollee rights.
- **Compliance** - Each County Plan must comply with any state or federal laws that pertain the enrollee rights and ensure that its staff and affiliated providers take those rights into account when providing services.
- **Free Exercise of Rights** - The state must ensure that each enrollee is free to exercise his/her rights.
- **Compliance with Other Federal and State Laws** - The state must ensure that the County Plan complies with any other applicable federal and state laws related to patient rights (i.e. ADA).



Plan Requirements: Enrollee Rights/Protections

This Means SAPC and by Extension its Network Providers (You)

Enrollee rights include:

- Receive information in accordance with federal requirements (i.e. easily understood, available in prevalent non-English languages, etc.)
- Be treated with respect and due consideration for his/her dignity and privacy
- **Receive information on available treatment options and alternatives**
- Participate in decisions regarding his/her health care, including right to refuse treatment
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
- Request and receive copy of medical records, and request that they be amended or corrected (if privacy rule applies)



PROVIDER TO DO LIST

Inform patients of evidence-based treatment options even if it is not the preferred service method of the counselor/provider.

For example, Medication-Assisted Treatment or Opioid Treatment Programs must be discussed as a treatment options (pros and cons) for alcohol or opioid abusers.



Plan Requirements: Beneficiary Informing

This Means SAPC and by Extension its Network Providers (You)

- **Inform beneficiaries about the amount, duration, and scope of services available.**
 - Distribute the **Patient Handbook** within the specified time frame (LAC this means the day of first service, or received within 5 business days if mailed) and document receipt.
 - **Allowable distribution methods:**
 1. Send to mailing address **OR**
 2. Send by email (if patient consents to electronic-communication) **AND**
 3. Post on website (SAPC site ok) and inform that a printed copy is free

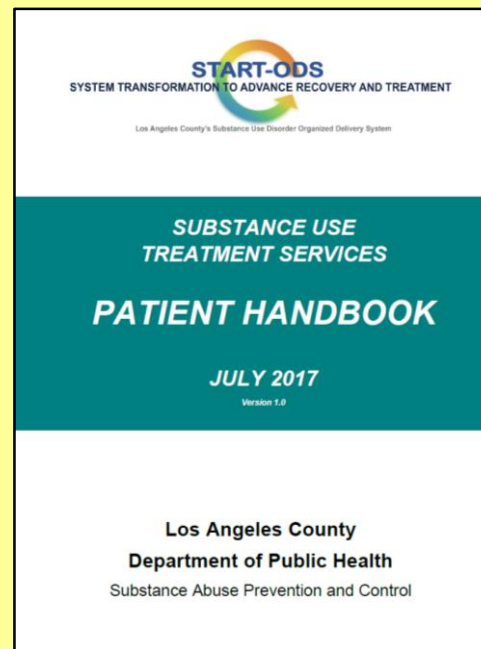


PROVIDER TO DO LIST

Distribute the County's
START-ODS

Patient Handbook

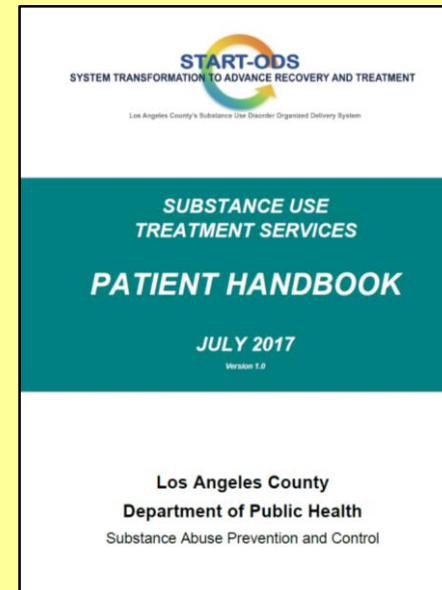
by email or printed copy to
each new patient during
the first visit
(generally the day of
screening or assessment)
and document this
in the chart.





PROVIDER TO DO LIST

....and distribute the **Patient Handbook** by email or printed copy to each **active patient** who was enrolled in services on or before June 30, 2017, and is still receiving treatment today (August 3, 2017). Document this in the chart.





PROVIDER TO DO LIST

Distribute the County's **Notice of Privacy Practices** by email or printed copy to each patient during the first visit (likely the day of screening or assessment), and document this in the chart.

The image shows a thumbnail of a document titled "LOS ANGELES COUNTY HEALTH AGENCY NOTICE OF PRIVACY PRACTICES". The document includes the following sections:

- LOS ANGELES COUNTY HEALTH AGENCY NOTICE OF PRIVACY PRACTICES**
- THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**
- Effective date: May 30, 2017
- WHO WILL FOLLOW THIS NOTICE OF PRIVACY PRACTICES**
- This Notice describes the privacy practices followed by the workforce members of the County of Los Angeles Department of Health Services, Mental Health, and Public Health, collectively referred to as the Health Agency (Agency). Workforce members include doctors, nurses, residents, therapists, case managers, students, volunteers, and other health care staff who help with your care at an Agency facility.
- OUR PLEDGE REGARDING YOUR HEALTH INFORMATION**
- The law requires the Agency to:
 - Keep your medical records and health information, also known as "protected health information," private and secure.
 - Give you this Notice which explains your rights and our legal duties with respect to your health information.
 - Tell you about our privacy practices and follow the terms of this Notice.
 - Notify you if there has been a breach of the privacy of your health information.
- USES AND DISCLOSURES OF YOUR HEALTH INFORMATION**
- The following categories describe the different ways that we may use or disclose your health information without obtaining your authorization. For each category of use or disclosure, we will explain what we mean and try to give some examples. Not every use or disclosure in a category is listed. However, all of the ways we may use and disclose information falls within one of the categories.
- Treatment:** We may use and disclose your health information to provide you with medical treatment and related services. We may share your health information with doctors, medical staff, counselors, treatment staff, clerks, support staff, and other health care personnel who are involved in your care. We may also share your health

HA-1005 (05-17)



Plan Requirements: Beneficiary Informing

This Means SAPC and by Extension its Network Providers (You)

- **Language**

- Make select documents available in each prevalent non-English language.
- Oral interpretation services must be available free of charge, including in all non-English languages.
- Translation services must be available upon request and free of charge.

- **Format**

- Informational materials must be provided in a manner and format that may be easily understood.



PROVIDER TO DO LIST

If serving patients whose primary language is not English ...as indicated by service languages identified in the Service and Bed Availability Tool (SBAT) by site address....

provide patient materials in the preferred language.

SAPC is in the process of translating the Patient Handbook into other threshold languages.



42 CFR PART 438 MANAGED CARE REGULATIONS

*Network Adequacy and
Timely Access Standards*





Plan Requirements: Patient Directory

This Means SAPC and by Extension its Network Providers (You)

- **Network Adequacy –**
 - *Standards are under development by DHCS and will be shared upon completion.*



Plan Requirements: Patient Directory

This Means SAPC and by Extension its Network Providers (You)

- **Timely Access Standards –**
 - Intake Appointment **Scheduled** within 3 Calendar Days of Screening or Referral. *Note: The call-line (SASH) will move to the next provider if no immediate response or available appointment.*
 - Intake Appointment **Conducted** within 10 Calendar Days of Screening or Referral



PROVIDER TO DO LIST

Develop policies and procedures, and train staff, to ensure timely access standards are met. This is a contract requirement, and applies whether or not an individual's Medi-Cal or My Health LA benefits are active at the time of referral/screening.



42 CFR PART 438 MANAGED CARE REGULATIONS

Patient Directory





Plan Requirements: County's Patient Directory

This Means SAPC and by Extension its Network Providers (You)

- **County's Patient Directory –**

Posted patient directory must be up-to-date (within 30-days of a change) and include the following key elements:

1. Name, address, phone number, website URL
2. Whether or not accepting new patients
3. Whether or not the site (e.g., waiting rooms, clinical space) is capable of accepting patients with physical disabilities
4. Linguistic capabilities and other specialties
5. Completion of cultural competency training



PROVIDER TO DO LIST

Notify SAPC immediately when a new site is added or there are changes at an existing site. Information will be updated in the Service and Bed Availability Tool (SBAT)



Plan Requirements: Patient Directory

This Means SAPC and by Extension its Network Providers (You)

- **Drug Formulary –**

Any patient, and in particular those with alcohol or opioid use disorders, must be informed that the following medications are available for enrolled patients of Opioid Treatment Programs at no-charge:

1. Buprenorphine
2. Disulfiram
3. Methadone
4. Naloxone
5. Oral Naltrexone



PROVIDER TO DO LIST

Develop a referral list of local Opioid Treatment Program (formally termed Narcotic Treatment Programs) sites to refer patients to these services when needed. Make this information known to patients.



42 CFR PART 438 MANAGED CARE REGULATIONS

Member Rights





Plan Requirements: Member Rights

This Means SAPC and by Extension its Network Providers (You)

What are my Rights as a Recipient of County

START-ODS Plan Services? (Source: Patient Handbook – Page 30)

As a person eligible for Medi-Cal or My Health LA, you have a right to receive medically necessary substance use treatment services from the County Plan. You have the right to:

- Be treated with respect, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information.
- Receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand.



What are my Rights as a Recipient of County START-ODS Plan Services? (Continued)

- Participate in decisions regarding your substance use 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.
- Receive the information in this handbook about the substance use treatment services covered by the County Plan, other obligations of the County Plan and your rights as described here.
- Have your confidential health information protected.



What are my Rights as a Recipient of County START-ODS Plan Services? (Continued)

- Request and receive a copy of your 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.
- Receive oral interpretation services for your preferred language.
- Access Minor Consent Services, if you are a minor.



What are my Rights as a Recipient of County START-ODS Plan Services? (Continued)

- Receive substance use 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 medically necessary services out-of-network in a timely manner, if the plan does not 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 you.



What are my Rights as a Recipient of County START-ODS Plan Services? (Continued)

- 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.
- Request a State 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 you are treated by the County Plan, providers, or the State.



PROVIDER TO DO LIST

Develop a Patients' Rights 'Tool Kit'

Example

- Distribute Patient Handbook
- Display laminated 'patient bill of rights' in areas accessible to patients
- Explain the patient's rights in detail at time of treatment placement/orientation
- Repeat patient rights discussions at set intervals during treatment stay



42 CFR PART 438 MANAGED CARE REGULATIONS

Grievances and Appeals





Patient Handbook: NOA

The County's Grievance and Appeals Processes

Notice of Adverse Benefit Determination (NOA)
is issued when SAPC denies a service due to lack of medical necessity

Patient Handbook Questions and Answers (Page 20-22)

1. *What is a NOA?*
2. *When will I get a NOA?*
3. *Will I always get a NOA when I do not get the services I want?*
4. *What will the NOA tell me?*
5. *What should I do when I get a NOA?*



Patient Handbook: NOA

The County's Grievance and Appeals Processes

Problem Resolution Processes:

- 1. *Grievance Process:*** Expression of unhappiness about anything regarding SUD treatment
- 2. *Appeals Process:*** Review of a decision (denial or changes to services) made by the County or provider
- 3. *State Fair Hearing Process:*** Review to make sure patients receive entitled Medi-Cal services



Patient Handbook: Grievance

The County's Grievance and Appeals Processes

Grievance Process: Expression of unhappiness about anything regarding SUD treatment

Patient Handbook Questions and Answers (Page 23-24)

1. *What is a Grievance?*
2. *When can I file a Grievance?*
3. *How do I know if the County Plan received my Grievance?*
4. *When will my Grievance be decided?*
5. *How do I know if the County Plan made a decision about my Grievance?*
6. *Is there a deadline to file a Grievance?*



Patient Handbook: Appeals

The County's Grievance and Appeals Processes

Standard Appeals Process: Review of a decision (denial or changes to services) made by the County or provider **within 30 days.**

Patient Handbook Questions and Answers (Page 24-27)

1. *What is a Standard Appeal?*
2. *When can I file an Appeal?*
3. *How can I file an Appeal?*
4. *How do I know if my Appeal has been decided?*
5. *Is there a deadline to file an appeal?*
6. *When will a decision be made about my appeal?*



Patient Handbook: Appeals

The County's Grievance and Appeals Processes

Expedited Appeals Process: Review of a decision (denial or changes to services) made by the County or provider within 72 hours of receipt.

Patient Handbook Questions and Answers (Page 24-27)

7. *What if I cannot wait 30 days for my Appeal decision?*
8. *What is an Expedited Appeal?*
9. *When can I file an Expedited Appeal?*



Patient Handbook: State Fair Hearing

The County's Grievance and Appeals Processes

State Fair Hearing Process: Review to make sure patients receive entitled Medi-Cal services

Patient Handbook Questions and Answers (Page 28-29)

1. *What is a State Fair Hearing?*
2. *What are my State Fair Hearing rights?*
3. *When can I file for a State Fair Hearing?*
4. *How do I request a State Fair Hearing?*
5. *Is there a deadline for filing a State Fair Hearing?*



Patient Handbook: State Fair Hearing

The County's Grievance and Appeals Processes

State Fair Hearing Process: Review to make sure patients receive entitled Medi-Cal services

Patient Handbook Questions and Answers (Page 28-29)

6. *Can I continue services while I am waiting for a State Fair Hearing Decision?*
7. *What do I do if I want to continue services while I am waiting for a State Fair Hearing Decision?*
8. *What if I cannot wait 120 days for my State Fair Hearing decision?*



42 CFR PART 438 MANAGED CARE REGULATIONS

Fraud, Abuse and Waste





Patient Handbook: Fraud/Abuse/Waste

The County's Grievance and Appeals Processes

Patient Handbook Tips to Avoid Health Care Fraud (Page 31-32)

- Do not let anyone borrow your ID card or social security card
- Do you give anyone your ID card number or social security number to anyone except your physician, health care provider or health plan
- Do not sign a blank forms such as sign-in sheets for services that you did not receive or for dates in the future or insurance claims forms
- Do not accept money or gifts in exchange for participating in services that you do not need or that you do not receive
- Be wary of offers for free medical services in addition to Medi-Cal services in exchange for your ID card
- Report actions that do not seem right to you



Patient Handbook: Fraud/Abuse/Waste

The County's Grievance and Appeals Processes

Reporting Fraud/Abuse/Waste (Page 32)

If you suspect someone is committing Medi-Cal or My Health LA fraud, abuse, or waste, contact:

- Los Angeles County, Department of Auditor Controller at 1-800-544-6861 or <http://fraud.lacounty.gov/>
- California Department of Health Care Services Fraud and Abuse Hotline at 1-800-822-6222 or <http://www.dhcs.ca.gov/individuals/Pages/StopMedi-CalFraud.aspx>
- Department of Justice Office of the Attorney General Bureau of Medi-Cal Fraud and Elder Abuse at 1-800-722-0432



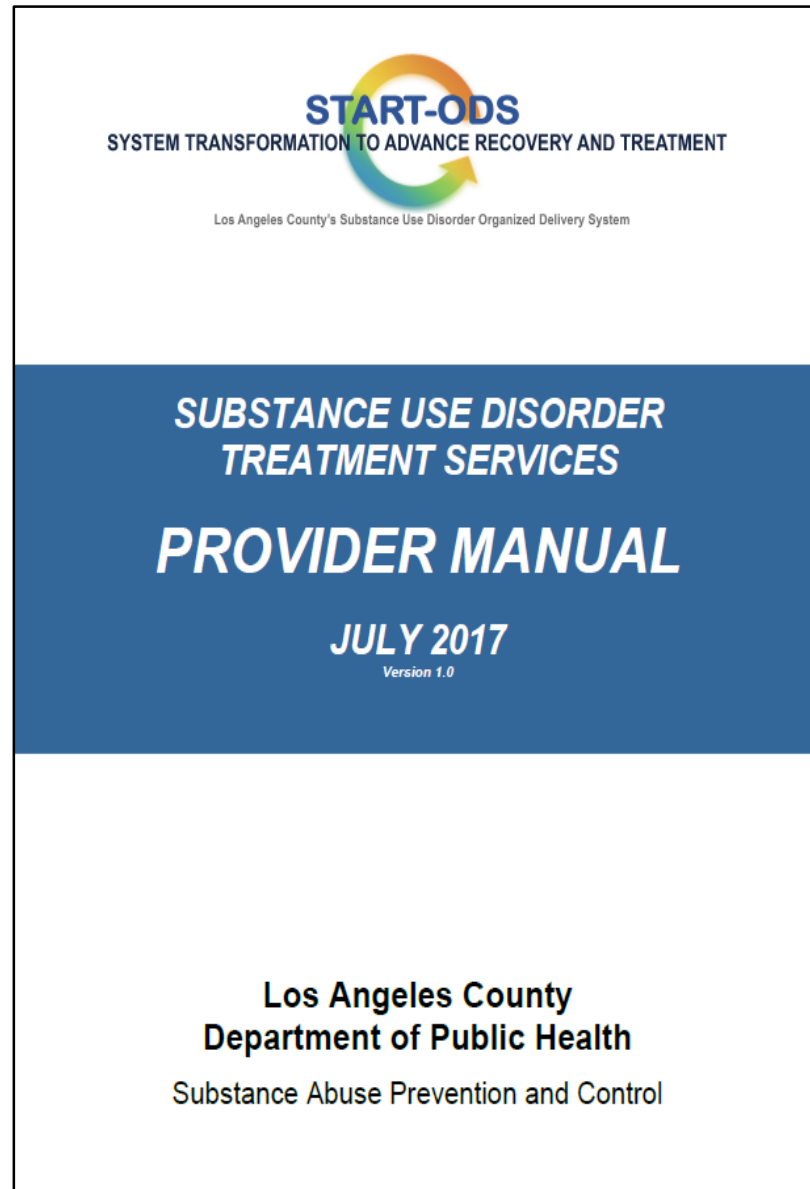
SAPC RESOURCES





Provider Manual

<http://publichealth.lacounty.gov/sapc/NetworkProviders/Privacy/ProviderManualJuly2017.pdf>





START-ODS Provider Manual (July 2017)

Select Patient Related Information

Eligibility Determination and Establishing Benefits (page 17)

Timeliness and Access Standards (page 30)

Hours of Operation (page 31)

Determining Medical Necessity (page 32)

Patient Rights (page 67)

Patient Handbook (page 68)

42 CFR part 42 and 428 (page 139)

Complaints, Grievances and Appeals (page 148)



START-ODS Provider Bulletins

START-ODS Contract Notices

- 17-01 DMC Client Transitions Plan - New System of Care
- 17-02 Sage - Managed Care Information System
- 17-03 Field-Based Services
- 17-04 SUD Treatment Services Provider Manual
- 17-05 Service and Bed Availability Tool
- 17-06 Medical Necessity Determination
- 17-07 Service Reimbursement Rates
- 17-08 Revised Specific Services to be Provided

Cultural and Linguistically Appropriate Standards (CLAS) and SAPC's Cultural Competency Strategic Plan



<http://publichealth.lacounty.gov/sapc/Event/CulturalCompetency/SAPCCulturalCompetenceStrategicPlan.pdf>

Substance Abuse Prevention and Control
Los Angeles County Department of Public Health
Cultural Competency Strategic Plan
2016-2020



Cultural Competency Strategic Plan

- SAPC Values and Mission
- National Standards for CLAS in Health and Health Care
- SAPC Cultural Competence Strategic Plan
- Culturally Competent Governance, Leadership, and Workforce
- Communication and Language Assistance
- Culturally Competent Planning and Operations
- Data Collection, Regular Assessments and Accountability
- Community Engagement and Continuous Improvement



Los Angeles County Department of Public Health Substance Abuse Prevention and Control (SAPC)

WEBSITE: www.publichealth.lacounty.gov/sapc

NETWORK PROVIDER PAGE: <http://publichealth.lacounty.gov/sapc/NetworkProviders.htm>

PATIENT AND PUBLIC PAGE: <http://publichealth.lacounty.gov/sapc/PatientPublic.htm>

START-ODS EMAIL LISTSERV: SUDTransformation@ph.lacounty.gov