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Document Scope: (applies to Policy & Procedure only)

- The requirements herein apply only to the GCBH Central Office and its functions.
- X - The requirements herein apply, verbatim, to GCBH and its network providers².
- The requirements herein apply both to GCBH and its network providers². Additionally, network providers must have internal documents outlining their processes for implementing the requirements, insofar as they relate to actions for which network providers are responsible.

PURPOSE: To define requirements for communicating the consumer rights established by WAC 388-865-0410, 42 CFR 438.100, and the Washington State Department of Social and Health Services, and other important information regarding the behavioral health services available to consumers, as included in the member handbook.

DEFINITIONS

- I. Consumer – A person who has applied for, is eligible for or has received mental health services from a Greater Columbia Behavioral Health (GCBH) network provider, regardless of Medicaid eligibility. For a child under the age of thirteen, or for a child thirteen or older whose parents or legal guardians are involved in the treatment plan, the definition of consumer includes parents or legal guardians.
- II. Enrollee – A consumer who is also a Medicaid recipient enrolled with GCBH.

POLICY

- A. GCBH complies with State and Federal laws pertaining to privacy, non-discrimination and all other rights in the “Statement of Consumer Rights” included in this policy.
- B. Requirements in WAC 388-865-0410, 42 CFR §438.6(i)(3) and 42 CFR §438.100 regarding the provision of information to consumers about their rights, Advance Directives, and the processes for grievances, appeals, and fair hearings are met via the distribution of its *Mental Health Service Benefit Handbook: A Guide to Mental Health Services Within Greater Columbia Behavioral Health*. This *Handbook*, which includes an explanation of how consumers can request and be provided written materials in alternate formats, is available to network providers and the public, in the languages required by the Washington State Department of Social and Health Services (DSHS), via the GCBH website. The content of any other means developed by network providers for communicating this information must be consistent with that in the *GCBH Mental Health Service Benefit Handbook*.
- C. The *GCBH Mental Health Service Benefit Handbook* is provided to consumers as part of the Intake process, with verbal explanation of the rights it addresses. GCBH policies pertaining to these rights are available at <http://www.gcbh.org> and are provided to consumers upon request. Additionally, Medicaid enrollees are informed that the *Benefits Booklet* produced by the Mental Health Division (MHD) is available at any time upon request, and a copy is provided if an enrollee requests one.

¹See definitions of document types in AD100, “Development, Approval & Review of Formal RSN Documents”

²“Network Provider” – An organization with which GCBH is contracted for the provision of direct services.

- D. Conspicuously marked translations of consumer rights are posted in readily accessible public areas at all sites serving consumers, accompanied by a multilingual notice advising that written materials regarding these rights are available. As needed, GCBH makes translated materials relating to consumer rights available to its providers, for distribution to consumers, via its website.
- E. As necessary to ensure they understand their rights, interpretive services are provided, at no cost to the consumer, to communicate with consumers for whom English is not their first language, and alternative modalities are used to communicate with consumers with impaired sight or hearing. These services are also available for other interactions between consumers and GCBH or its network providers, including but not limited to customer service, all appointments for any covered service, crisis services, and all steps necessary to file a grievance or appeal.
- F. When a consumer requests it, information related to (1) a network provider's licensure, certification and accreditation status; and/or (2) information that includes but is not limited to, education, licensure, and Board certification and/or recertification of mental health professionals (i.e., psychiatrist, psychologist, psychiatric nurse or social worker) and Mental Health Care Providers (i.e., the individual with primary responsibility for implementing an individualized service plan for mental health rehabilitation services) is provided. Additionally, upon their request, Medicaid enrollees are provided identification of Mental Health Care Providers who are not accepting new enrollees.
- G. Healthy Options enrollees are not referred to their Healthy Options managed care plan for mental health services if they are determined to be eligible for GCBH mental health services based on medical necessity and the Access to Care Standards.
- H. Staff members who regularly interact with consumers are trained to the provisions of this policy and to organizational processes by which the rights outlined in the GCBH *Handbook* are implemented.

PROCEDURE

1. Subsequent to their initial presentation during the Intake process, rights are reviewed with consumers as often as necessary to ensure understanding.
2. The GCBH *Mental Health Service Benefit Handbook* can be downloaded from the GCBH website at <http://www.gcbh.org>. The Mental Health Division's *Benefits Booklet* is also available via the internet, at <http://www.dshs.wa.gov/dbhr/mhmedicaidbenefit.shtml>. This information is provided to consumers upon request.
3. When explanations of consumer rights are provided, documentation of such is made at least as follows:
 - 3.1. A statement of rights is signed by the consumer and kept in his/her clinical record.
 - 3.2. Clinicians document that they have provided all required information regarding the consumer's rights in a manner appropriate to the consumer's linguistic, physical and cognitive abilities. Such documentation may be provided in a narrative chart note or by completing an attestation form available on the GCBH website and filing it in the consumer's clinical record.
4. On-site audits of network providers, conducted by GCBH, include checks for evidence of compliance with the provisions of this policy. When a need for corrective action is

identified during such audits, network providers address compliance issues via their quality improvement processes and provide evidence of sustained improvement. GCBH staff review audit findings for trends requiring system level intervention, and report such to the GCBH Quality Management Oversight Committee for action.

The Member Handbook

1. The GCBH Central Office is responsible for developing, and keeping current and accurate, a *Handbook* that includes, at a minimum, information pertaining to the following content areas:
 - 1.1. How consumers access care;
 - 1.2. Covered Title XIX and State funded services;
 - 1.3. Consumer/member service contact information;
 - 1.4. Full details about the provider network;
 - 1.5. Grievance, Appeals and Fair Hearing Rights;
 - 1.6. Consumer Rights;
 - 1.7. Ombuds Program;
 - 1.8. Signs of Mental Illness;
 - 1.9. Availability of written materials in alternative formats and how to access those formats; and
 - 1.10. New initiatives being developed by GCBH that impact consumers.
2. GCBH ensures that the *Handbook* is written in easily understood language, translates it into each of the DSHS prevalent languages, and makes its content available in alternate formats, as needed.
3. The *Handbook* is updated at least every two years. When such updates occur, GCBH notifies its Network Providers, who replace their existing supplies and notify consumers that revised copies are available.
4. GCBH Network Providers maintain a ready supply of *Handbooks*, and ensure their availability in areas to which consumers have access. Additionally, Providers review portions of the *Handbook* subsequent to its initial presentation, to enhance consumers' understanding of the services available to them.

Statement of Consumer Rights, As Presented to Consumers via the GCBH *Handbook*

You have the right to:

- Be treated with respect and dignity.
- Have your privacy protected.
- Develop a plan of care and services which meets your unique needs.
- Participate in decisions regarding your mental health care.
- Receive services in an easily accessible location.
- Request information about names, locations, phone numbers and languages for local agencies.
- Receive the amount and duration of services you need.
- Request information about the structure and operation of GCBH.
- Services within 2 hours for emergent care and 24 hours for urgent care.
- Receive age and culturally appropriate services.
- Be provided a certified interpreter and translated material at no cost to you.
- Understand available treatment options and alternatives.

- Refuse any proposed treatment.
- Receive care which does not discriminate against you, and is sensitive to your gender, race, national origin, language, age, disability, and sexual orientation.
- Be free of any sexual exploitation or harassment.
- Receive an explanation of all medications prescribed and possible side effects.
- Make an advance directive, which states your choices and preferences for mental health care.
- Receive quality services that are medically necessary.
- A second opinion from a community mental health agency (CMHA) , within the Service Area. · If an additional CMHA is not currently available within the network, the Contractor must provide or pay for a second opinion provided by a CMHA outside the network at no cost to the Enrollee. The CMHA providing the second opinion must be currently contracted with an RSN to provide mental health services to Enrollees. The appointment for a second opinion must occur within 30 days of the request. The Enrollee may request to postpone the second opinion to a date later than 30 days.
- Receive timely and adequate Medicaid covered mental health services from an agency not contracted with the RSN, if an RSN agency cannot provide them. Such “out of network” services are available only until an RSN agency can provide them.
- File a grievance with your agency or RSN.
- Choose a participating mental health care provider or choose one for your child who is under thirteen years of age.
- Change mental health care providers during the first thirty days of enrollment with the mental health prepaid health plan/RSN and once during a 12 month period for any reason.
- File a request for an administrative (fair) hearing or appeal.
- Request and receive a copy of your medical records, free or for a reasonable fee, and ask for changes.
- Be free from retaliation.
- Be free from any form of restraint or seclusion used as a means of coercion or discipline.
- Confidentiality.
- Be informed that research concerning consumers whose cost of care is publicly funded must be done in accordance with all applicable laws, including DSHS rules on the protection of human research subjects.
- Discuss a concern with the Ombuds Service, Regional Support Network, or provider if you believe your rights have been violated. If you discuss a concern or file a grievance or an appeal, you must be free of any act of retaliation. The Ombuds may, at your request, assist you in resolving your concerns.

APPROVAL

/S/ Ken Roughton, Ph.D
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 Director

10/06/11