



Kern County Behavioral Health Board System Quality Improvement Committee

Monday, May 23rd, 2022

4:00-5:00 PM

Virtual Meeting VIA Teams

Meeting Minutes

The mission of the SQIC, as a QIC Subcommittee, is to review and evaluate Mental Health Plan (MHP) activities and where appropriate, make recommendations regarding policy decisions, institute needed Quality Improvement (QI) actions, or/and ensure follow-up of QI processes.

Present:

Alexander Lopez, KernBHRS-GATEWAY	Francisca Quiroz, KernBHRS-Medical Staff	Lesleigh Davis, KernBHRS-QID Administrator
Amber Lopez, KernBHRS-QID SUD	Gregory Gonzalez, KernBHRS-GATEWAY	Maria Oneyra Aboyte, CCS
Barbara Paradise, CCS	Heather Plaza, CSV	Noel Perez, CSV
Chelcy Gibbons, KernBHRS-Dept Supports	Jacob Hutchinson, KernBHRS-QID Support	Rafael Lopez, KernBHRS-SUD QID
Connie Sedano, KernBHRS-Training Services	Jessica Armstrong, KernBHRS-Contracts	Rashawna Schumacher, CGC
Cynthia Herrera, Guest	Jessica Herrera, Ebony	Shanda Henry, KernBHRS-Contracts
Cynthia Jackson, KernBHRS-QID Support	Jon Casida, KernBHRS-SET	Tracy Lynch, KernBHRS-Executive Admin.
David Amaya, CCS	John French, KernBHRS-Specialty Services Team	Vivian Reyes, KernBHRS-Youth MIST
Dian Schneider, BHB Member	Jonathan Monsibais, KernBHRS-Patients' Rights	Yessenia Nunez Gonzalez, KernBHRS-Crisis
Dissary Chairez, KernBHRS-Patients' Rights	Laurie Stamps, CCS	Yolanda Rosas, KernBHRS-CFLC

1. Welcome and Introductions – Lesleigh Davis introduced herself and welcomed the attendees.
2. Review and approval of the previous meeting minutes. – Rashawna Schumacher motioned to accept, John French seconded.
3. Public Comment – No public comments were made at this time.
4. New Business – There was no new business to be discussed at this time.
5. Guest Presenter – Mortality and Morbidity (M&M) – Jessica Armstrong
 - A. Any adverse event defined as a serious suicide attempt, generally requiring medical intervention, or a death by any means are reviewed for system improvement. Feedback is provided to the teams for improvement or acknowledgement.
 - B. Please see the attached handout to see the presentation discussed in the meeting.
 - C. Q&A – They did recently begin tracking cultural or other treatment considerations that need to be kept in mind.
6. Guest Presenter – Grievances and Appeals – Jonathan Monsibais/ Dissary Chairez
 - A. A grievance is defined as an expression of dissatisfaction about any matter other than an adverse benefit determination.
 - B. Please see the attached handout to see the presentation discussed in the meeting.
 - C. Q&A – We are able to accommodate any language that is requested from the language line.
7. Quality Improvement Division – Lesleigh Davis
 - A. There is a new assessment training happening this week. The timeliness documentation changes training will be happening in June, and the standards start changing in July. A crisis notes will need to be done within 24 hours and all progress notes will need to be done within 3 days.
8. Department Supports Administration – Chelcy Gibbons
 - A. The Central Valley (Asian Pacific Islander (API) wellness collaborative is taking place virtually, May 25th, from 3-4 PM.
 - B. Annual cultural competency training is coming, keep an eye out on Relias.
 - C. The fiscal year is ending, and the required 6 hours of cultural competence training need to be completed.
9. Substance Use Division – Gregory Gonzalez
 - A. Department of Health Care Services (DHCS) audit for Substance Abuse Prevention and Treatment Block Grant (SABG) and Drug Medi-Cal Organized Delivery System (DMC-ODS) is on June 7th and 8th.
 - B. KernBHRS has been approved to participate in the Contingency Management pilot that DHCS is organizing statewide. Incentives will be provided for clients that provide negative urine tests throughout 6 months of services. The trainings are being pushed out to staff at this time.



10. Adult System of Care – John French
 - A. Specialty Services Team (SST) continues to spread the word of various programs such as Dialectical Behavioral Therapy (DBT), Eye Movement Desensitization and Reprocessing (EMDR) and others for staff and client’s benefit.
11. Children’s System of Care – Vivian Reyes
 - A. Outreach with the Bakersfield schools continues. There was recently a Treatment Foster Parent training completed and there will be another one on August 30th, for the Treatment Foster Care program.
12. Kern Linkage Division
 - A. There was no on available to report
13. Crisis Services Division – Yessenia Nunez Gonzalez
 - A. We continue to work with a steady number of crisis cases and assuring there is a good flow within the hospitals to maintain continuity of care within the Crisis department.
14. Medical Services Division – Francisca Quiroz
 - A. Medical Services continues to move forward in support of 0 suicide initiative for the department.
 - B. Staffing levels are holding however nurses and medical assistants are shorthanded.
 - C. Supporting graduates of resident fellows and preparing for the new academic year.
15. Recovery Support Administration – Jon Casida
 - A. Self-Empowerment Team (SET) continues to work with high acuity clients making home visits and calls, and also being a presence at Green Gardens
 - B. Crisis addiction counseling is offering 3 classes a week for clients with substance use history. They also hosted an in-person meeting in the park and it was well attended.
16. Consumer Family Learning Center – Jon Casida
 - A. There are 5 classes/groups being provided a day, these are going well. In May there was focus group titled Spring Cleaning for the Soul which focused on self-esteem and had 4 presenters. There will be another group in June titled Liberty, The Power to be You.
17. Clinica Sierra Vista – Noel Perez
 - A. The Mental Health Fairs in Delano and Lamont happened last week and had good turn outs.
18. College Community Services
 - A. No one volunteered to report.
19. Child Guidance Clinic – Rashawna Schumacher
 - A. There has been a lot of outreach at the schools, clinic, and Art in the Park.
20. Mental Health Systems
 - A. There was no one available to report.
21. Substance Use Division Contract Provider
 - A. Jessica Herrera – Ebony – We are still looking for counselors for all 3 Ebony sites, Delano and Lamont.
22. Recommendations for Quality Improvement Committee (QIC)
 - A. There were no recommendations for the Executive Quality Improvement Committee at this time.
23. Unfinished Business
 - A. There was no unfinished business to report on at this time.
24. Adjourn – Next scheduled meeting: June 27th, 2022 at 4:00-5:00 PM, will be virtual via Teams.

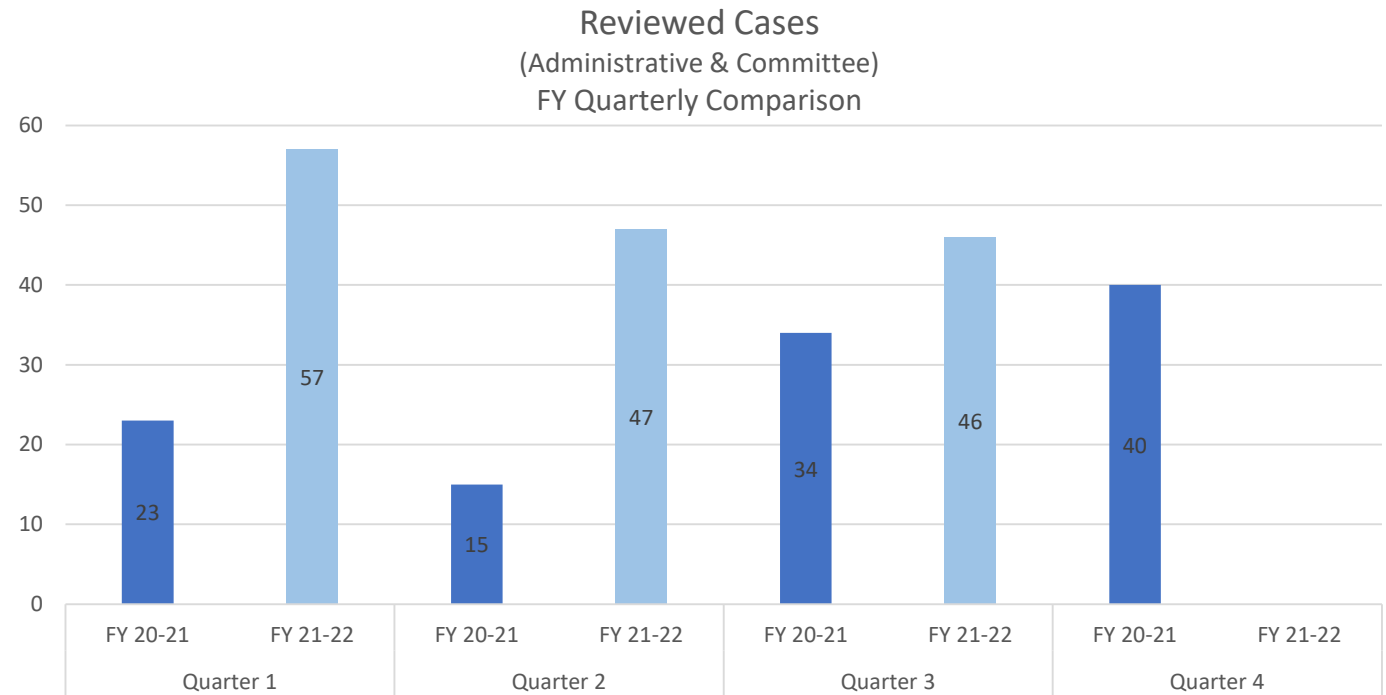
This meeting is MH UR Code 3

Morbidity & Mortality

5/23/22

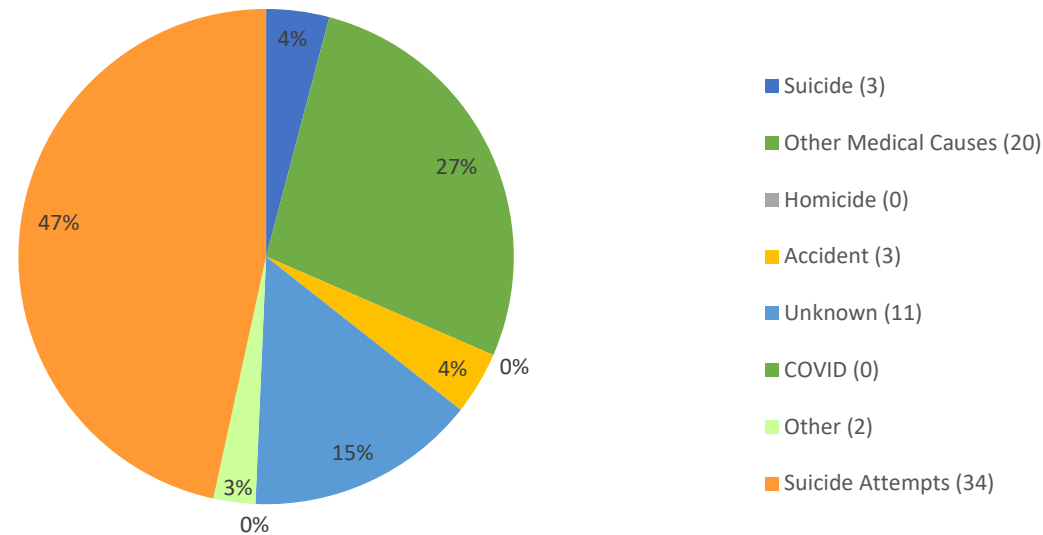
Case Reviews

Case Reviews	
	Events Reported
FY 21-22 Q1	66
FY 21-22 Q2	72
FY 21-22 Q3	73
FY 21-22 Q4	Pending



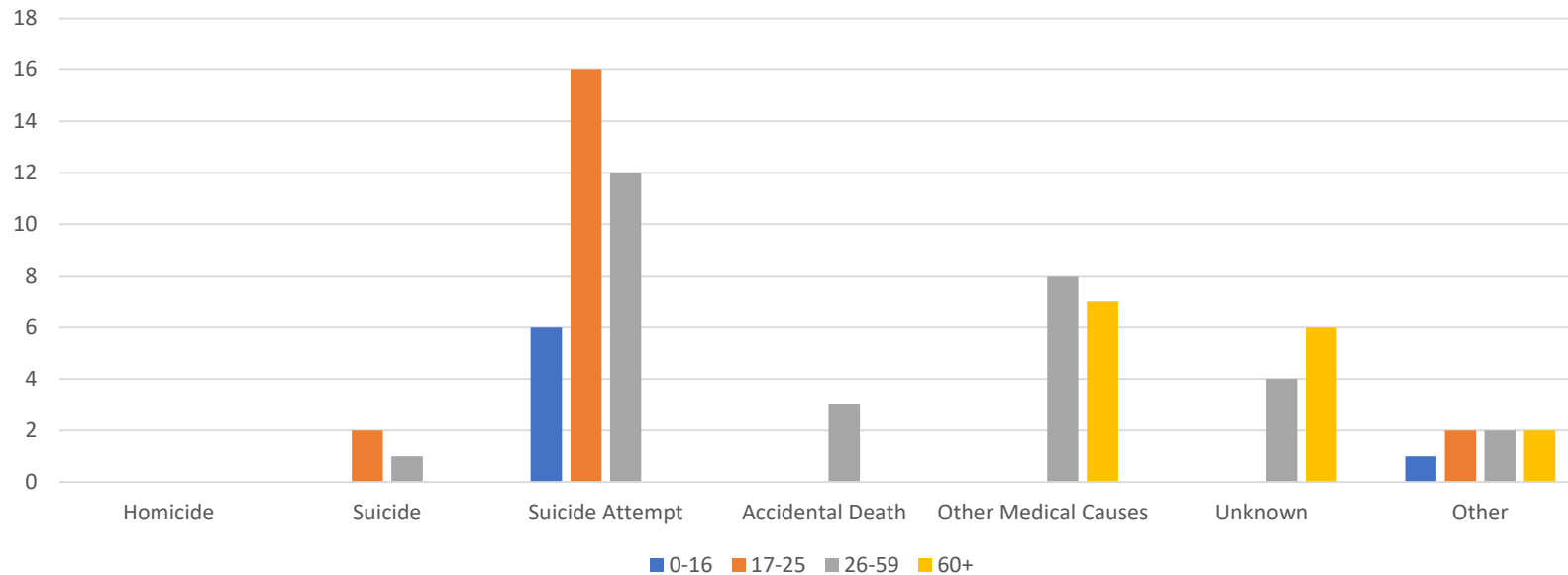
FY 21-22 Quarter 3 Reporting

FY 21-22 Quarter 3
M&M Reporting by Type (n=73)



FY 20-21 Quarter 3 Reporting

FY 21-22, Q3
Type of Event by Age Group



Recommendations for System Improvement

Current Trends/Recommendations:

- Tracking clients at the team level to ensure clients are not solely receiving services via telephone.
- Explore ways staff can support clients with significant medical conditions not seeking medical attention or receiving adequate medical care for serious, chronic physical health conditions.
- Ensuring staff are adhering and working with Zero Suicide protocols due to the increase in serious suicide attempts and deaths by suicide we are seeing within our department and the community in general.
- Encouraging more documented collaboration between treatment providers (both within teams and coordinating care with outside providers)

Reminders

- You are always welcome to attend an M&M committee meeting. Email jarmstrong@kernbhrs.org to be included
- Your feedback on the process or suggestions for overall system improvement is crucial.
- Specific case information is sent directly to the team administrator and the supervisor of the team when a case is reviewed through the M&M process.



Grievance & Appeal System



BEHAVIORAL
HEALTH & RECOVERY
SERVICES

What is a Grievance?

A grievance is defined as an expression of dissatisfaction about any matter other than an Adverse Benefit Determination (defined on next slide).

Grievances may include, but are not limited to

- The Quality of care or services provided
- Staff behavior concerns
- A Change of Provider request due to dissatisfaction with treatment
- Cultural Appropriateness
- Concerns with prescribed medication

What is an Appeal?

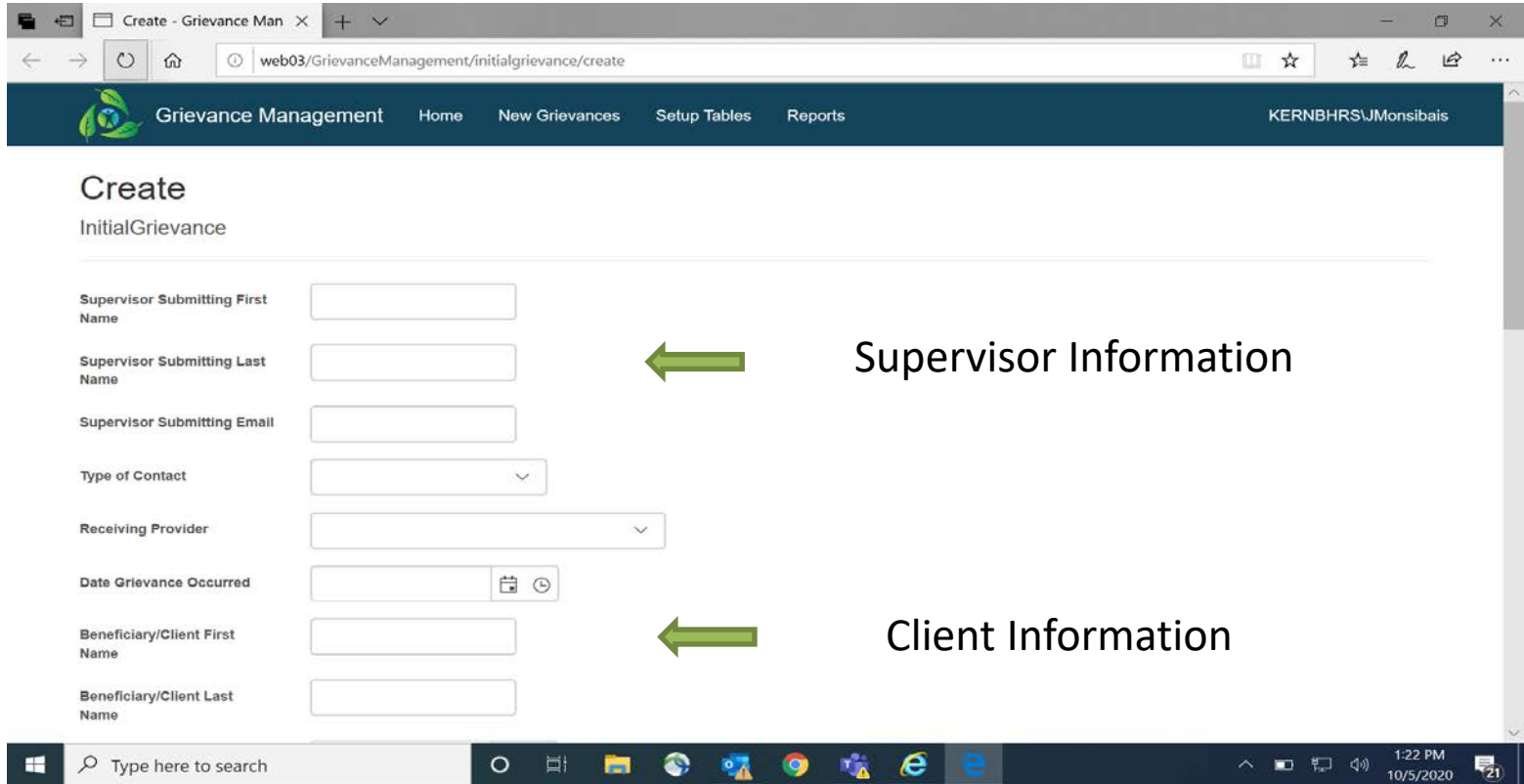
- An appeal is a review by the Plan (Kern BHRS) of an Adverse Benefit Determination.
- When a beneficiary's services are modified, denied, or terminated by the plan, a Notice of Adverse Benefit Determination (NOABD) letter is sent to the beneficiary.
- If an NOABD is issued and the beneficiary does not agree with the determination, the beneficiary has the option to file an appeal.



How to file a Grievance or Appeal

- A beneficiary may file a grievance or appeal by completing a form provided at all Kern BHRS and contract provider lobbies. These forms require no postage and may be sealed and mailed directly to the Patients' Rights Office. If a beneficiary submits the form to provider staff, please interoffice the sealed grievance form to the Patients' Rights Office.
- Beneficiaries may contact the Patients' Rights Office directly at **(844) 360-8250**.
- The supervisor or contract provider may file a grievance or appeal by submitting the information into the Grievance & Appeal Web Application via SharePoint or Citrix.

The Grievance & Appeal Web Application through SharePoint



The screenshot displays a web browser window with the URL `web03/GrievanceManagement/initialgrievance/create`. The application header includes a logo, the title "Grievance Management", and navigation links for "Home", "New Grievances", "Setup Tables", and "Reports". The user is identified as "KERNBHRSJMonsibais".

The main content area is titled "Create InitialGrievance" and contains the following form fields:

- Supervisor Submitting First Name
- Supervisor Submitting Last Name
- Supervisor Submitting Email
- Type of Contact (dropdown menu)
- Receiving Provider (dropdown menu)
- Date Grievance Occurred (calendar icon)
- Beneficiary/Client First Name
- Beneficiary/Client Last Name

Annotations with green arrows point to the "Supervisor Submitting Last Name" field, labeled "Supervisor Information", and the "Beneficiary/Client First Name" field, labeled "Client Information".

Windows taskbar at the bottom shows the search bar with "Type here to search", system tray icons, and the date/time "1:22 PM 10/5/2020".



Additional Grievance TIPS

- Reporting or resolving grievances regarding your team or treatment location will not reflect negatively on you.
- The data collected from reported grievances is analyzed and reviewed quarterly to identify quality improvement needs. Without this information, our department would be unable to make necessary improvements or mend gaps in services.
- If a beneficiary expresses dissatisfaction regarding their treatment, but declines to file a grievance, the provider is still required to notify Patients' Rights of the complaint within one day of receiving the beneficiary's concerns.
- There is no distinction between an informal and formal grievance. A complaint *IS* the same as a formal grievance. The word grievance does not have to be stated for the complaint to be logged.

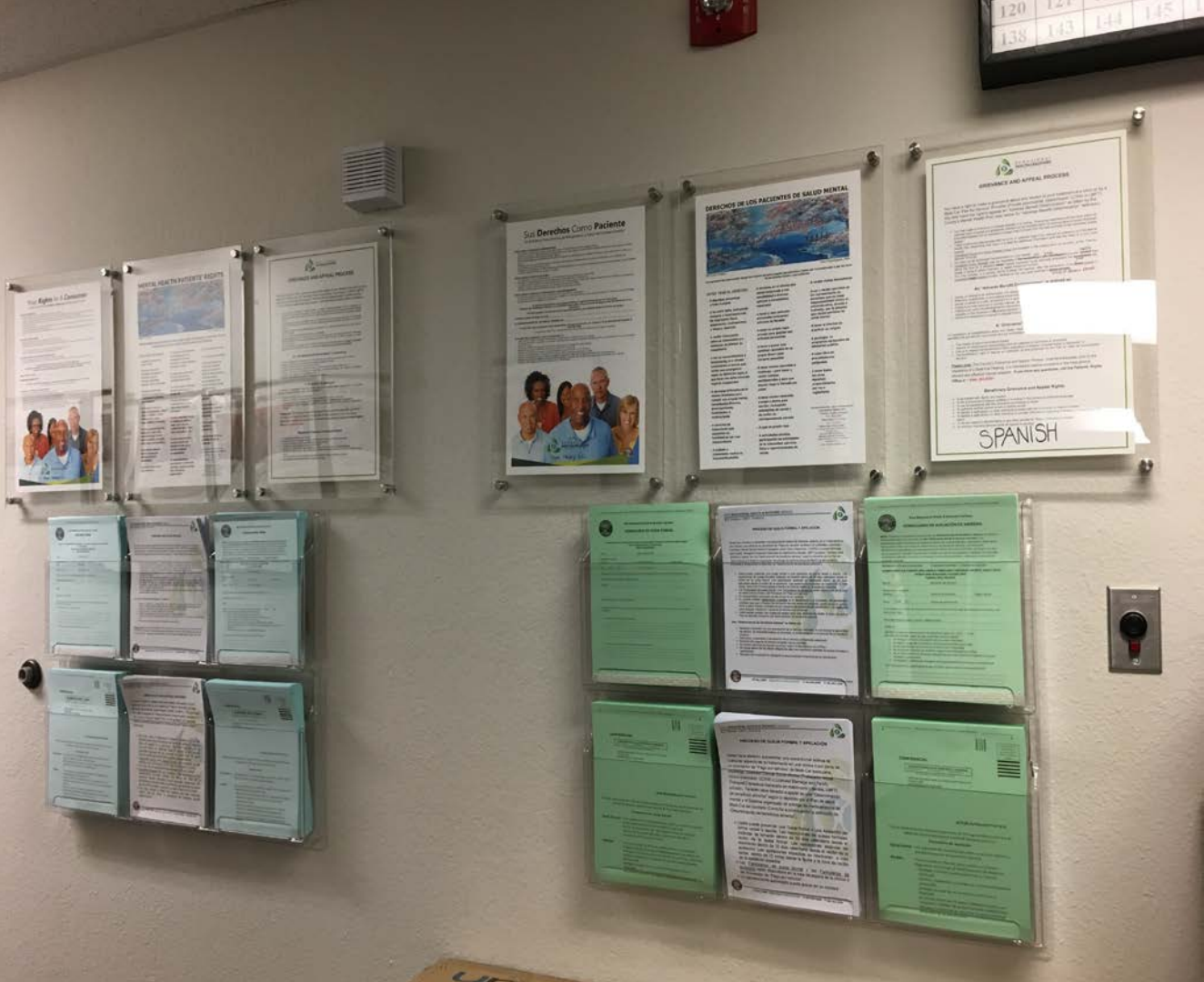


Grievance & Appeal Forms & Posters

The following forms & posters are required to be posted and available to beneficiaries in all Kern BHRS and contract provider lobbies. Each form must be available in both 12 AND 18 font.


- Grievance Form (English/Spanish)
- Appeal Form (English/Spanish)
- Grievance & Appeal Process Information Form (English/Spanish)
- Your Rights as a Consumer Poster (English/Spanish)
- Mental Health Patients' Rights Poster (English/Spanish)
- Grievance & Appeal Process Poster (English/Spanish)

Grievance and Appeal Display



Grievance Form English & Spanish

FOLD FORM ONLINE, REMOVE COVER FROM TAPE, SEAL AND MAIL



Kern Behavioral Health & Recovery Services
GRIEVANCE FORM

FORM TO BE COMPLETED BY BENEFICIARY / CLIENT AND FORWARDED TO THE PATIENTS' RIGHTS OFFICE
RIGHTS OFFICE
PO BOX 1000, Bakersfield, CA 93302-1000
Phone (844) 360-8250

Date: _____ Service Location: _____

Beneficiary / Client
Name: _____ Date of Birth: _____ Ethnicity: _____

Gender: M F Preferred Language: _____

If client is a minor, then name of legal guardian filing on behalf of minor: _____

Address (include City / State / Zip): _____

Phone: _____


Please print or write legibly.

Describe the reason(s) for requesting a grievance. Please be specific by including names, dates, and times whenever possible.

1. Describe grievance or nature of grievance.

2. What would you like to see happen to resolve this grievance?

Beneficiary Signature _____ Date: _____



Kern Behavioral Health & Recovery Services
FORMULARIO DE QUEJA FORMAL

EL BENEFICIARIO O EL PACIENTE DEBE LLENAR EL FORMULARIO Y ENVIARLO A PATIENTS' RIGHTS OFFICE
PO BOX 1000, Bakersfield, CA 93302-1000
Teléfono (844)360-8250

Fecha: _____ Ubicación del servicio: _____

Beneficiario o paciente
Nombre: _____ Fecha de nacimiento: _____ Origen étnico: _____

Sexo: M F Idioma de preferencia: _____

Si el paciente es menor de edad, entonces el nombre del tutor legal que presenta en nombre del menor de edad: _____

Dirección (incluya ciudad, estado, código postal): _____

Teléfono: _____

Use letra de imprenta o escriba claramente.

Describe los motivos por los que presenta una **queja formal**. Sea específico, incluya nombres, fechas y horas cuando sea posible.

1. Describe la queja formal o su naturaleza.


2. ¿Qué le gustaría que se hiciera para resolver esta queja formal?

Firma del beneficiario _____ Fecha: _____



Appeal Form English & Spanish

FOLD FORM ONLINE, REMOVE COVER FROM TAPE, SEAL AND MAIL

 Kern Behavioral Health & Recovery Services
**ADVERSE BENEFIT DETERMINATION
APPEAL FORM**

NOTE: Filing an appeal following an **Adverse Benefit Determination** shall not adversely affect your services with **Kern Behavioral Health & Recovery Services**. Beneficiaries must file an appeal within (60) sixty calendar days from the date of the Notice of Adverse Benefit Determination. Standard appeals will be resolved within (30) thirty calendar days of receipt of the appeal. Expedited appeals will be resolved no longer than 72 hours from the date and time of the expedited appeal receipt.

Please check the appropriate box: Standard Appeal Expedited Appeal

FORM TO BE COMPLETED BY BENEFICIARY / CLIENT AND FORWARDED TO THE PATIENTS' RIGHTS OFFICE
PO BOX 1000, Bakersfield, CA 93302-1000
Phone 1-(844) 360-8250

Date: _____ Service Location: _____

Beneficiary / Client
Name: _____ Date of Birth: _____ Ethnicity: _____

Gender: M F Preferred Language: _____

If client is a minor, then name of legal guardian filing on behalf of minor: _____


Address (include City / State / Zip): _____

Phone: _____

Did you receive a Notice of Adverse Benefit Determination? Yes No
Did you receive an adverse benefit determination as defined as one the following?
1. Denies or limits authorization of a requested service;
2. Reduces, suspends, or terminates a previously authorized service;
3. Denies, in whole or in part, payment for a service;
4. Fails to provide services in a timely manner as determined by the Plan;
5. Fails to act within the required timeframes for standard resolution of grievances and appeals; or
6. Denies a beneficiary's request to dispute financial liability.

If yes, what would you like to see happen to resolve this Appeal?

Beneficiary Signature _____ Date: _____

 Kern Behavioral Health & Recovery Services
**DETERMINACIÓN ADVERSA DE BENEFICIOS
FORMULARIO DE APELACIÓN**

NOTA: Presentar una apelación después de una **Determinación adversa de beneficios** no afectará de manera negativa los servicios que recibe de **Kern Behavioral Health & Recovery Services**. Los beneficiarios deben presentar una apelación dentro de los sesenta (60) días calendario posteriores a la fecha del Aviso de determinación adversa de beneficios. Las apelaciones estándar se resolverán dentro de treinta (30) días calendario desde la recepción de la apelación. Las apelaciones aceleradas se resolverán, a más tardar, dentro de 72 horas desde la fecha y la hora de recibo de la apelación acelerada.

Marque el casillero correspondiente: Apelación estándar Apelación acelerada

EL BENEFICIARIO/CLIENTE DEBE COMPLETAR Y REENVÍAR EL FORMULARIO A
PATIENT'S RIGHTS OFFICE PO BOX 1000, Bakersfield, CA 93302-1000
Teléfono: 1-(844) 360-8250

Fecha: _____ Ubicación del servicio: _____

Nombre del beneficiario/cliente: _____ Fecha de nacimiento: _____ Origen étnico: _____

Género: M F Idioma preferido: _____

Si el cliente es menor, nombre del tutor legal en representación del menor: _____


Dirección (incluya ciudad/estado/código postal): _____

Teléfono: _____

¿Recibió un Aviso de determinación adversa de beneficios? Si No
¿Recibió una determinación adversa de beneficios definida como una de las siguientes?
1. Rechazar o limitar la autorización de un servicio solicitado.
2. Reducir, suspender o cancelar un servicio previamente autorizado.
3. Rechazar el pago de un servicio en parte o en su totalidad.
4. No prestar servicios de manera oportuna según lo determinado por el Plan.
5. No actuar dentro de los plazos obligatorios para una resolución estándar de quejas formales y apelaciones.
6. Rechazar la solicitud de impugnar la responsabilidad financiera de un beneficiario.

Si la respuesta es sí, ¿qué le gustaría que sucediera para resolver esta apelación?

Firma del beneficiario _____ Fecha: _____



“Grievance and Appeal Process”

This information page is required to be posted and available at all provider locations next to the grievance and appeal forms. This page must also be available in both English & Spanish and 12 and 18 size fonts.

GRIEVANCE AND APPEAL PROCESS

You have a right to make a grievance about any aspect of your treatment at a clinic or by a Medi-Cal “Fee-for-Service” Provider (Private psychiatrist, psychologist, LCSW or LMFT). You also have the right to appeal an “Adverse Benefit Determination” as taken by the County’s Mental Health Plan and Drug Medi-Cal Organized Delivery System (see below for “Adverse Benefit Determination” definition).

- You may make a Grievance or Appeal verbally or in writing. Standard grievance resolutions will be made within 90 calendar days of receipt of a grievance. Standard Appeals will be resolved within 30 calendar days of receipt of the appeal. Expedited appeals will be resolved no longer than 72 hours from the date and time of the expedited appeal receipt.
- Grievance Forms and Appeal Forms are available in the waiting room of the clinic, or the “Fee-for-Service” Provider.
- You may use an authorized representative on your behalf.
- Expedited Appeals may be requested if the beneficiary or the beneficiary’s provider certifies that taking the time for a standard Appeal resolution could seriously jeopardize the beneficiary’s mental health or substance use disorder condition and/or ability to attain, maintain, or regain maximum function.
- You may request a State Fair hearing only after receiving notice that the Plan is upholding an adverse benefit determination.

An “Adverse Benefit Determination” is defined as:

- Denial, or limiting of an authorization of a requested service, including the type or level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
- Reducing, suspending, or terminating a previously authorized service.
- Denial, in whole or in part, of payment for a service.
- Failing to provide services in a timely manner, as determined by Plan.
- Failing to act within the required timeframes for standard resolution of grievances and appeals; or
- Denial of a beneficiary’s request to dispute financial liability.



Your Rights as a Consumer English & Spanish

Your Rights As A Consumer

In the Kern Behavioral Health & Recovery Services System of Care

YOU HAVE THE RIGHT TO:

- Treatment services, which promote the potential to function independently.
- Treatment in ways that respect your cultural and ethnic identity, religion, disability, gender, marital status, and sexual orientation.
- Services in a safe, clean place that encourages positive treatment and protect from harm, abuse and neglect.
- Prompt services given by providers who are qualified, competent, focused on your individual care, and who are responsive to you and your support system.
- Services that emphasize that you and your support system have an active role in making a treatment plan to suit your needs, which includes your agreement to work toward clear goals.
- Receive confidential services of the Patient Rights Advocate. You will not be discriminated against when requesting advocacy services.

YOU HAVE A RIGHT TO KNOW:

- Diagnosis, treatment plan and costs in language you can understand.
- Names and credentials of providers who take part in your treatment planning.
- The benefits and potential side effects of the medication being prescribed for you prior to signing an informed consent to medication.
- A second opinion is available to you if you disagree with decisions regarding your care.
- If your mental health services have been denied, reduced or eliminated.

YOU HAVE THE RIGHT TO PRIVACY AND CONFIDENTIALITY:

- In talks and meetings about your care, examinations, and treatment services.
- In written and spoken records about your care, except when required by law such as suspected abuse or danger to self or others.

If you have complaints about your care, you have a right to express them.

Consumers are encouraged to discuss issues concerning their mental health services directly with their provider.

Consumers may contact the following people for assistance in resolving complaints:

DIRECT CONTACT FOR SITE: _____

DEPARTMENT ADMINISTRATOR: _____

If you have any questions concerning your rights, contact your: Patients' Rights Advocate at 844-360-8250.
If you have Medi-Cal, you can ask for a Fair Hearing at any time.

To the best of your ability, you are responsible for:

- Being honest about facts, feelings, ideas that relate to your care.
- Trying to understand your mental or emotional problems and agreeing to listen to the provider's directions and advice.
- Taking an active part in your treatment planning and mental health services.
- Keeping your appointments and collaborating with the provider and staff.
- Reporting changes in your symptoms to your provider as soon as you can.
- Informing your provider if you think you might have problems following your plan.
- Asking your provider to explain any questions you have related to your treatment that you don't understand.
- Showing care and respect for the rights of other consumers, providers, and staff.



These posters
must include the
name and phone
number for both
the "Direct
Contact for Site"
and the
KernBHRS
"Department
Administrator"

Sus Derechos Como Paciente

En El Sistema Para Servicios de Recuperación y Salud del Comportamiento

USTED TIENE EL DERECHO A SERVICIOS QUE:

- Promuevan un tratamiento eficaz y que desarrollen su habilidad de funcionar independiente.
- Respeten su cultura, identidad étnica administrados en un lugar seguro y limpio que le protege de abuso o descuido y también que su privacidad confidencialidad estén seguras.
- Sean administrados por proveedores clínicos competentes, enfocados a su cuidado individual, y que respondan a usted y a su familia.
- Enfatizan que usted y su familia tomen una parte importante en el desarrollo de su plan de tratamiento que satisfaga sus necesidades para alcanzar sus metas.
- Protejan su privacidad y confidencialidad cuando pida asistencia para servicios del Representante de los Pacientes o de las Familias y que no sea discriminado a causa de su queja.

USTED TIENE EL DERECHO DE SABER:

- El diagnóstico, el plan de tratamiento, y costos en forma que usted puede comprender
- Nombres y credenciales de los proveedores que toman parte en su tratamiento
- Los efectos de las medicinas y que necesita firmar un "consentimiento informado" antes de administrarse medicinas—Una segunda opinión si usted no está de acuerdo con decisiones tocante su cuidado
- Cuando se ha tomado una decisión reducir, negar o terminarse servicios.

USTED TIENE EL DERECHO A PRIVACIDAD Y CONFIDENCIALIDAD:

- En Pláticas y juntas sobre su caso, exámenes y servicios de tratamiento
- En archivos escritos u orales acerca de su caso, excepto en casos sospechosos sobre abuso o peligro a sí mismo o a otros. En estas excepciones estamos obligados a reportarlo.

Si usted está inconforme con cualquier servicio, le agradeceremos que se nos comunique.

Pacientes son motivados a dialogar los problemas relacionados con sus servicios de salud mental directamente con su proveedor.

Pacientes pueden comunicarse con las siguientes personas para obtener ayuda en resolver sus quejas:

CONTACTO DIRECTO PARA EL SITIO: _____

EL ADMINISTRADOR DEL SISTEMA DE CUIDADO ES: _____

Si usted tiene alguna pregunta sobre sus derechos, póngase en contacto con: Defensor de los Derechos del Paciente al 844-360-8250.

Si usted tiene Medi-Cal, usted puede pedir una audiencia imparcial en cualquier momento.

A lo mejor de su capacidad, usted es responsable de:

- Ser honesto acerca de hechos, sentimientos, e ideas que se relacionan con su cuidado.
- Tratar de entender sus problemas mentales o emocionales y aceptar escuchar a las instrucciones y asesoría que le da su proveedor de salud mental.
- Mantener su citas y colaborar con sus proveedores y el personal.
- Reportar lo más pronto posible cualquier cambio en su sistema a su proveedor.
- Informar a su proveedor si usted cree que puede tener problemas siguiendo su plan.
- Ponerle a su proveedor que le avise si usted quiere preguntar o discutir que tenga relacionadas con su tratamiento.
- Respetar la confidencialidad y privacidad de los demás y tratando de mantener en mente las necesidades de los demás.
- Ayudar a desarrollar un sistema de apoyo en su comunidad.



MH Patients Rights English & Spanish

MENTAL HEALTH PATIENTS' RIGHTS



MOSAIC FOREST

Alice Washington, 2014

Mental health patients have the same legal rights guaranteed to everyone by the Constitution and laws of the United States and California.

YOU HAVE THE RIGHT:

- To dignity, privacy and humane care
- To be free from harm including unnecessary or excessive physical restraint, medication, isolation, abuse and neglect
- To receive information about your treatment and to participate in planning your treatment
- To consent or refuse to consent to treatment, unless there is a legally defined emergency or a legal determination of incapacity
- To client-centered services designed to meet your individual goals, diverse needs, concerns, strengths, motivations and disabilities
- To treatment services which increase your ability to be more independent
- To prompt medical care and treatment
- To services and information in a language you can understand and that is sensitive to cultural diversity and special needs
- To keep and use your own personal possessions including toilet articles
- To have access to individual storage space for your private use
- To keep and spend a reasonable sum of your own money for small purchases
- To have reasonable access to telephones—both to make and to receive confidential calls or have such calls made for you
- To have access to letter-writing material and stamps—to mail and to receive unopened correspondence
- To social interaction, participation in community activities, physical exercise and recreational opportunities

- To see visitors every day
- To wear your own clothes
- To see and receive the services of a patient-advocate who has no direct or indirect clinical or administrative responsibility for the person receiving mental health services
- To religious freedom and practice
- To participate in appropriate programs of publicly supported education
- To be free from hazardous procedures
- And all other rights as provided by law or regulation

FOR MORE INFORMATION CONTACT YOUR LOCAL COUNTY PATIENTS' RIGHTS ADVOCATE

Advocacia Please Place
Your Address & Phone
Number Here

California Office of Patients' Rights
1001 E Street, Sacramento, CA 95834-1114
(916) 224-8100; <http://www.ohpra.org>
Department of Health Care Services
Mental Health Services Division, Contract Unit
(800) 854-4422 or Email: ohpra@dhcs.ca.gov

DERECHOS DE LOS PACIENTES DE SALUD MENTAL



MOSAIC FORES

Alice Washington, 2014

Los pacientes de salud mental tienen los mismos derechos legales garantizados a todos por la Constitución y por las leyes de los Estados Unidos y de California.

USTED TIENE EL DERECHO:

- A dignidad, privacidad y trato humano
- A no sufrir daño, incluyendo excesivo o innecesario use de restricción física, aislamiento, medicamento, o abuso y descuido
- A recibir información sobre su tratamiento y a participar en planear su tratamiento
- A dar su consentimiento a tratamiento, a menos que exista una emergencia según la definición legal, o que haya una determinación legal de incapacidad
- A servicios enfocados en el cliente diseñados para cumplir sus propias metas, necesidades diversas, preocupaciones, habilidades, o motivaciones
- A servicios de tratamiento que aumenten su habilidad de ser mas independiente
- A cuidado y tratamiento médico lo necesario
- A servicios en el idioma que usted comprenda y con sensibilidad a diversas culturas y necesidades especiales
- A tener y usar artículos personales incluyendo artículos de tocador
- A tener su propio lugar privado para guardar sus artículos personales
- A tener y gastar una cantidad razonable de su propio dinero para compras pequeñas
- A tener acceso razonable a teléfonos – para hacer y recibir llamadas confidenciales o para que alguien haga la llamada por usted
- A tener acceso razonable a papel y pluma para escribir, incluyendo estampillas de correo y de recibir su correspondencia cerrada
- A usar su propia ropa
- A actividades sociales, participación en actividades de la comunidad, ejercicio físico y oportunidades de recreo
- A recibir visitas diariamente
- A ver y recibir servicios de un representante de pacientes que no tiene responsabilidad clínico ni administrativa, directa o indirecta, por la persona que recibe servicios de salud mental
- A tener la libertad de practicar su religión
- A participar en programas apropiados de educación pública
- A estar libre de procedimientos peligrosos
- A tener todos los otros derechos proporcionados por ley o reglamento

PARA MÁS INFORMACIÓN, LLAME AL REPRESENTANTE DE DERECHOS EN SU CONDADO LOCAL

Advocacia Please Place
Your Address & Phone
Number Here

California Office of Patients' Rights
1001 E Street, Sacramento, CA 95834-1114
(916) 224-8100;
<http://www.ohpra.org>
Department of Health Care Services
Mental Health Services Division, Contract Unit
(800) 854-4422
Email: ohpra@dhcs.ca.gov

Grievance & Appeal Process Poster

English & Spanish



GRIEVANCE AND APPEAL PROCESS

You have a right to make a grievance about any aspect of your treatment at a clinic or by a Medi-Cal "Fee-for-Service" Provider (Private psychiatrist, psychologist, LCSW or LMFT). You also have the right to appeal an "Adverse Benefit Determination" as taken by the County's Mental Health Plan (see below for "Adverse Benefit Determination" definition).

- You may make a Grievance or Appeal verbally or in writing. Grievance resolutions will be made within 90 calendar days of receipt of a grievance. Appeals will be resolved within 30 working days of receipt of Appeal. Expedited Appeals will be resolved no longer than 72 hours from the date and time of the Expedited Appeal receipt.
- These timeframes may be extended by up to 14 calendar days if you request an extension or if the Mental Health Plan determines that there is a need for additional information and that the delay is in your best interest.
- Grievance Forms and Appeal Forms are available in the waiting room of the clinic, or the "Fee-for-Service" Provider.
- You may use an authorized representative on your behalf.
- Expedited Appeals may be requested if you or your provider certify that taking the time for a standard Appeal resolution could seriously jeopardize your life, health or ability to attain, maintain, or regain maximum function.
- You may verbally, or in writing, file for a State Fair hearing, after the exhaustion of an Appeal or Expedited Appeal process, whether or not, you have received a Notice of Adverse Benefit Determination.

An "Adverse Benefit Determination" is defined as:

- Denial, or limiting of an authorization of a requested service, including the type or level of service;
- Reducing, suspending, or terminating a previously authorized service;
- Denial, in whole or in part, of payment for a service;
- Failing to provide services in a timely manner, as determined by the Mental Health Plan or;
- Failing to act within the timeframes for disposition of standard Grievance, the resolution of standard Appeals, or the resolution of Expedited Appeals; or
- Denial of a beneficiary's request to dispute financial liability.

A "Grievance" is defined as:

An expression of dissatisfaction about any matter other than an Adverse Benefit Determination. The definition specifies that grievances may include, but are not limited to:

- The Quality of care or services provided;
- Aspects of interpersonal relationships such as rudeness of a provider or employee;
- Failure to respect the beneficiary's rights regardless of whether remedial action is requested; or
- The beneficiary's right to dispute an extension of time proposed by the Plan to make an authorization decision.

Please note: The County's Grievance and Appeal Process, must be exhausted, prior to the requesting of a State Fair Hearing. It is intended to resolve problems in the most prompt, efficient and effective manner possible. If you have any questions, call the Patients' Rights Office at 1 (844) 360-8250.

Beneficiary Grievance and Appeal Rights:

- To be treated with dignity and respect
- To file a Grievance or Appeal verbally or in writing in the primary or preferred language
- To ask for assistance with the Grievance and Appeal process
- To authorize another person to act on his/her behalf
- To identify a staff person or other individual to assist with the Grievance or Appeal process
- To identify a staff person or other individual to provide information regarding Grievance or Appeal process status.
- To not be subject to discrimination or any other penalty for filing a Grievance or Appeal
- To continue receiving services while an Appeal is pending



Proceso de Queja y Apelación

Usted tiene derecho a presentar una queja sobre cualquier aspecto de su tratamiento en una clínica o por un proveedor de Medi-Cal "tarifa-por-servicio" (psiquiatra privado, psicólogo, LCSW o LMFT). También tiene el derecho de apelar una "Determinación adversa de beneficios" según lo tomado por el Plan de Salud Mental del Condado (ver más abajo para la definición de "Determinación adversa de beneficios").

- Usted puede presentar una queja o apelación verbalmente o por escrito. Las resoluciones de quejas se harán dentro de los 90 días calendario a partir de la recepción de una queja. Las Apelaciones se resolverán dentro de los 30 días hábiles siguientes a la recepción de la Apelación. Las Apelaciones Aceleradas se resolverán no más de 72 horas a partir de la fecha y hora del recibo de la Apelación Acelerada.
- Estos plazos pueden extenderse hasta 14 días calendario si solicita una extensión o si el Plan de Salud Mental determina que hay una necesidad de información adicional y que el retraso es en su mejor interés.
- Los formularios de quejas y los formularios de apelación están disponibles en la sala de espera de la clínica o en el proveedor de "Tarifa por Servicio".
- Puede utilizar un representante autorizado en su nombre.
- Las Apelaciones Aceleradas pueden ser solicitadas si usted o su proveedor certifica que tomarlas el tiempo para una resolución, estándar, de la Apelación podría poner en serio peligro su vida, salud o capacidad para alcanzar, mantener o recuperar la máxima función.
- Usted puede presentar una audiencia imparcial verbal o por escrito, después del agotamiento de una Apelación o un proceso de Apelación Acelerada, ya sea o no, que haya recibido un Aviso de Determinación Adversa de Beneficios.

Una "Determinación adversa de beneficios" se define como:

- Denegación o limitación de una autorización de un servicio solicitado, incluido el tipo o nivel de servicio;
- Reducir, suspender o terminar un servicio previamente autorizado;
- Denegación, total o parcial, del pago de un servicio;
- No prestar servicios de manera oportuna, según lo determine el Plan de Salud Mental; o
- No actuar dentro de los plazos para la disposición de la queja estándar, la resolución de apelaciones estándar, o la resolución de apelaciones aceleradas; o
- Denegación de la solicitud de un beneficiario para impugnar la responsabilidad financiera.

Una "queja" se define como:

Una expresión de insatisfacción sobre cualquier asunto que no sea una determinación adversa de beneficios. La definición específica que las quejas pueden incluir, pero no se limitan a:

- La calidad de la atención o los servicios prestados;
- Aspectos de las relaciones interpersonales, como la grosería de un proveedor o empleado;
- No respetar los derechos del beneficiario, independientemente de si se solicitó una acción correctiva; O
- El derecho del beneficiario a impugnar una prórroga de tiempo propuesta por el Plan para tomar una decisión de autorización.

Tenga en cuenta: El Proceso de Quejas y Apelaciones del Condado, debe ser agotado, antes de la solicitud de una Audiencia Justa Estatal. Su objetivo es resolver los problemas de la manera más rápida, eficiente y eficaz posible. Si tiene alguna pregunta, llame a la Oficina de Derechos de los Pacientes al 1 (844) 360-8250.

Reclamación del beneficiario y derechos de apelación:

- Ser tratado con dignidad y respeto
- Presentar una queja o apelación verbalmente o por escrito en el idioma principal o preferido
- Solicitar ayuda con el proceso de queja y apelación
- Autorizar a otra persona a actuar en su nombre
- Identificar a una persona del personal u otra persona para ayudar con el proceso de queja o apelación
- Identificar a una persona del personal u otra persona para proporcionar información sobre el estado del proceso de queja o apelación
- No estar sujeto a discriminación o cualquier otra sanción por presentar una queja o apelación
- Para continuar recibiendo servicios mientras una Apelación está pendiente



Patients' Rights Office Contact Information

- BHRSpatientsrights@kernbhrs.org
- **Courtney Isaac**, PRA Supervisor (661) 852-1115
- **Dissary Chairez**, Program Technician (661) 868-5167
 - **Jonathan Monsibais**, OST (661) 868-5110
- **Mark Kimmel**, Sr. Patients' Rights Advocate (661) 868-5157
- **Stephanie Odom**, Patients' Rights Advocate (661) 868-5108
- **Marisol Garcia**, Patients' Rights Advocate (661) 868-5102
- **Eric Moss**, Family Advocate (661) 868-5105