Beneficiary Protection Training Mono County Behavioral Health

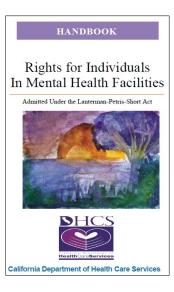
Julie Jones, QA/QI Coordinator

Beneficiary Protection

Training Goals and Objectives

- ✓ To understand the role of the Patients' Rights Advocate
- ✓ To understand basic patients' rights
- ✓ To understand the role of the Ombudsman
- ✓ To understand our Appeal and Grievance Policy
- ✓ To know what a Notice of Adverse Benefit Determination is
- ✓ To know what an Advance Health Care Directive is

What is Patients' Rights Advocacy?



Advocacy is the process of promoting and representing clients' rights and interests through direct assistance, monitoring, training, and policy review.



- Based on the clients' expressed interest
- Not a neutral position
- Ensures the statutory and constitutional rights of recipients of mental health services



What Advocates Do:

- Investigate and resolve complaints regarding violations or abuse of patients' rights
- Act as advocate for those unable or afraid to register a complaint
- Monitor facilities for compliance with patients' rights laws, regulations, and policies

Disability Rights California



- Assist staff in ensuring that all clients are notified of their rights
- Act as consultant to mental health professionals
- Act as liaison between the advocacy program and the State Office of Patients' Rights
- Represent clients at inpatient certification review and medication hearings

Advocates <u>do not</u> determine what is most "appropriate" for the client, or what is in the client's "best interest."

The advocate's role is to counsel clients about their options and the implications of those options, and to advocate for the client's expressed interest.

Are there legal sanctions for interfering with advocacy activities?



Legal Sanctions

Welfare and Institutions Code § 5550 (e)

Any person or facility found in violation...shall pay a civil penalty, as determined by a court, of not less than one hundred dollars (\$100), or more than one thousand dollars (\$1,000) which shall be deposited in the county general funds.

Summary of Rights

- Refer to "Patients' Rights and Patients' Rights Advocacy "
- Many rights may NEVER be denied
- In psychiatric facilities, some specific rights may be denied ONLY when GOOD CAUSE exists
- All clients are guaranteed certain treatment rights

What is an Ombudsman?



According to Webster's Dictionary, an Ombudsman is:

A person appointed by a legislative body to receive, investigate, and report by private individuals.

The term also means protector or defender of citizens' rights.

The Ombudsman performs a:

NEUTRAL CONFIDENTIAL OBJECTIVE

fact finding inquiry in response to community or individual complaints.

A bit of history...

- The term comes from a Scandinavian word
- The first public sector Ombudsman was appointed by the Parliament of Sweden in 1809
- The State of Hawaii established the first Ombudsman office in the United States in 1967



- Conduct independent reviews of complaints concerning CWS policies and practices
- Ensure that policies and practices are consistent with the goals and mission of the Department
- Ensure that individuals are treated fairly, respectfully, and with dignity



- Make referrals and recommendations as appropriate
- Provide information, answer questions, and/or identify staff persons or resources to address issues raised
- Research agency policies and procedures that may assist in resolving the complaint



- Assure that issues are treated in a reasonable, respectful, and confidential manner
- Facilitate prompt resolutions of complaints in an independent, impartial, objective, and professional manner
- Provide education and "navigation" of the system to callers

An Ombudsman DOES NOT:

- Have the authority to overturn a court decision or make recommendations to the court
- Investigate matters when appeals or lawsuits are pending against the county
- Conduct personnel and disciplinary matter decision-making, but refers to agency director for appropriate delegation
- Give legal advice
- Ensure implementation of any recommendation made following the Ombudsman investigation

Calls are welcomed from:

Children

Relatives

Foster Parents

Attorneys

Physicians ___

Therapists

Social Workers

Personnel

Members of the Clergy

Teachers and other School

Law Enforcement

All Community
Organizations

What is an Appeal?

What is a Grievance?

What is Mono County's Appeal and Grievance Policy?

What is a State Fair Hearing?



An APPEAL can be filed by a <u>Medi-Cal beneficiary only</u>. A Medi-Cal beneficiary may ask for an Appeal if:

- We did not give them the type or level of mental health service they requested
- We reduced or stopped a service they were receiving
- We failed to process a provider's request for service authorization or to provide mental health services in a timely manner
- We said a private provider mental health service wasn't necessary and didn't pay for it
- We denied their request to dispute financial liability
- They filed a grievance, and we failed to act within required timeframes
- The client will receive a written decision within 30 calendar days

An **EXPEDITED APPEAL** is an appeal that must have a written decision within 72 hours so as not to jeopardize the client's life, health, or ability to attain, maintain, or regain maximum functioning.

A GRIEVANCE is any complaint other than an APPEAL. All clients, including both Medi-Cal and non Medi-Cal, can use the county's grievance process. The client will receive a written decision within 90 calendar days.

Any client may file a grievance if they are dissatisfied with our service.

- May be filed orally or in writing
- The client may have another person act on their behalf
- The client may ask the Patients' Rights Advocate or the QA/QI to assist them
- Appeals and grievances are confidential
- The client shall not be discriminated against or penalized for filing an appeal or grievance
- The client will receive written notice that their appeal or grievance was received

What is Mono County's appeal and grievance policy?

- May be in writing or verbal
- Patients' Rights Advocate or QA/QI Coordinator mental health or substance use services
- Ombudsman child welfare
- All appeals and grievances are logged and forwarded to the QA/QI Coordinator
- QA/QI Coordinator is responsible for ensuring that the request is assigned for follow-up

What is a State Fair Hearing?

- The client has 120 days to request a hearing
- The case is heard by an Administrative Law Judge
- The client may ask for Aid-Paid-Pending
- The client may ask someone to represent them

What is a "Notice of Adverse Benefit Determination"?



A Notice of Adverse Benefit Determination (NOABD) is a form given to the client which advises them of a determination that has taken place regarding their case. This form also advises the client about their right to appeal the determination, including their right to request a state fair hearing.

There are 9 types of NOABD's:

- Authorization Delay: Given to a client when we fail to make a decision about a service request in a timely manner.
- Delivery System: Given to a client following an assessment when the client does not meet medical necessity criteria and no services will be provided.
- * Denial: Given to a client when we deny an authorization.

- Financial Liability: Given to a client when we deny their dispute of financial liability.
- Grievance/Appeal Resolution: Given to a client when a client has filed a Grievance or Appeal and we have failed to respond in a timely manner.
- Modification: Given to a client when we deny a request for a change in treatment, and approve instead a different treatment.

- Payment Denial: Given to the client when we deny, in whole or in part, payment for a service post-service delivery.
- Termination: Given to the client when a service they are receiving is terminated.
- Timely Access: Given to the client when the System Of Care fails to provide services in a timely manner.

What if I need to send a Notice of Adverse Benefit Determination?

If you have a situation where you believe you may need to send a client a NOABD, please discuss it with your Supervisor or contact the QA/QI Coordinator.

Advance Health Care Directive

What is an Advance Health Care Directive?



Advance Health Care Directive

An advance health care directive is a document that describes your physical and mental health care wishes in the event that you are unable to make these decisions on your own.

Advance Health Care Directive

What is your role in providing this information?

Let the client know that they have a right to an Advance Health Care Directive

Let the client know where they can get the Advance Health Care Directive form

Beneficiary Protection

Contacts

Patients' Rights Advocate

Wendy Hayward (530) 263-6705

QA/QI Coordinator

Julie Jones (760) 924-1740

Ombudsman

DHCS - Office of the Ombusman (888) 452-8609 Email:

MMCDOmbudsman Office@dhcs.ca.gov

Questions?

Thank you!