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As an operator of a State- recognized Mental health Plan (MHP), Alameda County Behavioral Health Care Services is required by the California Code of Regulations (Title 9, Sec. 1850.205-215 and 42 CFR Sec. 438.406) to have Beneficiary Problem Resolution Processes that enable a beneficiary to seek resolution to a problem or concern about any issue related to the MHP's performance of its duties, including the delivery of specialty mental health services.

Alameda County is committed to providing high-quality service to beneficiaries and to offering a problem resolution process that is easy to access, timely, and responsive to the concerns and experiences of beneficiaries. Our manual describes the process for addressing such concerns or problems. It details the steps that are taken to advertise, receive, and resolve beneficiary grievances and appeals received by the Alameda County Mental Health Plan. It also provides summary information regarding the complaint procedures of other public and private agencies that beneficiaries may connect with and an overview of certain other consumer rights.

Beneficiaries must have adequate information about the Mental Health Plan's (MHP's) Problem Resolution Process to be able to take advantage of the process if they so choose. Information about how to make a grievance or appeal must be consistently available in the MHP beneficiary booklet and at all sites where MHP services are delivered. This includes County-operated and all contracted providers. Each site is required to prominently display a poster or posters in all threshold languages provided by the MHP which contain information about the process and the Consumer Assistance Line phone number.

All sites are also required to have available the form for making a written request and pre-addressed, postage paid envelopes. The information, forms and envelopes must be available to the beneficiary or their representative without them having to make a verbal or written request to anyone for them. The information must also notify beneficiaries that they may authorize another person to act on their behalf, that the process maintains their confidentiality, and that the beneficiary is not subject to discrimination or any other penalty for filing a grievance, appeal, or expedited appeal. The written form collects information on the person filing the grievance or appeal, information about the problem, and suggestions for its potential resolution. Whenever the MHP issues a Notice of Action (NOA) of any type it must include information about the Appeal process, State Fair Hearings, and how to access them. The Quality Assurance Office and Mental Health Association of Alameda County (contracted to staff the Consumer Assistance Line) receives and responds to calls during normal business hours. Beneficiaries and their representatives, along with providers are oriented to every step in the grievance and appeals process.

The Problem Resolution Process includes a procedure by which the issues identified as a result of a grievance or appeal are transmitted to the Mental Health Plan's Quality Improvement Committee for consideration in the quality improvement program. On an annual basis, the Quality Assurance Office

produces a presentation summarizing the number and type of grievances received during the year and reviews any trends or patterns emerging from the data. The QA Office also prepares the Annual Medical Beneficiary Grievance and Appeal Report (ABGAR reporting form), sent to the State on October 1st of each year. The report follows State requirements including number and type of grievances, appeal and expedited appeals received, grievance and appeals categories, and number of State Fair Hearings, including whether they have been referred, resolved, or are still pending at the time of the report.

From time to time BHCS may receive calls from consumers or others seeking to grieve services or an interaction with another public agency or health care provider. These calls are not considered grievances or appeals, and are logged as “informational” contacts, however The QA Office and Consumer Assistance Staff make every effort to connect the caller with the appropriate party to hear and resolve their complaint. Consumer Assistance staff also track the number and types of calls of this nature to identify areas where greater information to consumers and providers may be beneficial and to expand or improve the information provided in the Problem Resolution Process manual.