## Written Informing Materials Policy

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<tr>
<th>Effective Date</th>
<th>Revised Date</th>
<th>Director</th>
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<tbody>
<tr>
<td>10/24/2006</td>
<td>05/30/2019</td>
<td>Veronica Kelley, DSW, LCSW, Director</td>
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### Policy

It is the policy of the Department of Behavioral Health (DBH) to comply with state and federal regulations regarding written materials disseminated to clients and potential clients to inform them about DBH services.

### Purpose

To ensure DBH and contracted providers of Specialty Mental Health Services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS) services comply with state and federal regulations regarding written informing materials.

### General Information Requirements

Written informing materials include the beneficiary handbook (MH_E and DMC-ODS_E), general program literature, forms, etc. DBH is required to adhere to the following requirements regarding written informing materials:

- Provide information in a manner and format that is easily understood and readily accessible to clients or potential clients;
- Provide all written materials for clients or potential clients in easily understood language, format and alternative formats that take into consideration the special needs of clients;
- Inform clients or potential clients that information is available in alternative formats and how to access those formats;
- Ensure its written materials are available in alternative formats, including eighteen (18) point font large print, upon request of the client or potential client at no cost, and
- Operate a website that provides clients or potential clients with the information in accordance with federal regulations.

### Language and Format Requirements

DBH shall ensure compliance with the language and format requirements below:

- Inform all clients and potential clients that all of the publications and accommodations identified in this section are available free of charge, and explain how they may access them;
- Provide all written materials in a minimum twelve (12) point font size;

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Language and Format Requirements, continued

- Ensure written materials that are critical to obtaining services are available in the County’s threshold languages. This includes, at minimum, the following documents:
  - Provider directories (DMC-ODS_Sp, DBH_Sp, Contract_Sp and FFS_Sp);
  - Beneficiary handbooks (DMC-ODS_Sp and MH_Sp);
  - Appeal and grievance notices;
  - Denial and termination notices, and
  - DBH’s education materials for SMHS and DMC-ODS.
- Include language taglines in California’s prevalent non-English languages, as well as large print, explaining that written translation or verbal interpretation, to aid in understanding the information provided; is available for all prevalent languages;
- Inform clients or potential clients that written translation is available in all prevalent languages:
- Have a mechanism for ensuring accuracy of translated materials in terms of both language and culture;
- Make auxiliary aids and services, such as TTY/TDD and American Sign Language available upon request;
- Make verbal translation and interpretation available for all prevalent languages and comply with Non-Discrimination-Section 1557 of the Affordable Care Act Policy by:
  - Prohibiting the expectation that family members provide interpreter services;
  - Permitting a client or potential client to choose to use a family member or friend as an interpreter after being informed of the availability of free interpreter services, and
  - Prohibiting minor children from being used as interpreters.

Beneficiary Handbook

The beneficiary handbook is an informative written informing material for clients, as it enables the client or potential client to understand how to effectively access SMHS or DMC-ODS services. The California Department of Health Care Services (DHCS) has established the following requirements regarding when the beneficiary handbook shall be provided to clients or potential clients:

- When the client or potential client first accesses services and thereafter upon request; and
- Upon any significant change to the information (i.e., an increase or decrease in the amount or types of services that are available, or if there is an increase or decrease in the number of network providers, or if there is any other change that would impact the benefits available) contained in the beneficiary handbook at least thirty (30) days before the intended effective date of the change.

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Beneficiary Handbook, continued

DHCS considers the beneficiary handbook to be provided to the client or potential client, if DBH, contract agencies, and Fee-For-Service (FFS) providers do the following:

- Mails a printed copy of the beneficiary handbook to the client or potential client’s mailing address;
- Provides the beneficiary handbook by email after obtaining the client or potential client’s agreement to receive it by email;
- Posts the beneficiary handbook on DBH's website and advises the client or potential client in paper or electronic form that the beneficiary handbook is available on the internet, including the applicable internet address, provided that clients or potential clients with disabilities who cannot access this information online are provided auxiliary aids and services upon request at no cost, and
- Provides the beneficiary handbook by any other method that can be reasonably be expected to result in the client or potential client receiving the information.

When Did Client First Access Services

A client or potential client is considered to have accessed services when they:

- First phoned the agency to request services, or
- Requested and received a scheduled appointment date, or
- Were seen as a walk-in by a SMHS or DMC-ODS clinic/program and received a referral to an outpatient clinic/program for services.

For any of the aforementioned occurrences, DBH, contracted providers, and Fee-for-Service providers are required to provide, via email or hard copy, the applicable beneficiary handbook before the client or potential client receives SMHS or DMC-ODS services.

Related Policy or Procedure

DBH Standard Practice Manual:

- Behavioral Health Services for Clients/Family Members Who are Deaf or Hard of Hearing Policy (CUL1002)
- Behavioral Health Services for Clients/Family Members Who are Deaf or Hard of Hearing Procedure (CUL1002-1)
- Field Testing of Written Materials Policy (CUL1010)
- Field Testing of Written Materials Procedure (CUL1010-1)
- Providing Translation Services Procedure (CUL1011)
- Providing Interpretation Services Procedure (CUL1012)
- Providing Written Communications in Threshold/Primary Languages for Consumers/Family Members Policy (CUL1013)

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Reference(s)

- California Code of Regulations, Title 9, Sections 1810.360, 1810.405, 1810.410
- Code of Federal Regulations, Title 42, Section 438.10 et al.
- Public Law 111-148, Patient Protection and Affordable Care Act, Section 1557
- Department of Health Care Services, MHSUDS Information Notice 18-043, Beneficiary Handbook Requirements and Template
- California Department of Health Care Services Revenue Agreement for the Provision of Specialty Mental Health Services
- California Department of Health Care Services Revenue Agreement for Substance Use Disorder Drug Medi-Cal Organized Delivery System