Quality of Care Referral Policy

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Policy
It is the policy of the Department of Behavioral Health (DBH) to identify all quality of care issues, ensure appropriate action is taken to resolve them, and to prevent recurrence.

Purpose
To ensure quality of care issues are transmitted to the Mental Health Plan (MHP) or Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan Administration or any appropriate staff within DBH.

Identification
Quality of care issues can be identified through the following:
- Grievance or appeal process
- Review of inpatient charts submitted to Inpatient Authorization Unit for payment through the Medi-Cal or Indigent Care Services Programs
- Audits conducted by the Outpatient Utilization Review Unit
- Audits of Fee-for-Service provider charts by the MHP's Access Unit
- Reports by concerned staff or clients directly to the Access Unit, DBH Quality Management Division, SUDRS Administration or DBH Administration
- Annual Review or quarterly Quality Assurance Reviews (QARs)

Referral
Once a quality of care issue has been identified, it must be referred to the appropriate staff and/or deliberative body for review and resolution. The referral process consists of involvement from one or more of the following:
- Access Unit Clinical Therapist II
- Access Unit Supervisor
- Chief of Quality Management
- SUDRS Program Manager
- Applicable Deputy Director, as appropriate
- Chief Psychiatric Officer
- DBH Director, as appropriate
- Quality Management Action Committee

Continued on next page
Quality of Care Referral Policy, Continued

Reference

- California Code of Regulation, Title 9, Chapter 11, Section 1810.440
- California Department of Health Care Services Revenue Agreement for Substance Use Disorder Services.

Related Procedure

DBH Standard Practice Manual:
- Quality of Care Referral Procedure QM6022-1