How to Use the Packet: "Informing Materials – Your Rights & Responsibilities"

Packet Must be Modified with the Provider's Name Before Use:

➢ Prior to use with Medi-Cal beneficiary clients, the "Informing Materials" packet (in each threshold language version used by that provider) <u>must be amended with the provider's name, per the following</u>:
   o In the spaces labeled "PROVIDER NAME:" on Page 1 (first page of packet) AND on Page 5 (first page of "Notice of Privacy Practices"), providers must indicate the name of the organization or individual provider contracting with ACBHCS. County-operated clinics must indicate their site name on same pages**.**
   o Protect the "master" document(s) from further changes prior to copying for distribution (electronic versions should be locked or password-protected).

➢ Each language version of the packet is designed to be printed/copied as a double-sided document, with text that prints outside the standard margins. The signature page is the last page (Page 11), so it can be easily separated from the packet and filed in the chart. <u>Please do not change the packet's larger font size, margins or formatted page breaks</u>.

Using the Packet:

➢ **At Intake/Admission:** The contents of the "Informing Materials" packet <u>must be reviewed with and/or offered to Medi-Cal beneficiary clients during intake with BHCS providers</u>.*
   Please follow these instructions during a client's admission:
   1. Discuss each item with the client (and/or legal representative, if applicable) in their preferred language or communication method, and in enough detail for the general content to be understood. It is your responsibility, as a BHCS provider, to help beneficiary clients understand their rights and responsibilities to the best of their ability.
   2. Complete the signature page:
      o Complete the identifying information box at top right;
      o Mark the boxes to indicate the items reviewed with or offered to the client;
      o Ask the client (and/or legal representative) to sign & date in the appropriate box;
      o Provider/staff initial & date in the appropriate box.
   3. Separate the completed signature page and file it in the chart. (Copy for client, if requested.)
   4. Give the remaining "Informing Materials" pages to the client (or legal rep.) for their records.

➢ **At Annual Notification:** The "Informing Materials" packet <u>must also be offered to Medi-Cal beneficiary clients for their review on an annual basis</u>.* Notification may occur at any time of year, however, providers may choose a single anniversary date for all beneficiary clients to simplify compliance with the following procedure:
   1. Use the original signature page to remind each client of the materials available for review by going over the list of contents on that page; discuss the materials with them, if requested.
      o Existing clients: Use the entire packet or just the signature page, as needed.
      o Items reviewed for the first time: Check the item's box.
   2. To prove that the annual notification requirement was met, ask the client to initial/date one of the boxes in the Annual Notification section of the original signature page.
   3. File the updated signature page in the chart. (Copy for client, if requested.)

➢ **You may also use the "Informing Materials" packet at any time to:**
   o Indicate review or distribution of items that are requested by the client at any time.
   o Indicate that Advance Directive information is given when a client turns age 18.

*Per ACBHCS Policy: Beneficiary Rights and Title 42, Code of Federal Regulations, beneficiary clients must be offered informing materials at intake, annually thereafter, and upon request.

If Medi-Cal beneficiaries have more than basic questions about their Mental Health Plan rights, please provide them with the toll-free number for the Patients' Rights Advocates Office at 1-800-734-2504 (part of the Mental Health Association).

Beneficiaries with questions about the grievance or problem resolution process should be directed to the toll-free Consumer & Family Assistance Line at 1-800-779-0787.