



7.2.19 MENTAL HEALTH REQUIRED INFORMING MATERIALS AND TRANSLATION OF WRITTEN DOCUMENTS

Issue Date: 03/31/2017

Revision History: 01/05/2026, 05/20/2019

- References:
1. Code of Federal Regulations, Title 42, §438.10
 2. Code of Federal Regulations, Title 45, §92.8
 3. California Code of Regulations, Title 9, Chapter 11, §1810.360 and §1810.410
 4. Department of Health Care Services (DHCS) - Sonoma County Behavioral Health (SCBH), Mental Health Plan (MHP) Contract Exhibit A, Attachment 11
 5. 81 Federal Register Volume 81, Issue 96 31375, Nondiscrimination in Health Programs and Activities
 6. Behavioral Health Information Notice No: 24-007

Policy Owner: Behavioral Health Quality Assurance and Performance Improvement (QAPI),
Quality Assurance Manager

Director Signature: **Signature on File**

I. Policy Statement

It is the policy of the Sonoma County Department of Health Services Behavioral Health Division (DHS-BHD) and its contracted providers to ensure that all Medi-Cal members are provided with the required written materials that are critical to obtaining Specialty Mental Health Services (SMHS).

II. Scope

This policy applies to all DHS-BHD “Covered Persons” including employees (full-time, part-time, extra-help), unpaid interns, paid interns, temporary agency workers, registered volunteers, and all individual providers contractually designated as covered persons. Covered Persons do not include Community Based Organization (CBO) staff.

III. Definitions

- A. Threshold Language: This means that a language has been identified as the primary language of either 3,000 Medi-Cal members, or 5% of the member population, whichever is lower in the County's geographic area. Thus, all written informing materials are available in English & Spanish.
- B. Informing Materials include, but are not limited to, program literature that is critical to assisting members in accessing mental health services, explaining the member problem resolution and fair hearing process, and identifying member rights and protections.
- C. Alternative Formats for written materials include, but are not limited to, large print or oral interpretation/audio format. The MHP has large print formats readily available, and other formats (e.g., audio, braille, accessible electronic format such as a data CD, as well as other auxiliary aids) will be provided upon request.
- D. Notice of Availability of Language Assistance Services and Auxiliary Aids and Services (Language Assistance Taglines) explains the availability of written or oral translation services in the top 16 non-English languages commonly spoken by individuals with limited English proficiency. The notice includes the toll-free telephone number of the MHP's customer service unit and the TTY/TDD telephone numbers. This notification is written in English and available in large print (20 point, Arial).
- E. Non-Discrimination Notice is a notification that the MHP must comply with non-discrimination and accessibility requirements.

IV. Policy

- A. Informing Materials shall be provided to members at the first face-to-face contact and displayed in the lobbies of all Medi-Cal certified, MHP county-owned/operated programs, as well as contracted provider programs.
- B. Informing Materials shall be available in Sonoma County's threshold languages and upon request, alternative formats will be available to members at no cost, and in a format that the member can easily understand. Upon request, oral and alternative interpretation of informing materials will be provided; this includes the availability of auxiliary aids and services, such as TTY/TDD and American Sign Language. Refer to policy 7.1.24 Linking Non-English-Speaking Members to Behavioral Health Services, Effective Communication and Alternative Formats for Individuals with Disabilities, for more information.
- C. Notice of Availability of Language Assistance Services and Auxiliary Aids and Services (Language Assistance Taglines) and a Non-Discrimination Notice shall be included with all informing materials and posted in MHP county-owned/operated programs and contracted provider programs.

- D. Electronic versions of the informing materials are also available on the DHS-BHD website: <https://sonomacounty.ca.gov/health-and-human-services/health-services/divisions/behavioral-health/contractor-resources/medi-cal-informing-materials>.

V. Procedures

A. Informing Materials Provided to All Medi-Cal Members

The following documents must be provided to members at the first face-to-face contact with them and upon request:

1. Sonoma County Behavioral Health Member Handbook
2. Sonoma County Mental Health Plan Provider Directory
3. County of Sonoma Notice of Privacy Practices (HIPAA - Health Insurance Portability and Accountability Act)
4. Member Rights & Grievance/Appeal Process and Form with County addressed envelope
5. Your Right to Make Decisions About Medical Treatment - Advance Directives brochure (adult service providers only)
6. Early & Periodic Screening, Diagnosis & Treatment (EPSDT), Including Therapeutic Behavioral Services (TBS) brochure (for providers of youth - up to age 21 years)

NOTE: An acknowledgement of receipt must be obtained from all members who are offered the identified informing materials (Use Consent for Treatment Form in SmartCare).

B. Informing Materials – Postings for Medi-Cal Provider Lobbies

The following documents must be readily available in the lobbies of all Medi-Cal certified provider sites:

1. Sonoma County Behavioral Health Member Handbook
2. Sonoma County Mental Health Plan Provider Directory
3. County of Sonoma Notice of Privacy Practices (HIPAA)
4. Member Rights & Grievance/Appeal Process and Form with County addressed envelopes

5. Your Right to Make Decisions About Medical and Mental Health Treatment - Advance Directives brochure (adult service providers only)
6. Early & Periodic Screening, Diagnosis & Treatment (EPSDT), Including Therapeutic Behavioral Services (TBS) brochure (for providers of youth - up to age 21 years)
7. Point to Your Language - CTS Language Link sign
8. Consumer Notification of Licensing Boards
9. Mental Health Patients' Rights Poster (for residential treatment and other 24-hour treatment facilities)
10. Change of Provider Request form
11. Non-Discrimination Notice
12. Notice of Availability of Language Assistance Services and Auxiliary Aids and Services (Language Assistance Taglines)
13. Family Feedback Flyer
14. Family Feedback Form - Children's Services
15. Family Feedback Form - Adult Services
16. Member Rights Poster

C. Translation of Written Materials

DHS-BHD staff and contractors will provide Medi-Cal members with informing materials in Sonoma County's threshold languages (English & Spanish), and in large print (20-point, Arial) format.

When applicable, DHS-BHD staff will also ensure that other DHS-BHD documents are translated into threshold languages or provided in alternative formats upon request. For this purpose, DHS-BHD contracts with a language interpretation and translation service. See policy 7.1.24 Linking Non-English-Speaking Members to Language Assistance Services, Effective Communication and Alternative Formats for Individuals with Disabilities.

1. Requests for written translation of formal DHS-BHD documents are to be e-mailed to the Mental Health Plan, Quality Assurance (MHP-QA) Manager for review and authorization. E-mail: BHQA@sonomacounty.gov
 - a. Less formal document translation, such as a single letter to a member during the course of treatment, may be translated by DHS-BHD bilingual

staff without going through the MHP-QA Manager (DHS-BHD maintains a list of bilingual staff).

- i. In these cases, review of the document by at least one other bilingual staff person is recommended before distribution of the document.
2. Either the contracted language service, or the identified bilingual staff person provides translation into Latin American Spanish, the type of Spanish that is most relevant to the County's Spanish-speaking members.
3. To ensure both accuracy of translation and cultural appropriateness, upon receipt of a translated document, the MHP-QA Manager will request review of the document by at least one bilingual DHS-BHD staff member, who will notify the MHP-QA Manager of any recommended edits.
 - a. Any edits will be made by Quality Assurance (QA) staff before the document is released for use by DHS-BHD and/or MHP contracted provider.
4. With previously published DHS-BHD documents, if an error in translation is identified; if content is deemed culturally insensitive for any reason; or if a document must be adapted to be accessible to persons with limited reading proficiency, the MHP-QA Manager will make necessary modifications/edits by adhering to the abovementioned review and approval process prior to re-release of the document.
5. When a revised document becomes available, QA staff will inform all applicable DHS-BHD staff and/or MHP contracted providers of the change and request that any outdated documents be discarded and replaced by the revised version.
 - a. QA staff will save the current document in a shared folder on the DHS-BHD network for all staff to access and archive the outdated document.
 - b. QA staff will update the DHS-BHD website with the revised document.

VI. Forms

- A. Sonoma County Behavioral Health Member Handbook
- B. Provider Directory for Specialty Mental Health Services
- C. County of Sonoma Notice of Privacy Practices (HIPAA)
- D. BHD 406 Member Rights & Grievance/Appeal Process and Form with County addressed envelopes
- E. MHS 157 Your Right to Make Decisions About Medical and Mental Health Treatment

- F. Early & Periodic Screening, Diagnosis & Treatment (EPSDT) Including Therapeutic Behavioral Services (TBS) brochure (Medi-Cal Services for Children and Young Adults) brochure
- G. BHD 162 Notice of Availability of Language Assistance Services and Auxiliary Aids and Services (Language Assistance Taglines)
- H. Point to Your Language – CTS Language Link sign
- I. MHS 402 Consumer Notification of Licensing Boards (Spanish & English)
- J. MHS 400 Medi-Cal Member Rights Poster (Spanish & English)
- K. Mental Health Patients' Rights - CSU poster
- L. BHD 109 Change of Provider Request form
- M. BHD 158 Non-Discrimination Notice
- N. MHS 115 Consent for Treatment form (found in SmartCare)
- O. MHS 320 Family Feedback Flyer
- P. MHS 322 Family Feedback Form- Children's Services
- Q. MHS 321 Family Feedback Form - Adult Services

VII. Attachments

Attachment #1: Medi-Cal Informing Materials are available online at:

<https://sonomacounty.gov/health-and-human-services/health-services/divisions/behavioral-health/contractor-resources/medi-cal-informing-materials>