



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2019/2020

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE HUMBOLDT COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: 07/07/2020 to 07/08/2020

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EXECUTIVE SUMMARY

The California Department of Health Care Services' (DHCS) mission is to provide Californians with access to affordable, integrated, high-quality health care including medical, dental, mental health, substance use treatment services, and long-term care. Our vision is to preserve and improve the overall health and well-being of all Californians.

DHCS helps provide Californians access to quality health care services that are delivered effectively and efficiently. As the single state Medicaid agency, DHCS administers California's Medicaid program (Medi-Cal). DHCS is responsible for administering the Medi-Cal Specialty Mental Health Services (SMHS) Waiver Program. SMHS are "carved-out" of the broader Medi-Cal program. The SMHS program operates under the authority of a waiver approved by the Centers for Medicare and Medicaid Services (CMS) under Section 1915(b) of the Social Security Act.

Medi-Cal is a federal/state partnership providing comprehensive health care to individuals and families who meet defined eligibility requirements. Medi-Cal coordinates and directs the delivery of important services to approximately 13.2 million Californians.

The SMHS program which provides SMHS to Medi-Cal beneficiaries through county Mental Health Plans (MHPs). The MHPs are required to provide or arrange for the provision of SMHS to beneficiaries' in their counties that meet SMHS medical necessity criteria, consistent with the beneficiaries' mental health treatment needs and goals as documented in the beneficiaries client plan.

In accordance with the California Code of Regulations, title 9, chapter 11, § 1810.380, DHCS conducts monitoring and oversight activities such as the Medi-Cal SMHS Triennial System and Chart Reviews to determine if the county MHPs are in compliance with state and federal laws and regulations and/or the contract between DHCS and the MHP.

DHCS conducted an onsite review of the Humboldt County MHP's Medi-Cal SMHS programs on 07/07/2020 to 07/08/2020. The review consisted of an examination of the MHP's program and system operations, including chart documentation, to verify that medically necessary services are provided to Medi-Cal beneficiaries. DHCS utilized Fiscal Year (FY) 2019/2020 Annual Review Protocol for SMHS and Other Funded Programs (Protocol) to conduct the review.

The Medi-Cal SMHS Triennial System Review evaluated the MHP's performance in the following categories:

- Section A: Network Adequacy and Availability of Services
- Section B: Care Coordination and Continuity of Care
- Section C: Quality Assurance and Performance Improvement

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- Section D: Access and Information Requirements
- Section E: Coverage and Authorization of Services
- Section F: Beneficiary Rights and Protections
- Section G: Program Integrity
- Section H: Other Regulatory and Contractual Requirement

This report details the findings from the Medi-Cal SMHS Triennial System Review of the Humboldt County MHP. The report is organized according to the findings from each section of the FY 2019/2020 Protocol and the Attestation deemed out of compliance (OOC), or in partial compliance, with regulations and/or the terms of the contract between the MHP and DHCS.

For informational purposes, this findings report also includes additional information that may be useful for the MHP (e.g., a description of calls testing compliance of the MHP's 24/7 toll-free telephone line).

The MHP will have an opportunity to review the report for accuracy and appeal any of the findings of non-compliance (for both system review and chart review). The appeal must be submitted to DHCS in writing within 15 business days of receipt of the findings report. DHCS will adjudicate any appeals and/or technical corrections (e.g., calculation errors, etc.) submitted by the MHP and, if appropriate, send an amended report.

A Corrective Action Plan (CAP) is required for all items determined to be OOC. The MHP is required to submit a CAP to DHCS within 60-days of receipt of the findings report for all system and chart review items deemed OOC. The CAP should include the following information:

- (1) Description of corrective actions, including milestones;
- (2) Timeline for implementation and/or completion of corrective actions;
- (3) Proposed (or actual) evidence of correction that will be submitted to DHCS;
- (4) Mechanisms for monitoring the effectiveness of corrective actions over time. If the CAP is determined to be ineffective, the MHP should inform their county liaison of any additional corrective actions taken to ensure compliance; and
- (5) A description of corrective actions required of the MHP's contracted providers to address findings.

Review Findings Overview

- During the DHCS review, the Humboldt County MHP demonstrated numerous strengths, including but not limited to the following examples:
 - Collaboration with Social Services, Probation, and Child Welfare.
 - Co-location with Social Services and Child Welfare departments.
 - A well-established Compliance Program.
- DHCS identified opportunities for improvement in various areas, including:

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- Test calls and logging of test calls
- Assessing for the needs of Therapeutic Foster Care (TFC) services

Questions about this report may be directed to DHCS via email to MCBHDMonitoring@dhcs.ca.gov.

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FINDINGS

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

REQUIREMENT
The MHP shall meet, and require its providers to meet, Department standards for timely access to care and services, taking into account the urgency of need for services. (Fed. Code Regs, tit. 42, § 438, subd. 206(c)(1)(i).)

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i). The MHP must meet, and require its providers to meet, Department standards for timely access to care and services, taking into account the urgency of need for services.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Service Request Log
- 0704.520 Network Adequacy
- Timeliness Report FY 19-20
- Network Adequacy Remediation Tool
- QRO Timely access report

While the MHP submitted evidence to demonstrate compliance with this requirement, 6 of the 400 service requests on the Service Request Log exceeded the timeline. The Service Request Log also indicates the MHP does not meet timely access standards for the routine psychiatric appointments and urgent appointments. In addition to the evidence submitted by the MHP, DHCS reviewed the most recent Network Adequacy Remediation Tool. The MHP was out of compliance on timely access.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i). The MHP must complete a CAP addressing this finding of non-compliance.

REQUIREMENT
The MHP is required to cover acute psychiatric inpatient hospital services provided in an Institution for Mental Disease (IMD) to Medi-Cal beneficiaries under the age of 21, or 65 years or older. (MHSUDS IN No. 18-008; Cal. W&I Code §14053, subd. (a) and (b)(3); Fed. Code of Regs, tit. 42, § 1396, subd. d(a)(29)(B), (a)(16) & (h)(1)(c); Fed. Code of Regs, tit. 42, § 441, subd.13 and §435, subd.1009)

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FINDING

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-008, California Welfare and Institutions Code, section 14053, subdivision (a) and (b)(3), and Federal Code of Regulations, title 42, section 1396, subdivision d(a)(29)(B), (a)(16), (h)(1)(c), and Federal Code of Regulations, title 42, section 441, subdivision 13 and section 435, subdivision 1009. The MHP must cover acute psychiatric inpatient hospital services provided in an Institution for Mental Disease (IMD) to Medi-Cal beneficiaries under the age of 21, or 65 years or older.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Realignment 1991 (allocation document)
- General Fiscal Policies of DHHS

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP uses 1991 Realignment funding to cover acute psychiatric inpatient hospital services provided in an IMD to beneficiaries under the age of 21, or 65 years or older. The evidence does not distinguish beneficiaries under the age of 21, or 65 years or older.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-008, California Welfare and Institutions Code, section 14053, subdivision (a) and (b)(3), and Federal Code of Regulations, title 42, section 1396, subdivision d(a)(29)(B), (a)(16), (h)(1)(c), and Federal Code of Regulations, title 42, section 441, subdivision 13, and section 435, subdivision 1009. The MHP must complete a CAP addressing this finding of non-compliance.

REQUIREMENT
The MHP has an affirmative responsibility to determine if children and youth who meet medical necessity criteria need TFC. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3 rd Edition, January 2018)

FINDING

The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must have an affirmative responsibility to determine if children and youth who meet medical necessity criteria need TFC.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Policy and Procedure 09-55 Family TFC

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- Policy and Procedure 1001.204 Katie A. Subclass Identification and Tracking

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a process to determine the need for Therapeutic Foster Care. Furthermore, during the review the MHP stated that it is not currently assessing for TFC.

DHCS deems the MHP out of compliance with the Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must complete a CAP addressing this finding of non-compliance.

REQUIREMENT
The MHP shall comply with the provisions of the MHP’s Implementation Plan as approved by the Department. (MHP contract, Ex. A, Att. 1; Cal. Code Regs., tit. 9, § 1810, subd.310)
The Implementation Plan shall include: A description of the processes for problem resolution.

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 1, and California Code of Regulations, title 9, section 1810, subdivision 310. The MHP must comply with the provisions of the MHP’s Implementation Plan as approved by the Department.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Humboldt County Current Implementation Plan-February 16, 2017

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has updated its’ Implementation Plan to include current problem resolution policies and procedures.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 1, and California Code of Regulations, title 9, section 1810, subdivision 310. The MHP must complete a CAP addressing this finding of non-compliance.

ACCESS AND INFORMATION REQUIREMENTS

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REQUIREMENT
Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number: (Cal. Code Regs., tit. 9, chap. 11, § 1810, subd.405(d) and 410(e)(1).)
The MHP provides a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county.
The toll-free telephone number provides information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met.
The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.
The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

FINDING

DHCS' review team made seven (7) calls to test the MHP's statewide 24/7 toll-free number. The seven (7) test calls must demonstrate compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1). Each MHP must provide a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county, that will provide information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met and services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearing processes. The seven (7) test calls are summarized below.

TEST CALL #1

Test call was placed on Tuesday, December 10, 2019, at 7:24 a.m. The call was answered after one (1) ring via a live operator with the answering service. The caller requested information about accessing mental health services in the county for his/her son. The operator asked the caller for his/her name and contact information. The caller provided his/her name, but not the contact number. The operator transferred the call to the crisis line and an operator answered the call. The caller informed the operator that he/she was not in crisis, but just wanted information about how to access services in the county for his/her son. The caller explained his/her son's situation to the operator and the operator asked if his/her son is ok and if he is causing harm to himself or others. The caller replied in the negative. The operator informed the caller that he could call children services and provided their telephone number and hours of operation. The operator informed the caller that children services will perform a phone screening and that an appointment could be set up as well. The operator also informed the caller that if his/her son is in crisis, the caller could contact the crisis unit 24 hours a day and the operator provided the telephone number. The caller thanked the operator and ceased the call. The caller was provided information about how to access SMHS, including

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SMHS required to assess whether medical necessity criteria are met and provided information about services needed to treat a beneficiary's urgent condition.

FINDING

The call is deemed in compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #2

Test call was placed on Wednesday, December 11, 2019, at 8:45 a.m. The call was answered after one (1) ring via live operator. The caller requested information about accessing mental health services in the county. The operator provided detailed information on what services were available through the county and how to access those services. The operator stated that there is a five-day wait period from assessment to first appointment for non-urgent or non-crisis/ongoing services. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

FINDING

The call is deemed in compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #3

Test call was placed on Wednesday, December 18, 2019, at 7:40 a.m. The call was immediately answered by a live operator. The caller requested information about accessing mental health services in the county. The operator asked the caller to provide her name and contact information. The caller stated his/her name but declined to provide her phone number. The operator advised the caller that the office will not open for another 20 minutes and suggested to call back after 8 a.m. No additional information about SMHS was provided to the caller. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, nor was the caller provided information about services needed to treat a beneficiary's urgent condition.

FINDING

The call is deemed out of compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #4

Test call was placed on Wednesday, November 20, 2019, at 1:02 p.m. The call was answered after two (2) rings via a live operator. The operator identified herself. The caller requested information on how to refill medication. Operator advised the caller that he/she could submit a request for services and to expect a clinician to conduct a brief screening when the clinician can call which may take up to five business days. The operator also provided the caller with a phone number to talk to someone, but stated no

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medication can be provided until a clinician calls back to conduct a screening. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, but the caller was not provided information about services needed to treat a beneficiary's urgent condition.

FINDING

The call is deemed in partial compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #5

Test call was placed on Thursday, October 24, 2019, at 11:33 p.m. The call was immediately answered via a live operator. The caller requested information about accessing mental health services in the county. The operator requested caller's name and transferred the call to another representative. The transferred call was answered after three (3) rings via a live operator. The operator assessed the caller for crisis by asking if the caller needed immediate services and the caller replied in the negative. The caller reiterated request for SMHS. The operator proceeded to provide information regarding the assessment process. The operator provided the telephone number and hours of operation. The operator also informed the caller of the availability of walk-in access. The operator advised the caller that the 24/7 access line is available for a crisis or urgent services. The caller was provided information about how to access SMHS and the caller was provided information about services needed to treat a beneficiary's urgent condition.

FINDING

The call is deemed in compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #6

Test call was placed on Wednesday, November 20, 2019, at 10:42 a.m. The call was answered after one (1) ring via a live operator. The caller requested information about how to file a complaint regarding a therapist. The operator provided three options to file a complaint: (1) Mail the Grievance Form to the beneficiary; (2) Transfer the call to the QI department; (3) Provided the phone number to call the QI department. The caller was provided information about how to use the beneficiary problem resolution and fair hearing process.

FINDING

The call is deemed in compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #7

Test call was placed on Friday, December 27, 2019, at 7:23 a.m. The phone rang 23 times and was not connected to anyone at the MHP. The caller disconnected the call.

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The caller was not provided information about how to use the beneficiary problem resolution and fair hearing process.

FINDING

The call is deemed out of compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

SUMMARY OF TEST CALL FINDINGS

Required Elements	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
1		IN					OOC	50%
2	IN	IN	OOC	IN	IN			75%
3	IN	IN	OOC	OOC	IN			60%
4						IN	OOC	50%

Based on the test calls, DHCS deems the MHP in partial compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1). The MHP must complete a CAP addressing this finding of partial compliance. This is a repeated deficiency identified in the previous triennial review.

REQUIREMENT
The MHP must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing. (Cal. Code Regs., tit. 9, chap. 11, §1810, subd.405(f)). The written log(s) contain the following required elements:
Name of the beneficiary.
Date of the request.
Initial disposition of the request.

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code for Regulations, title 9, chapter 11, section 1810, subdivision 405(f). The MHP must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing. The written log(s) must contain name of the beneficiary, date of the request, and initial disposition of the request.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- 24-7 Access Line Call Log
- RAS Log

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While the MHP submitted evidence to demonstrate compliance with this requirement, three of five required DHCS test calls were not logged on the MHP’s written log of initial request. The table below summarizes DHCS’ findings pertaining to its test calls:

Test Call #	Date of Call	Time of Call	Log Results		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
1	12/10/19	7:24 am	OOC	OOC	OOC
2	12/11/19	8:45 am	IN	IN	IN
3	12/18/19	7:40 am	OOC	OOC	OOC
4	11/20/19	1:02 pm	IN	IN	IN
5	10/24/19	11:33 pm	OOC	OOC	OOC
Compliance Percentage			40%	40%	40%

Note: Only calls requesting information about SMHS, including services needed to treat a beneficiary's urgent condition, are required to be logged.

DHCS deems the MHP in partial compliance with California Code of Regulations, title 9, section 1810, subdivision 405(f). The MHP must complete a CAP addressing this finding of out of compliance. This is a repeated deficiency identified in the previous triennial review.

BENEFICIARY RIGHTS AND PROTECTIONS

REQUIREMENT
The MHP shall acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing. (MHP contract, Ex. A, Att. 12; Fed. Code. Regs., tit. 42, § 438, subd.406(b)(1).)
The written acknowledgement to the beneficiary must be postmarked within five (5) calendar days of receipt of the grievance. (MHSUDS., IN., 18-010E)

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 12, Federal Code of Regulations, title 42, section 438, subdivision 406(b)(1), and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-010E. The MHP must acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing meeting above listed standards.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Grievance and Appeal Log FY 18-19
- Grievance and Appeal Samples

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- 0704.460 Client Problem Resolution Process REVISED 6.17.19
- 0704.460 Client Problem Resolution Process REVISED 2.28.17
- 0704.460 Client Problem Resolution Process REVISED 10.23.17
- 0100.119 Client Problem Resolution Process 11.13.17
- 0704.500 Notice of Adverse Benefit Determination 1.28.19 (Appeal Process)
- 0704.500 Notice of Action 2.1.18

In addition, DHCS reviewed grievance, appeals and expedited appeals samples to verify compliance with this requirement. The sample verification findings are as detailed below:

	# OF SAMPLE REVIEWED	ACKNOWLEDGMENT		COMPLIANCE PERCENTAGE
		# IN	# OOC	
GRIEVANCES	38	37	1	97%
APPEALS	3	3	0	100%
EXPEDITED APPEALS	0	0	0	NA

DHCS deems the MHP in partial compliance with the MHP contract, exhibit A, attachment 12, Federal Code of Regulations, title 42, section 438, subdivision 406(b)(1), and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-010E. The MHP must complete a CAP addressing this finding of partial compliance.

REQUIREMENT
Resolve each grievance as expeditiously as the beneficiary's health condition requires not to exceed 90 calendar days from the day the Contractor receives the grievance. (Fed. Code Regs. tit. 42, § 438, subd. 408(a)-(b)(1).)

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(a)-(b)(1). The MHP must resolve each grievance as expeditiously as the beneficiary's health condition requires not to exceed 90 calendar days from the day the Contractor receives the grievance. The MHP submitted the following documentation as evidence of compliance with this requirement:

- Grievance and Appeal Log FY 18-19
- Grievance and Appeal Samples
- 0704.460 Client Problem Resolution Process REVISED 6.17.19
- 0704.460 Client Problem Resolution Process REVISED 2.28.17
- 0704.460 Client Problem Resolution Process REVISED 10.23.17

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- 0100.119 Client Problem Resolution Process 11.13.17

In addition, DHCS reviewed grievances, appeals, and expedited appeal samples to verify compliance with standards. Results of the sample verifications are detailed below:

	RESOLVED WITHIN TIMEFRAMES			REQUIRED NOTICE OF EXTENSION EVIDENT	COMPLIANCE PERCENTAGE
	# OF SAMPLE REVIEWED	# IN COMPLIANCE	# OOC		
GRIEVANCES	38	36	2	1	95%
APPEALS	0	0	0	0	N/A
EXPEDITED APPEALS	0	0	0	0	N/A

DHCS deems the MHP in partial compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(a)-(b)(1). The MHP must complete a CAP addressing this finding of partial compliance.