County of Marin
[Fiscal Year FY 2019/20] Specialty Mental Health Triennial Review
Corrective Action Plan

System Review

Requirement
The MHP must provide Therapeutic Foster Care (TFC) services to all children and youth who meet medical necessity criteria for TFC. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018)

DHCS Finding [QUESTION A.III.F]
The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must provide TFC services to all children and youth who meet medical necessity criteria for TFC.

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

- Policy & Procedure BHRS-44

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP is providing TFC services to all children and youth who meet medical necessity criteria for TFC. Furthermore, the MHP stated during the review that they do not have any TFC providers in the county.

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

Corrective Action Description
At the time of the audit, Marin County BHRS had completed the RFP and were ready to award a contract to provide TFC. Since then, this contract was awarded to Seneca Family of Agencies to establish TFC homes and provide the necessary training and oversight for resource parents to provide TFC. Our finalized contract with Seneca reflects this additional scope of work and they have initiated outreach for resource families and will commence with training. Marin County also established screening criteria for our Access Team to use when assessing youth who present for assessment. In the event a Marin County eligible youth needs this level of care and it isn't yet available, a plan of care utilizing other intensive level services like TBS, wraparound, ISFC homes, FSP services, ICC/IHBS, etc. will be implemented to support the youth until TFC is available.

Proposed Evidence/Documentation of Correction
Marin County BHRS provides the Seneca contract as evidence of compliance with this requirement.

Ongoing Monitoring (if included)
Monitoring will be done during peer review and regular UR.

Person Responsible (job title)
Brian G Robinson, PsyD
Division Director
County of Marin BHRS

Implementation Timeline: Currently implemented.

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, 3rd Edition, January 2018)

DHCS Finding [QUESTION A.III.G]
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 & Procedure BHRS-44

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP is determining if children and youth who meet medical necessity criteria need TFC. During the facilitated discussion, the MHP revealed that they do not currently assess children and youth for the need for TFC services. 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

Corrective Action Description
All youth will be assessed for TFC eligibility at the time of intake using TFC screening criteria established in 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.

Proposed Evidence/Documentation of Correction
BHRS clinicians on Marin's Access team will document in an individual's assessment whether TFC is recommended based on the provided screening criteria. TFC criteria to determine eligibility are included in this CAP.

Ongoing Monitoring (if included)
Monitoring will be done during peer review and regular UR.

Person Responsible (job title)
Brian G Robinson, PsyD
Division Director
County of Marin BHRS

Implementation Timeline: Will be implemented as of May 1st, 2021

Requirement
The MHP shall conduct performance-monitoring activities throughout the MHP's operations. These activities shall include, but not be limited to, beneficiary and system outcomes, utilization management, utilization review, provider appeals, credentialing and monitoring, and resolution of beneficiary grievances. (MHP Contract, Ex. A, Att. 5; 42 C.F.R. § 438.330(a)(e)(2).)

DHCS Finding [QUESTION C.I.C]
The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, and Federal Code of Regulations, title 42, section 438, subdivision 330(a)(e)(2). The MHP must conduct performance-monitoring activities throughout the MHP's operations. These activities shall include, but not be limited to, beneficiary and system outcomes, utilization management, utilization review, provider appeals, credentialing and monitoring, and resolution of beneficiary grievances.

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

- BHRS QAPI Work Plan FY 18-19
- BHRS QAPI Work Plan FY 19-20

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP's QAPI Work Plan includes performance monitoring activities for credentialing and monitoring, and resolution of beneficiary grievances. This requirement was not included in the QAPI work plan provided by the MHP. Per the facilitated discussion, the MHP stated that this is not part of the current work plan.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, and Federal Code of Regulations, title 42, section 438, subdivision 330(a)(e)(2). The MHP must complete a CAP addressing this finding of non-compliance.

Corrective Action Description
The MHP does not currently have these items on the QAPI working plan but performance monitoring activities do take place for both items listed above (i.e., credentialing and monitoring and resolution of beneficiary grievances. Monitoring of the Credentialing and Re-Credentialing of providers is being tracked in an Access database used by the QM division staff. Additionally, the vendor with whom the county contracts for credentialing services issues reminders for recredentialing at the time allotted time (at least every 3 years).

The MHP reports out on grievances quarterly at the QIC meeting, including pending and resolved grievances.

The grievance sub-committee reviews grievance resolutions every 6 months to identify need for system changes or policy updates. Any identified needs are also shared with the BHRS Director.

The MHP will update the QAPI work plan to include these items.

Proposed Evidence/Documentation of Correction
The MHP will add these items to the FY 21/22 QAPI Workplan.

Ongoing Monitoring (if included)
The MHP will begin trending that data that is being tracked and will review annually.

Person Responsible (job title)
QM BHRS Unit Supervisor

Implementation Timeline: Beginning with the FY 21/22 QAPI workplan.

Requirement
The MHP shall have mechanisms to detect both underutilization and overutilization of services. (MHP Contract, Ex. A, Att. 5; 42 C.F.R. § 438.330(b)(3).)

DHCS Finding [QUESTION C.I.D]
The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, and Federal Code of Regulations, title 42, section 438, subdivision 330(b)(3). The MHP must have mechanisms to detect both underutilization and overutilization of services.

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

- MH High Cost Beneficiaries v1
- MH High Cost Beneficiaries v2
- High Cost Analysis Chart Document

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a mechanism to detect underutilization of services. This requirement was not included in any evidence provided by the MHP. Per the facilitated discussion, the MHP identified that they will develop a mechanism to detect underutilization of services.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, and Federal Code of Regulations, title 42, section 438, subdivision 330(b)(3). The MHP must complete a CAP addressing this finding of non-compliance.

Corrective Action Description
The MHP will implement new data tracking structures and will begin trending new and existing data. The MHP will look at such data as program census, program capacity, penetration rates (including expected penetration rates), no shows and client cancellations, review of service array to determine if the MHP is underutilizing specific services, average number of services per client, etc. The MHP will identify and implement interventions where underutilization is detected (e.g., community outreach, informing contracted providers of openings in programs, etc.)

Proposed Evidence/Documentation of Correction
Monthly/Quarterly/Annual reports and dashboards

Ongoing Monitoring (if included)
The MHP will track and trend components of the aforementioned data on monthly, quarterly, and annual basis.

Person Responsible (job title)
QM Division Director, QM BHRS Unit Supervisor, Technology Systems Coordinator

Implementation Timeline: The BHRS Unit Supervisor in coordination with the QM Division Director and the Technology Systems Coordinator have already begun convening to make efforts toward development of these new and/or improved tracking mechanisms, reports, and dashboards. The MHP's goal is to begin producing tracking and reporting on this data by July 1, 2021

Requirement
Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number:

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.
2) 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.
3) The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.
4) The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

(CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1).)

DHCS Finding [QUESTION D.VI.B1-4]
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). The toll-free telephone number provides information to beneficiaries about 1) how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met; 2) services needed to treat a beneficiary's urgent condition; and 3) provides information to the beneficiaries about 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 Monday, March 9, 2020, at 4:03 p.m. The call was answered after seven (7) rings via voicemail advising the caller to leave a message and wait for a return phone call. The message was repeated in Spanish. A phone number was provided for the crisis stabilization unit if it was a psychiatric emergency. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, but the caller 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 #2
Test call was placed on Friday, March 13, 2020, at 7:37 a.m. The call was answered immediately via a bilingual phone tree. After the caller remained on the line, the call was answered after four (4) rings by a live operator who identified him/herself. The operator asked for the caller's name and other identifying questions. The operator asked if the caller had Medi-Cal and the caller replied in the affirmative. The caller asked for information on accessing mental health services. The operator stated that the caller had reached the after-hours line and he/she could put in a request for someone to call him/her back during business hours, which would take about one to two business days.

The operator told the caller he/she had the option of calling back during business hours. The operator explained the process of what to expect when he/she received a return call. The operator inquired about the need for urgent care. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, but the caller was 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 #3
Test call was placed on Tuesday, March 17, 2020, at 10: 24 a.m. The call was answered after six (6) rings via answering machine directing the caller to leave a message and someone from the county would call back. The message was repeated in Spanish. A crisis line number was provided if needed. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, but the caller was 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 #4
Test call was placed on Friday, March 13, 2020, at 1:19 p.m. The call was answered after eight (8) rings via answering machine directing the caller to leave a message. The message stated the MHP was with another client, and to press #1 for more options. The message was repeated in Spanish. 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 was 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 #5
Test call was placed on Monday, March 16, 2020, at 7:19 am. The call was answered immediately via recording, which instructed the caller to hang up and dial 911 in an emergency. After the recording, the call rang five (5) times and was answered via live operator. The caller requested information about accessing mental health services in the county. The operator asked the caller for his/her name and telephone number. The caller provided their name but not a telephone number. The operator stated that the caller should call back after 8:00 a.m. to talk to an access representative who would be able to perform an intake over the phone. The caller thanked the operator and ended the call. The caller was not provided information about how to access SMHS, including

SMHS required to assess whether medical necessity criteria are met, but the caller was 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 #6
Test call was placed on Monday, March 30, 2020, at 4:31 p.m. The call was answered after two (2) rings via live operator. The operator asked the caller if he/she was experiencing an emergency and when the caller responded in the negative, the caller was placed on hold for three minutes. When the operator returned, the caller requested information about filing a complaint regarding a therapist. The operator provided detailed information about the grievance and appeals process, and offered to mail the caller a grievance form. The caller was provided information about how to use the beneficiary problem resolution and fair hearing processes.

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 Wednesday, April 1, 2020, at 10:34 a.m. The call was answered after two (2) rings via live operator. The caller requested information about filing a complaint regarding a county therapist. The operator asked the caller to provide his/her name and telephone number. The caller provided his/her name, but declined providing a telephone number. The operator explained the grievance process and offered to mail a grievance form to the caller. When the caller declined, the operator provided the online instructions and website information. The caller was provided information about how to use the beneficiary problem resolution 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).

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.

Repeat deficiency Yes

Corrective Action Description
The MHP will update the 24/7Access line voicemail to include information regarding how to access Specialty Mental Health Services, making clear the MHP's process for accessing services. At the time that the test calls were made by the state, the MHP was understaffed and had just begun transitioning to remote work in light of the COVID-19 emergency. The MHP has added an additional OAIII position to assist with answering phones. The MHP is currently assessing the workflow and procedures of the Access

team to determine whether or not they are adequate. Additionally, the MHP is exploring options for the phone system in order allow for calls to roll over to clinicians in the unit in the event that the OAIII staff are on the phone with callers. The MHP will work with its contractor, Optum to provide semi-annual training (or more often as indicated) and more comprehensive information regarding accessing Specialty Mental Health Services during afterhours calls.

Proposed Evidence/Documentation of Correction
The 24/7 Access Line Test Call Log and Report which is submitted to the state on a quarterly basis, QAPI Workplan evaluation, Sign-in sheets from trainings provided to Access Team and Optum

Ongoing Monitoring (if included)
Monthly test calls which are reported on the 24/7 Access Line Test Call Log and Report which is submitted to the state on a quarterly basis, QAPI workplan evaluation.

Person Responsible (job title)
Access Team BHRS Unit Supervisor, QM BHRS Unit Supervisor

Implementation Timeline: Efforts are already in process and the MHP will aim to see improvement based on the 24/7 Access Line report in the next quarter (last quarter of FY 20/21).

Requirement

1) The written log(s) contain the following required elements:
   a) Name of the beneficiary.
   b) Date of the request.
   c) Initial disposition of the request.

(CCR, title 9, chapter 11, section 1810.405(f).)

DHCS Finding [QUESTION D.VI.C2]

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:

- MHP Access Line/Call logs
- Policy & Procedure BHRS-37

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	3/9/2020	4:03 p.m.	OOC	OOC	OOC
2	3/13/2020	7:37 a.m.	IN	IN	IN
3	3/17/2020	10:24 a.m.	OOC	OOC	OOC
4	3/13/2020	1:19 p.m.	OOC	OOC	OOC
5	3/16/2020	7:19 am	IN	IN	IN
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 partial compliance.

Repeat deficiency Yes

Corrective Action Description

Since the time that the test calls were placed in March of 2020, the MHP has hired an additional OAIII to assist with answering calls and documenting the required components of the written log. The MHP has provided feedback and training to the Access Team regarding these deficiencies. The MHP will provide semi-annual trainings

to the Access Team and its afterhours contractor Optum in order to ensure proper documentation of the required components in the written log.

Proposed Evidence/Documentation of Correction
24/7 Access Line Test Call Log and Report which is submitted to the state on a quarterly basis, QAPI Workplan evaluation, Sign-in sheets from trainings provided to Access Team and Optum

Ongoing Monitoring (if included)
Monthly test calls, 24/7 Access Call Log and Report which is submitted to the state on a quarterly basis, QAPI Workplan evaluation

Person Responsible (job title)
Access Team BHRS Unit Supervisor, QM BHRS Unit Supervisor

Implementation Timeline: Immediately

Requirement
The written acknowledgement to the beneficiary must be postmarked within five (5) calendar days of receipt of the grievance. (MHSUDS IN 18-010E)

DHCS Finding [QUESTION F.I.E3]
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:

- FY 18-19 Grievance Log
- FY 18-19 Acknowledgement Letters

While the MHP submitted evidence to demonstrate compliance with this requirement, two (2) of the acknowledgment letters exceeded the five-calendar day timeline requirement.

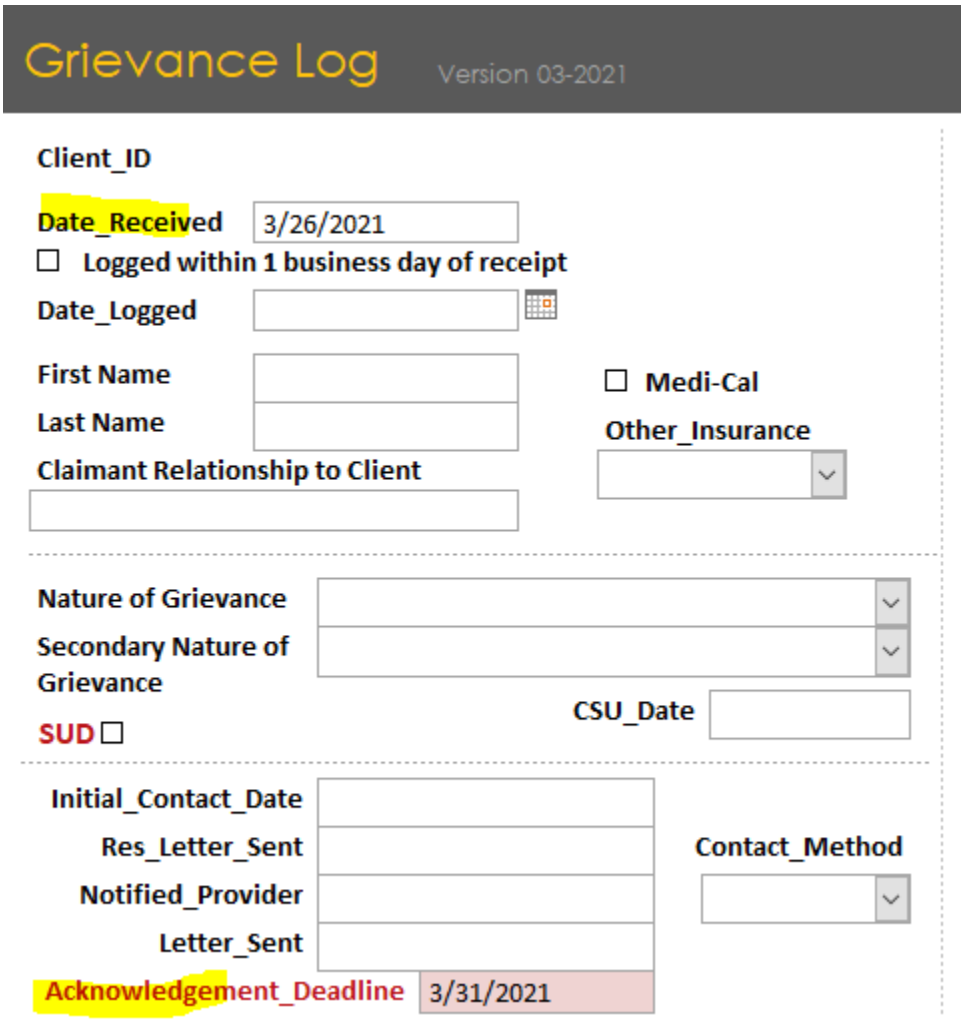
In addition, DHCS reviewed grievance, appeals, and expedited appeals samples to verify compliance with this requirement. The sample verification findings are as detailed below:

	# OF SAMPLE REVIEWED	ACKNOWLEDGMENT		COMPLIANCE PERCENTAGE
		# IN	# OOC	
GRIEVANCES	30	28	2	93%
APPEALS	2	2	0	100%
EXPEDITED APPEALS	N/A	N/A	N/A	N/A

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.

Corrective Action Description
Additional quality management staff have been trained on handling grievances to ensure compliance with grievance acknowledgement timelines. Grievance log updated to include 5 calendar day automatic deadline reminder.

Proposed Evidence/Documentation of Correction



Ongoing Monitoring (if included)
Monthly reports of Grievance log to ensure timeliness with required deadlines.

Person Responsible (job title)
Steve Wilbur, LMFT, CHC
Quality Improvement Coordinator

Implementation Timeline: Grievance procedures training provided to quality management staff on March 15, 2021. Grievance log updated on March 19 with acknowledgement deadline date reminder

Requirement
The MHP shall adhere to the following record keeping, monitoring, and review requirements:

1) Maintain a grievance and appeal log and record grievances, appeals, and expedited appeals in the log within one working day of the date of receipt of the grievance, appeal, or expedited appeal. (42 C.F.R. § 438.416(a); Cal. Code Regs., tit. 9, § 1850.205(d)(1).)

DHCS Finding [QUESTION F.II.A]
The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 416 and California Code of Regulations, title 9, section 1850, subdivision 205. The MHP must adhere to the record keeping, monitoring, and review requirements as listed above.

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

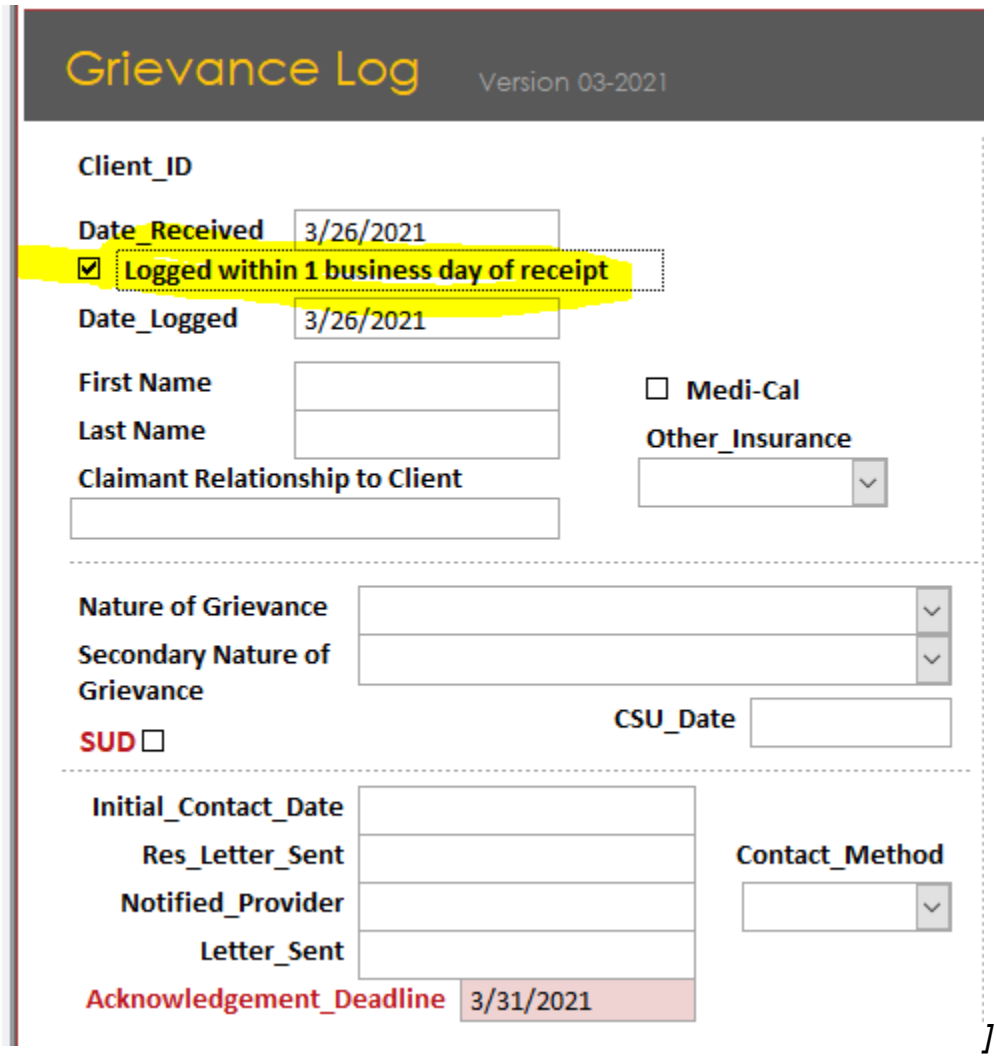
- FY 18-19 Grievance Log
- Grievances log screenshot

While the MHP submitted evidence to demonstrate compliance with this requirement, 11 of the 30 grievances were not logged within one working day of the receipt of the grievance.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 416 and California Code of Regulations, title 9, section 1850, subdivision 205. The MHP must complete a CAP addressing this finding of non-compliance.

Corrective Action Description
Additional quality management staff have been trained on handling grievances to ensure compliance with grievance acknowledgement timelines. Grievance log updated to include checkbox to ensure logging of grievance within 1 business day of receipt

Proposed Evidence/Documentation of Correction


Grievance Log Version 03-2021

Client_ID

Date_Received 3/26/2021

☑ Logged within 1 business day of receipt

Date_Logged 3/26/2021

First Name

Last Name

☐ Medi-Cal

Other_Insurance

Claimant Relationship to Client

Nature of Grievance

Secondary Nature of Grievance

SUD ☐

CSU_Date

Initial_Contact_Date

Res_Letter_Sent

Notified_Provider

Letter_Sent

Contact_Method

Acknowledgement_Deadline 3/31/2021

Ongoing Monitoring (if included)
Monthly reports of Grievance log to ensure timeliness with required deadlines.

Person Responsible (job title)
Steve Wilbur, LMFT, CHC
Quality Improvement Coordinator

Implementation Timeline: Grievance procedures training provided to quality management staff on March 15, 2021. Grievance log updated on March 19.

Requirement

3.) Ensure that punitive action is not taken against a provider who requests an expedited resolution or supports a beneficiary's expedited appeal. (42 C.F.R. § 438.410(b).)

4.) Inform beneficiaries of the limited time available to present evidence and testimony, in person and in writing, and make legal and factual arguments for an expedited appeal. The Contractor must inform beneficiaries of this sufficiently in advance of the resolution timeframe for the expedited appeal. (42 CFR § 438.406(b)(4); 42 CFR § 438.408(b)-(c).)

DHCS Finding [F.IV.D3-4]

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, and subdivision 402, 410, 408, and California Code of Regulations, title 9, section 1850, subdivision 207(h). The MHP must ensure the MHP's expedited appeal process complies:

- Ensure that punitive action is not taken against a provider who requests an expedited resolution or supports a beneficiary's expedited appeal.
- Inform beneficiaries of the limited time available to present evidence and testimony, in person and in writing, and make legal and factual arguments for an expedited appeal. The Contractor must inform beneficiaries of this sufficiently in advance resolution timeframe for the expedited appeal.

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

- Policy & Procedure BHRS-19
- Updated Policy & Procedure BHRS-19

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP's policy included the above standards prior at the time of the review.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, and subdivision 402, 410, 408, and California Code of Regulations, title 9, section 1850, subdivision 207(h). The MHP must complete a CAP addressing this finding of non-compliance.

Corrective Action Description

Training on the expedited appeal process requirements outlined in BHRS 19 has been provided to Quality Management staff on March 15, 2021.

Proposed Evidence/Documentation of Correction

BHRS 19 Consumer Grievance and Appeal Resolution (page 8)

Person Responsible (job title)
Steve Wilbur, LMFT, CHC
Quality Improvement Coordinator

Implementation Timeline: November 2020

Survey Only Findings

Requirement

2.) MHPs must review and make a decision regarding a provider's request for prior authorization as expeditiously as the beneficiary's mental health condition requires, and not to exceed five (5) business days from the MHP's receipt of the information reasonably necessary and requested by the MHP to make the determination. (MHSUDS IN 19-026)

DHCS Finding [E.II. G2]

The MHP did not furnish evidence to demonstrate compliance with this survey item requirement.

SUGGESTED ACTION

DHCS reviewed samples of authorizations to verify compliance with regulatory requirements. The service authorization sample verification findings are detailed below:

Requirement	# of Services Authorizations in compliance	# of Service Authorizations out of compliance	Compliance Percentage
Regular Authorization: The MHP makes a decision regarding a provider's request for prior authorization not to exceed five (5) business days from the MHP's receipt of the information reasonably necessary and requested by the MHP to make the determination.	34	9	79%

DHCS recommends, at a minimum, the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements, or to strengthen current processes in this area to ensure compliance in future reviews:

- Develop a process to ensure that prior authorizations do not exceed five (5) business days from the MHP's receipt of the information.

Corrective Action Description

SERVICE AUTHORIZATION REQUESTS (SAR)
SAR's come via fax or email and are reviewed and authorized within two business days. Email contacts are in J:Drive-YFS folder. Access Team Unit Supervisor responds directly to the person who sent it with appropriate documentation. This is a task that must be completed by a licensed staff member of the team. Date of authorization is the date documentation was received or date indicated on paperwork

SAR Protocol procedures for YFS/YES updated on 3/15/21 to include 5 business day timeline

Person Responsible (job title)
Steve Jones, LCSW QM Division Director
Alexa Fenton, LMFT, Children's Mental Health Unit Supervisor

Implementation Timeline: March 15, 2021