County of Marin Behavioral Health and Recovery Services

[Fiscal Year (FY) 2022/2023] Specialty Mental Health Triennial Review

Corrective Action Plan

System Review

Requirement

The MHP shall certify, or use another MHP's certification documents to certify, the organizational providers that subcontract with the MHP to provide SMHS, in accordance with California Code of Regulations, title 9, section 1810.435. (MHP Contract, Ex. A, Att. 8, sec. 8(D).)

DHCS Finding [1.4.4]

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 435 and MHP contract, exhibit A, attachment 8, section 8(D). The MHP must certify, or use another MHP's certification documents to certify, the organizational providers that subcontract with the MHP to provide SMHS, in accordance with California Code of Regulations, title 9, section 1810, subsection 435.

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

- Certification and re-certification forms
- Buckelew MAIL UR Report 09-21-22 Final
- North Marin Community Services 10-05-22 FINAL POC
- BHRS - 27 Excluded and Ineligible Provider List checks
- BHRS 36 Change of Provider Requests
- BHRS-28 Credentialing and Re-Credentialing Policy
- 21CY Approval Letter to Side By Side
- BHRS MC Site Certification Application Side by Side Application 2021
- DHCS 1735 MARIN 21CY RECERT NM CHG 6.3.21
- Sample of Provider Subcontracts
- MC Site Certifications Tracking Log

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP certifies, or uses another MHP's certification documents to certify, the organizational providers that subcontract with the MHP to provide SMHS. Of the 34 MHP provider sites, six (6) had overdue certifications. Per the discussion during the review, the MHP stated there was an error in the submission of certification documents to DHCS and it is in the process of correcting these certifications.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 435 and MHP contract, exhibit A, attachment 8, section 8(D).

Corrective Action Description

The MHP was able to submit evidence at the time of the review that onsite certification and re-certifications had been completed but the applications were sent to the incorrect state email address for processing and approval. Additionally, the MHP submitted evidence of these applications being r-sent to the correct email address. The MHP will continue to certify or use another MHP's certification documents to certify the organizational providers that subcontract with the MHP to provider SMHS. Evidence of completed certifications and re-certifications is being submitted with this CAP.

Additionally, the office assistant who submits these applications to the state has been instructed to cc on the application email the staff person responsible for completing the onsite visit in order to have additional oversight to ensure that applications are being send to the correct email address.

Proposed Evidence/Documentation of Correction

PIMS report and/or approved 1735/1737 applications from the state.

Ongoing Monitoring (if included)

PIMS report to be run as needed, review of the MC Site Certifications Tracking Log on a monthly basis

Person Responsible (job title)

BHRS QM Unit Supervisor, BHRS QM Office Assistant III

Implementation Timeline: Effective immediately.

Requirement

The MHP QAPI program includes active involvement in the planning, design and execution of the QI Program by the Contractor's practitioners and providers, beneficiaries who have accessed SMHS through the Contractor, family members, legal representatives, or other persons similarly involved with beneficiaries (MHP Contract, Ex. A, Att. 5, sec. 3(E); CCR, tit. 9, § 1810.440(a)(2)(A)-(C).)

DHCS Finding [3.3.3]

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section (3)(E) and California Code of Regulations title 9, section 1810, subdivision 440(a)(2)(A)-(C). The MHP must ensure the MHP Quality Assessment and Performance Improvement program includes active involvement in the planning, design and execution of the QI Program by the Contractor's practitioners and providers, beneficiaries who have accessed SMHS through the Contractor, family members, legal representatives, or other persons similarly involved with beneficiaries.

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

- Client Experience Survey
- POQI Result May 2019-June 2021
- grievances April-June 2022
- grievances Jan-March 2022
- grievances July-Sept 2022
- SIR mtg 4-20-22
- SIR mtg 7-20-22
- SIRs mtg 10-19-22
- QIC Minutes 04.25.22
- QIC Minutes 07.18.22
- QIC Minutes 10.17.22

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP includes active participation from beneficiaries and family members in the planning, design, and execution of the Quality Improvement program. Per the discussion during the review, the MHP stated it has experienced difficulty getting involvement from beneficiaries and beneficiary family members in the Quality Improvement Committee (QIC) and is currently looking at ways to improve participation. DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, section (3)(E) and California Code of Regulations title 9, section 1810, subdivision 440(a)(2)(A)-(C).

Corrective Action Description

The MHP will engage in advertising and recruitment efforts to increase beneficiary and beneficiary family member participation the Quality Improvement Committee quarterly meeting.

Proposed Evidence/Documentation of Correction

QIC meeting minutes.

Ongoing Monitoring (if included)

QIC meeting minutes.

Person Responsible (job title)

Quality Improvement Coordinator

Implementation Timeline: As of January 2024, the MHP would like to see increased beneficiary and family member attendance and engagement in the quarterly QIC meetings.

Requirement

The MHP has practice guidelines, which meet the requirements of the MHP Contract. (MHP Contract, Ex. A, Att. 5, sec. 6(A); 42 C.F.R. § 438.236(b); CCR, tit. 9, § 1810.326.)

DHCS Finding [3.5.1]

Question 3.5.1
FINDING
The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section 6(A); Code of Federal Regulations, title 42, section 438, subdivision 236(b); and California Code of Regulations, title 9, section 1810, subdivision 326. The MHP must have practice guidelines, which meet the requirements of the MHP Contract.

Corrective Action Description

BHRS policy 97 Service Delivery Practice Guidelines. Practice Guidelines section added to Network Provider Manual. Staff are trained on practice guidelines through the required documentation trainings. Provider manual is given to existing providers on annual basis and posted on the internet.

Proposed Evidence/Documentation of Correction

BHRS policy 97 Service Delivery Practice Guidelines.

Fee for Service Provider Manual 22-23

Network Provider Manual 23-24

https://www.marinbhrs.org/providers/mental-health-providers/mental-health-contractor-manual

https://www.marinbhrs.org/providers/mental-health-providers/mental-health-regulations-policies-and-practice-guidelines

Ongoing Monitoring (if included)

BHRS policy 97 will be revised as needed.

Network Provider Manual future editions will include practice guidelines.

Ongoing Utilization Review by Quality Management staff.

Person Responsible (job title)

Steve Wilbur, Quality Improvement Coordinator

Implementation Timeline: February 10, 2023

Requirement

3.5.2 The MHP shall disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries.
(MHP Contract, Ex. A, Att. 5, sec. 6(c); 42 C.F.R. § 438.236(c); CCR, tit. 9, § 1810.326.)

DHCS Finding [3.5.2]

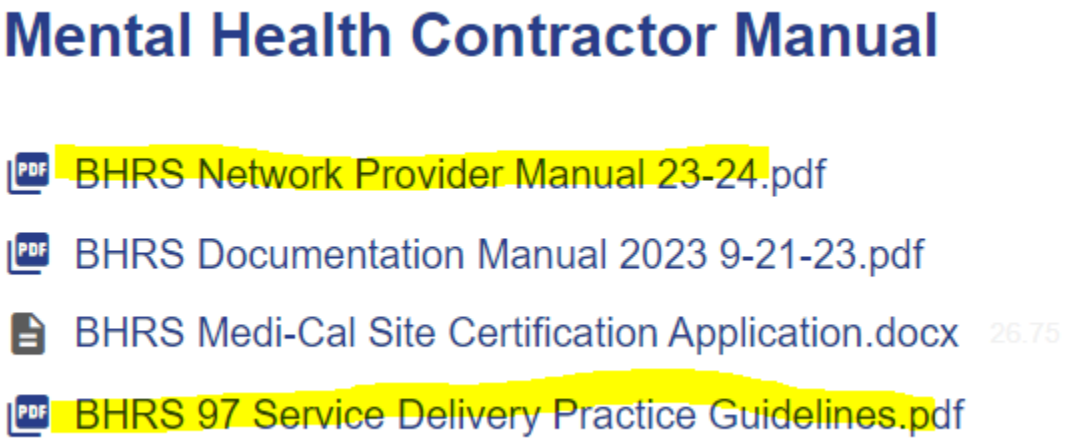
Question 3.5.2
FINDING
The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section 6(c); Code of Federal Regulations, title 42, section 438, subdivision 236(c); and California Code of Regulations, title 9, section 1810, subdivision 326. The MHP must disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries.

Corrective Action Description

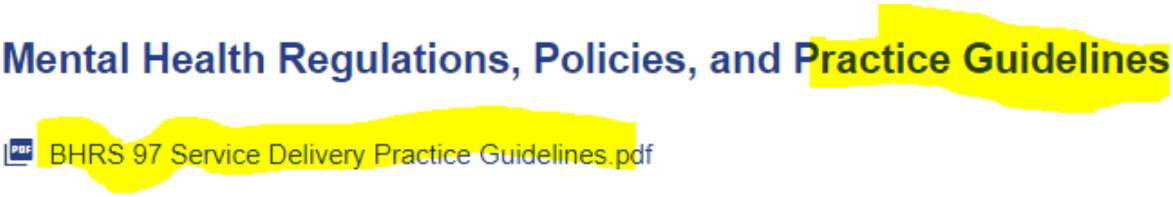
BHRS policy 97 Service Delivery Practice Guidelines and the Network Provider 23-24 manual posted on internet for dissemination and featured in the September QM Corner.

Proposed Evidence/Documentation of Correction

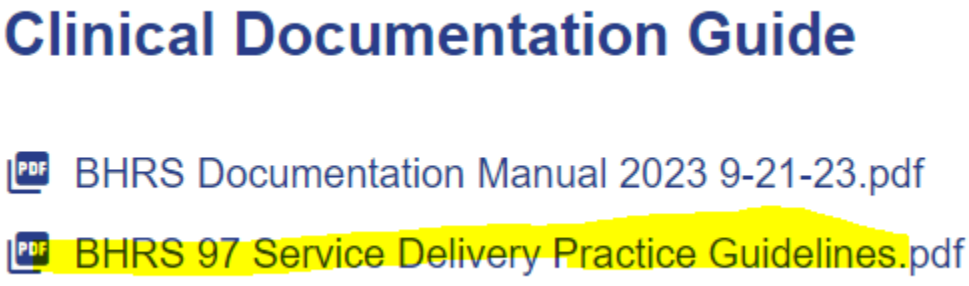
https://www.marinbhrs.org/providers/mental-health-providers/mental-health-contractor-manual



https://www.marinbhrs.org/providers/mental-health-providers/mental-health-regulations-policies-and-practice-guidelines



https://www.marinbhrs.org/providers/mental-health-providers/clinical-documentation-guide



Person Responsible (job title)

Steve Wilbur, Quality Improvement Coordinator

Implementation Timeline: posted in February 2023 (BHRS 97 Service Delivery Practice Guidelines, Fee for Service Provider Manual 22-23), August 2023 (Network Provider Manual 23-24, September 2023 QM Corner newsletter

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 SMHS, including SMHS required to assess whether criteria for beneficiary access to SMHS 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, tit. 9, chapter 11, §§ 1810.405, subd. (d); 1810.410, subd. (e)(1).)

DHCS Finding [4.2.2]

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 to the below listed requirements:

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.

The seven (7) test calls are summarized below.

TEST CALL #1

Test call was placed on Thursday, December 22, 2022, at 10:17 a.m. The call was answered after six (6) rings via an answering machine with a recorded message, which repeated in the MHP's threshold language. A recorded message stated the caller should hang up and dial 911 or contact the Crisis Stabilization Unit if experiencing an urgent condition and provided the phone number. The recording then stated to leave a message containing personally identifying information for a return call. The caller 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.

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 #2

The call was placed on Friday, January 6, 2023 at 2:22 p.m. The call was answered after six (6) rings via an answering machine with a recorded message, which repeated in the MHP's threshold language. A recorded message stated the caller should hang up and dial 911 or contact the Crisis Stabilization Unit if experiencing an urgent condition and provided the phone number. The recording then stated to leave a message containing personally identifying information for a return call. The caller 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. 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 Monday, November 28, 2022, at 9:07 a.m. The call was answered after six (6) rings via an answering machine with a recorded message, which repeated in the MHP's threshold language. A recorded message stated the caller should hang up and dial 911 or contact the Crisis Stabilization Unit if experiencing an urgent condition and provided the phone number. The recording then stated to leave a message containing personally identifying information for a return call. The caller 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. 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 Monday, November 14, 2022, at 12:20 a.m. The call was answered after one (1) ring via recorded message, which provided the caller with the option to dial 911 if experiencing an emergency. After a brief hold, the call was answered by a live operator. The caller requested information about obtaining a refill for anxiety medication although he/she had not yet established a care provider in the county. The operator explained the process for accessing mental health services including walk-in services for crisis, regular treatment services, and provided the address and hours of operation for the clinic. The operator informed the caller that the 24/7 crisis line is available if he/she needed to speak with staff for an immediate medication refill. The operator also advised the caller to go to the emergency room for an urgent condition or immediate medication refill.

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 #5

Test call was placed on Thursday, December 1, 2022, at 7:34 a.m. The call was answered after one (1) ring via recorded message, which provided the caller with the option to dial 911 if experiencing an emergency. After a brief hold, the call was answered by a live operator. The caller requested information about obtaining a refill for anxiety medication although he/she had not yet established a care provider in the county. The operator requested personally identifying information, which the caller provided. The operator assessed the caller's need for urgent care services, which the caller responded in the negative. The operator stated the caller could call back during clinic business hours for an assessment and assistance transferring his/her Med-Cal to the county. The operator stated that if there was an urgent need for the medication refill the caller could call the psychiatric health line and provided the phone number.

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 #6

Test call was placed on Friday, January 6, 2023, at 1:29 p.m. The call was answered after six (6) rings via an answering machine with a recorded message, which repeated in the MHP's threshold language. A recorded message stated the caller should hang up and dial 911 or contact the Crisis Stabilization Unit if experiencing an urgent condition and provided the phone number. The recording then stated to leave a message containing personally identifying information for a return call. The caller ended the call.

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).

TEST CALL #7

Test call was placed on Sunday, January 15, 2023, at 6:44 p.m. The call was answered after one (1) ring via recorded message. After being transferred to a live operator, the caller requested information about how to file a complaint with a county clinician. The operator explained the caller could pick up a grievance form from a clinic, access the grievance form on the county website, or the grievance form could be mailed to the caller. The operator stated the caller could also file the grievance over the phone. The caller thanked the operator and ended the call.

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).

SUMMARY OF TEST CALL FINDINGS

Required Elements	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
1	IN	IN	IN	N/A	N/A	N/A	N/A	100%
2	OOC	OOC	OOC	IN	IN	N/A	N/A	40%
3	N/A	IN	IN	IN	IN	N/A	N/A	100%
4	N/A	N/A	N/A	N/A	N/A	OOC	IN	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).
Repeat deficiency: Yes

Corrective Action Description

In order to address the issue of calls going to voicemail, the MHP has instituted a phone answering rotation schedule for the support service workers (SSW) who answer the access line calls. The SSW's take turns on a schedule answering the phone and responding to voicemails to ensure that someone is always covering the calls.

The MHP is currently assessing the workflow and procedures of the Access team to determine whether or not they are adequate. The MHP will work with the Access Team and its contractor, Optum to provide semi-annual training (or more often as indicated) and more comprehensive information regarding accessing Specialty Mental Health Services.

Additionally, the MHP is proposing the implementation of a single phone number which connects to a phone tree in order to allow for beneficiaries to reach the correct line. This phone tree will include options for the Access Line, the Mobile Crisis Response Team, and the Crisis Stabilization Unit. This will allow for fewer calls to be directed to Access when a consumer is attempting to seek crisis services, thereby freeing up the Access Line to receive more calls related to obtaining mental health planned services. This proposal is being sent to Marin's DHCS county liaison for review.

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 quarterly report (first quarter of FY 23/24)

Timeline for implementation of the phone tree system will be dependent upon approval from DHCS of this proposal.

Requirement

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, tit. 9, § 1810.405, subd. (f).)

DHCS Finding [4.2.4]

The MHP did not furnish evidence to demonstrate compliance with California Code for Regulations, title 9, 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:
• Access Tracker
• AfterhoursCalls-Marin-2022_11_14_VeteransDay_105010
• AfterhoursCalls-Marin-2022_12-01_105010

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	12/22/2022	10:17 a.m.	OOC	OOC	OOC
2	1/6/2023	2:22 p.m.	OOC	OOC	OOC
3	11/28/2022	9:07 a.m.	OOC	OOC	OOC
4	11/14/2022	12:20 a.m.	IN	IN	IN
5	12/1/2022	7:34 a.m.	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).
Repeat deficiency: Yes

Corrective Action Description

Since the time that the test calls were placed 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 after-hours contractor Optum in order to ensure proper documentation of the required components in the written log.

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 quarterly report (first quarter of FY 23/24).

Requirement

The MHP has evidence of the implementation of training programs to improve the cultural competence skills of staff and contract providers. (See CCR, tit. 9, § 1810.410, subd. (c)(4)).

DHCS Finding [4.3.6]

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 410(c)(4). The MHP must has evidence of the implementation of training programs to improve the cultural competence skills of staff and contract providers.
The MHP submitted the following documentation as evidence of compliance with this requirement:
• BHRS-39 Cultural Humility Training Activities
• BHRS-57 Cultural Competence Policy
• BHRS Training List 2022
• Cultural Events Proposal Link
 Culturally Affirming Healing Practices 10.21.21 registration
• Culturally Affirming Healing Practices in Latinx Communities Evaluation
• Instructor's form_Edith Guillen-Nunez
• 5.24.22 Registration Report (1)
• ECPC Roster
• Training Participation

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has implemented a training program to improve the cultural competence skills for contract providers. Per the discussion during the review, the MHP stated it has a policy in place that requires staff and contract providers to complete appropriate trainings; however, the MHP does not monitor contract providers to ensure the appropriate hours of training occur. Post review, the MHP provided a training tracking spreadsheet; however, it was not clear providers were monitored or tracked for the required hours of training.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 410(c)(4).

Corrective Action Description

The MHP has been collecting information regarding completion of cultural competency training hours for its contracted providers via the NACT process which previously was submitted quarterly, and then annually, The July 2022 NACT will be submitted with this CAP as evidence. Attestation of cultural competence training completing can be found in tab “A-3 Rendering Service Provider” in column BH (snippet from the August 2022 NACT below, 2023 NACT is coming due in November of 2023).

	A	B	C	D	E	BH
	A-3 Rendering Service Providers	Provider's Last Name	Provider's First Name	NPI Number - Type 1	NPI Number - Type 2	Cultural Competence Training
		Enter the provider's last name	*Enter the provider's first name*	*Enter the rendering provider's 10-digit National Provider Identifier (NPI) - Type 1*	*Enter the site's 10-digit National Provider Identifier (NPI) - Type 2*	*Select Yes or No to indicate if the rendering provider received cultural competence training within the past 12 months*
3	1	Adcock	Allison	1750665220	1891968855	Yes
4	2	Adcock	Allison	1750665220	1891968855	Yes
5	3	Aguilar- Miramontes	Sinead	1215421722	1366507295	Yes
6	4	Aleman	Tania	1508478074	1609077353	Yes
7	5	Allison	Stephen	1023336294	1659609964	No
8	6	Allison	Stephen	1023336294	1659609964	No
9	7	Anderson	Brian	1184042699	1659609964	No
10	8	Anderson	Brian	1184042699	1659609964	No
11	9	Andrew	Christine	1003411778	1679081335	No
12	10	Andrew	Christine	1003411778	1679081335	No
13	11	Antonio	Erica	1417119256	1457742835	Yes
14	12	Antonio	Erica	1417119256	1457742835	Yes
15	13	Archie	Markel	1275999351	1568525699	Yes
16	14	Archie	Markel	1275999351	1568525699	Yes
17	15	Arrollo-Mosqueda	Samantha	1528487592	1366507295	No
18	16	Avalos-Genchi	Zuleima	1972262947	1942472147	Yes

The MHP is now collecting this information on a monthly basis via the 274 Expansion Project process. All providers are required to report monthly whether or not they have completed cultural competence trainings in the past 12 months. A spreadsheet for one of our contracted organizations which collect this information are being submitted with the CAP as evidence of these efforts. You can find the cultural competence training attestation on the "Monthly Reporting" tab in column P (snippet from this spreadsheet below).

If You Want To Add A New Provider. Please Do So In the Blue "Provider Info" Tab										Click This Button To Add Provider				
1. Facility Name	2. Provider name	3. Month	4. Year	5. CHILDREN (Age 0-20) Case Load			6. ADULT (Age 21 and Up) Case Load			7. TeleHealth?	8. Field Base Service	9. Accepting New Patient	10. Travel Distance	11. Cultural Competence Training In Last 12 months
				% FTE	Current	Max	% FTE	Current	Max	DropDown	DropDown	DropDown		
Buckelew Casa Rene	Fowler Anisha	9	2023	0%	0		100%	10	10	B Services at this site are provided both in-		YES	40	YES
Buckelew Casa Rene	Kosta Keri	9	2023	0%	0		100%	10	10	B Services at this site are provided both in-		YES	20	YES
Buckelew Casa Rene	Preston Valerie	9	2023	0%	0		100%	10	10	B Services at this site are provided both in-		YES	20	YES
Buckelew Casa Rene	Stanford Tina	9	2023	0%	0		100%	10	10	B Services at this site are provided both in-		YES	20	YES
Buckelew Casa Rene	Teckie Isaac	9	2023	0%	0		100%	10	10	B Services at this site are provided both in-		YES	20	YES
Buckelew Casa Rene	Tomsic Chelsea	9	2023	0%	0		100%	10	10	N No provider uses telehealth at this site		YES	20	YES
Buckelew Program - MAIL	Killelea Kevin	9	2023	0%	0		100%	5	48	B Services at this site are provided both in-	YES	YES	50	YES
Residential Services - Harbor	Coleman John	9	2023	0%	0		100%	8	8	B Services at this site are provided both in-			20	YES
Buckelew Program - MAIL	Harris Noah	9	2023	0%	0		100%	13	20	B Services at this site are provided both in-	YES	YES	50	YES
Buckelew Program - MAIL	Heard Tiffany	9	2023		0			0	20					YES
Residential Services - Novato	Hughes Robin	9	2023	0%	0		100%	15	15	B Services at this site are provided both in-		YES	20	YES

Proposed Evidence/Documentation of Correction

274 Expansion Project Spreadsheets

NACT Spreadsheet

Ongoing Monitoring (if included)

274 Expansion Project Spreadsheets (to eventually be gathered in and reported via SmartCare, Marin County's new EHR system).

Person Responsible (job title)

BHRS Equity Services Manager, BHRS QM Unit Supervisor, BHRS QM Department Analysts

Implementation Timeline: Efforts are already underway as the MHP is collecting this information for the 274 Expansion Project on a monthly basis.

Requirement

MHPs shall comply with the following communication requirements:
1. Notify DHCS and contracting providers in writing of all services that require prior or concurrent authorization and ensure that all contracting providers are aware of the procedures and timeframes necessary to obtain authorization for these services;
2. Disclose to DHCS, the MHP's providers, beneficiaries and members of the public, upon request, the UM or utilization review policies and procedures that the MHP, or any entity that the MHP contracts with, uses to authorize, modify, or deny SMHS. The MHP may make the criteria or guidelines available through electronic communication means by posting them online;
3. Ensure the beneficiary handbook includes the procedures for obtaining benefits, including any requirements for service authorizations and/or referrals for SMHS; and,
4. Provide written notification regarding authorization decisions in accordance with the established timeframes for the type of authorization.

(BHIN 22-017; 42 C.F.R., § 438.10(g)(2)(iv).)

DHCS Finding [5.2.14]

Question 5.2.14
FINDING
The MHP did not furnish evidence to demonstrate compliance with BHIN 22-016. The 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.

Corrective Action Description

Marin BHRS has instituted practices to more efficiently receive, review, authorize, and track SARs. These include SARs for 1) Marin youth with Marin Medi-Cal seeking services in other counties, 2) Marin youth with out-of-county Medi-Cal, 3) Out-of-county youth seeking services in Marin (Presumptive Transfer), and 4) Marin youth needing a higher level of Specialty Mental Health Services. Below is our process to ensure timely review and authorization of SARs.

Proposed Evidence/Documentation of Correction

SAR Type	Authorization Process	Approval and Tracking
Marin youth with Marin Medi-Cal seeking services in other counties.	Out of county MHP sends a SAR to Marin ACCESS team, who has 5 business days to review and authorize	ACCESS approves and returns signed SAR to MHP within 5 days. ACCESS maintains a tracking sheet with these authorizations.
Marin youth with out-of-county Medi-Cal.	BHRS/YFS clinician will complete the SAR and send to the respective county for authorization.	Once authorized, YFS Admin Support Staff will add dates to the YFS SAR log, place scanned copy in SARS folder in YFS shared drive, file original in chart and log on authorization/billing spreadsheet.
Out-of-county youth seeking services in Marin (Presumptive Transfer)	PT requests go to ACCESS team, at BHRSAccessPublic@marincounty.org. PT requests are date stamped, reviewed, and an authorization is determined with 5 business days.	If PT is approved, ACCESS determines type and level of services indicated, then either initiates an initial assessment or forwards the referral to YFS to initiate the initial assessment.
Marin youth needs a higher level of Specialty Mental Health Services	In cases where additional SMHS (i.e. Therapeutic Behavioral Services, In Home Behavioral Service, Therapeutic Foster Care, or Wraparound services) are indicated a referral is made to the respective provider, who then submits a Service Authorization Request to BHRS/YFS for an initial block of services.	SARs are reviewed and approved within 5 business days. Date of receipt and approval for each SAR is logged, approved SAR is faxed or emailed back to provider, then placed in client's chart. Authorization spreadsheet is updated with new authorization period.

Ongoing Monitoring (if included)

To monitor the timeliness of SARs, their review and authorization, these processes are tracked via authorization spreadsheets that are reviewed monthly.

Person Responsible (job title)

Matthew Carter, CSOC Program Manager and Gilles-Ngnitang, Kerline, Administrative Assistant, Connor Pearce, Unit Supervisor over ACCESS

Implementation Timeline: Immediately

Requirement

The MHP must provide beneficiaries with a NOABD under the following circumstances:
1) The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of covered benefit. (42 C.F.R. § 438.400(b)(1))
2) The reduction, suspension or termination of a previously authorized service. (42 C.F.R. § 438.400(b)(2))
3) The denial, in whole or in part, of a payment for service. (42 C.F.R. § 438.400(b)(3))
4) The failure to provide services in a timely manner. (42 C.F.R. § 438.400(b)(4))
5) The failure to act within timeframes provided in 42 C.F.R. § 438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals. (42 C.F.R. § 438.400(b)(5)).
6) The denial of a beneficiary's request to dispute financial liability, including cost sharing, copayments, premiums, deductibles, co-insurance, and other beneficiary financial liabilities. (42 C.F.R. § 438.400(b)(7))

(42 C.F.R. § 438.404(a); MHSUDS IN No. 18-010E; MHP Contract, Ex. A, Att. 12, sec. 10(A)(1)-(6).)

DHCS Finding [5.4.1]

Question 5.4.1
FINDING
The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 438, subdivision 404(a); MHSUDS IN No. 18-010E; and MHP Contract, exhibit A, Attachment 12, section 10(A)(1)-(6). The MHP must provide beneficiaries with a NOABD under the following circumstances:
1) The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of covered benefit. (42 C.F.R. § 438.400(b)(1))
2) The reduction, suspension or termination of a previously authorized service. (42 C.F.R. § 438.400(b)(2))
3) The denial, in whole or in part, of a payment for service. (42 C.F.R. § 438.400(b)(3))
4) The failure to provide services in a timely manner. (42 C.F.R. § 438.400(b)(4))
5) The failure to act within timeframes provided in 42 C.F.R. § 438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals. (42 C.F.R. § 438.400(b)(5)).
6) The denial of a beneficiary's request to dispute financial liability, including cost sharing, copayments, premiums, deductibles, co-insurance, and other beneficiary financial liabilities. (42 C.F.R. § 438.400(b)(7))

Corrective Action Description

NOABD training provided to BHRS Access team on September 14, 2023 to discuss NOABD delivery and tracking of NOABDs.

Proposed Evidence/Documentation of Correction

2023 Access BHRS NOABD training PowerPoint

Ongoing Monitoring (if included)

NOABD report in Smartcare Electronic Health Record monitored on semi-annual basis.

Person Responsible (job title)

Steve Wilbur, Quality Improvement Coordinator

Implementation Timeline: September 2023

Requirement

The MHP shall have only one level of appeal for beneficiaries. (MHP Contract, Ex. A, Att. 12, sec. 1(B)(2); 42 C.F.R. § 438.402(b); 42 C.F.R. § 438.228(a).)

DHCS Finding [6.1.4]

Question 6.1.4
FINDING
The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 12, section 1(B)(2) and Code of Federal Regulations, title 42, section 438, subdivision 402(b) and 228(a). The MHP must have only one level of appeal for beneficiaries

Corrective Action Description

BHRS has always only had one level of appeal for beneficiaries. BHRS 19 Grievance and Appeal Resolution policy updated to clearly state only one level of appeal for beneficiaries.

Proposed Evidence/Documentation of Correction

BHRS 19 Grievance and Appeal Resolution policy (page 7).

Person Responsible (job title)

Steve Wilbur, Quality Improvement Coordinator

Implementation Timeline: February 2023

Requirement

The MHP shall provide information to all beneficiaries, prospective beneficiaries, and members of the public on how to file a Discrimination Grievance with:
a) The MHP and the Department if there is a concern of discrimination based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation. (WIC § 14727(a)(4).)
b) The United States Department of Health and Human Services Office for Civil Rights if there is a concern of discrimination based on race, color, national origin, sex, age, or disability. (WIC § 14727(a)(5).)

(MHP Contract, Ex. A, Att. 11, sec. 3(F)(3)(a-b).)

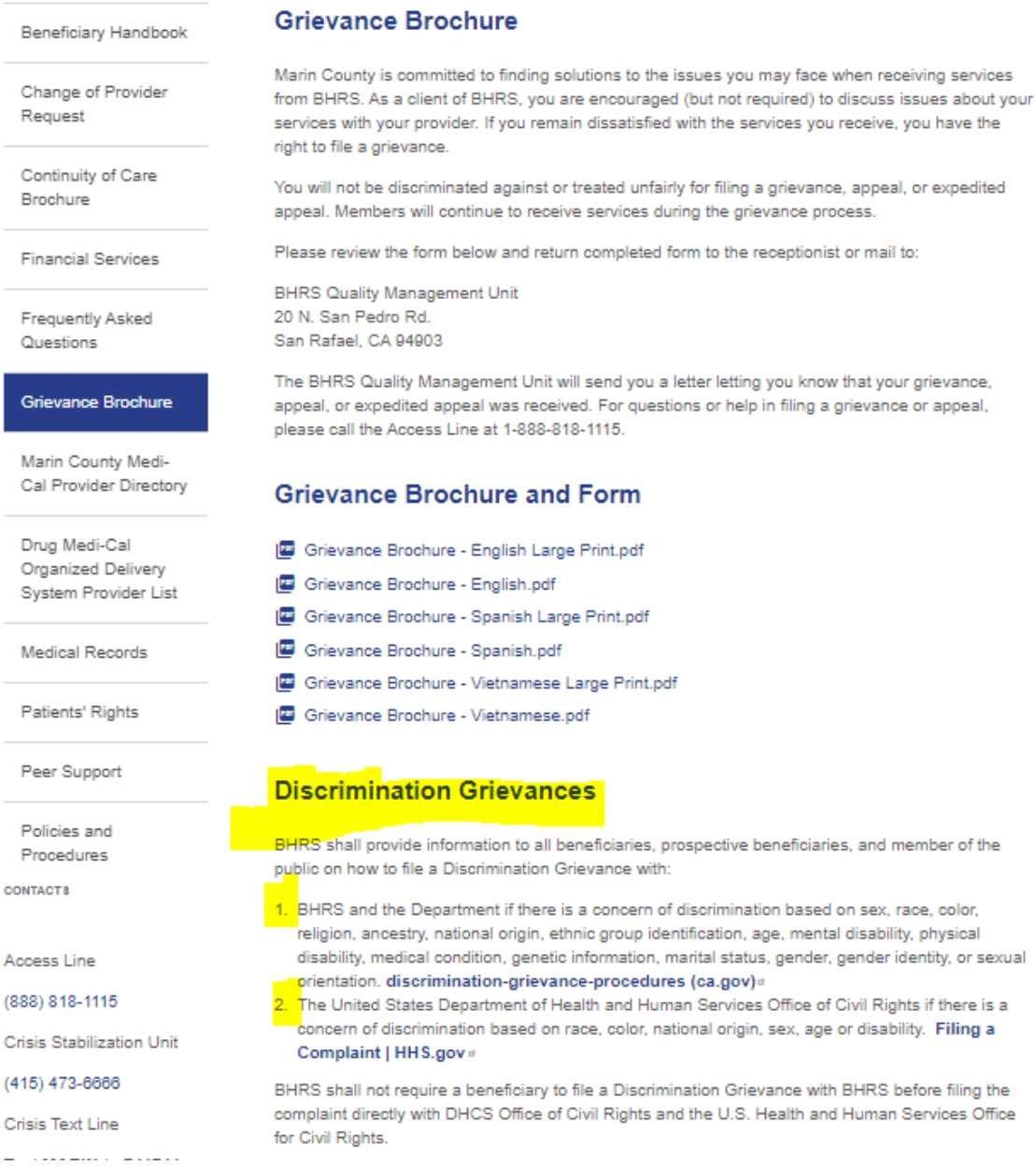
DHCS Finding [6.1.14]

Question 6.1.14
FINDING
The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 11, section 3(F)(3)(a-b) and Welfare and Institution Code, section 14727(a)(4) and (5). The MHP shall provide information to all beneficiaries, prospective beneficiaries, and members of the public on how to file a Discrimination Grievance with:
a) The MHP and the Department if there is a concern of discrimination based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.
b) The United States Department of Health and Human Services Office for Civil Rights if there is a concern of discrimination based on race, color, national origin, sex, age, or disability.

Corrective Action Description

BHRS provides information on how to file a discrimination grievance on our webpage here: https://www.marinbhrs.org/clients-caregivers/grievance-brochure

Proposed Evidence/Documentation of Correction



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Policies and Procedures

CONTACTS

Access Line

(888) 818-1115

Crisis Stabilization Unit

(415) 473-6666

Crisis Text Line

Grievance Brochure

Marin County is committed to finding solutions to the issues you may face when receiving services from BHRS. As a client of BHRS, you are encouraged (but not required) to discuss issues about your services with your provider. If you remain dissatisfied with the services you receive, you have the right to file a grievance.

You will not be discriminated against or treated unfairly for filing a grievance, appeal, or expedited appeal. Members will continue to receive services during the grievance process.

Please review the form below and return completed form to the receptionist or mail to:

BHRS Quality Management Unit
20 N. San Pedro Rd.
San Rafael, CA 94903

The BHRS Quality Management Unit will send you a letter letting you know that your grievance, appeal, or expedited appeal was received. For questions or help in filing a grievance or appeal, please call the Access Line at 1-888-818-1115.

Grievance Brochure and Form

- Grievance Brochure - English Large Print.pdf
- Grievance Brochure - English.pdf
- Grievance Brochure - Spanish Large Print.pdf
- Grievance Brochure - Spanish.pdf
- Grievance Brochure - Vietnamese Large Print.pdf
- Grievance Brochure - Vietnamese.pdf

Discrimination Grievances

BHRS shall provide information to all beneficiaries, prospective beneficiaries, and member of the public on how to file a Discrimination Grievance with:

1. BHRS and the Department if there is a concern of discrimination based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation. **discrimination-grievance-procedures (ca.gov)**
2. The United States Department of Health and Human Services Office of Civil Rights if there is a concern of discrimination based on race, color, national origin, sex, age or disability. **Filing a Complaint | HHS.gov**

BHRS shall not require a beneficiary to file a Discrimination Grievance with BHRS before filing the complaint directly with DHCS Office of Civil Rights and the U.S. Health and Human Services Office for Civil Rights.

Ongoing Monitoring (if included)

NA

Person Responsible (job title)

Steve Wilbur, Quality Improvement Coordinator

Requirement

The MHP shall designate a Discrimination Grievance Coordinator who is responsible for ensuring compliance with federal and state nondiscrimination requirements and investigating Discrimination Grievances related to any action that would be prohibited by, or out of compliance with, federal or state nondiscrimination law. (WIC § 14727(a)(4); 45 C.F.R. § 84.7; 34 C.F.R. § 106.8; 28 C.F.R. § 35.107; see 42 U.S.C. § 18116(a); California's Medicaid State Plan, Section 7, Attachments 7.2-A and 7.2-B; (MHP Contract, Ex. A, Att. 12, sec. 4(A)(1).)

DHCS Finding [6.1.15]

Question 6.1.15
FINDING
The MHP did not furnish evidence to demonstrate compliance with the Welfare and Institution Code, section 14727(a)(4); Code of Federal Regulations, title 45, section 84.7; Code of Federal Regulations, title 34, section 106.8; Code of Federal Regulations, title 28, section 35.107; 42 United States Code, section 18116(a); California's Medicaid State Plan, Section 7, Attachments 7.2-A and 7.2-B; and MHP Contract, exhibit A, Attachment 12, section 4(A)(1). The MHP must designate a Discrimination Grievance Coordinator who is responsible for ensuring compliance with federal and state nondiscrimination requirements, and investigating Discrimination Grievances related to any action that would be prohibited by, or out of compliance with, federal or state nondiscrimination law.

Corrective Action Description

BHRS 19 Grievance and Appeal Resolution was updated in February 2023 and states:

BHRS shall designate a Discrimination Grievance Coordinator who is responsible for ensuring compliance with federal and state nondiscrimination requirements and investigating Discrimination Grievances related to any action that would be prohibited by, or out of compliance with federal or state nondiscrimination law. Page 6

The BHRS Quality Improvement Coordinator is in charge of all grievances including Discrimination grievances.

Proposed Evidence/Documentation of Correction

BHRS 19 Grievance and Appeal Resolution policy page 6.

Ongoing Monitoring (if included)

MHP Grievance subcommittee meets on semi-annual basis. All grievances, including discrimination grievances, reported out at QIC meetings.

Person Responsible (job title)

Steve Wilbur, Quality Improvement Coordinator

Implementation Timeline: February 2023

Requirement

The MHP shall adopt procedures to ensure the prompt and equitable resolution of discrimination-related complaints. (WIC § 14727(a)(4); 45 C.F.R. § 84.7; 34 C.F.R. § 106.8; 28 C.F.R. § 35.107; see 42 U.S.C. § 18116(a); California's Medicaid State Plan, Section 7, Attachments 7.2-A and 7.2-B.)
The MHP shall not require a beneficiary to file a Discrimination Grievance with the MHP before filing the complaint directly with the DHCS Office of Civil Rights and the U.S. Health and Human Services Office for Civil Rights. (MHP Contract, Ex. A, Att. 12, sec. 4(A)(2).)

DHCS Finding [6.1.16]

Question 6.1.16
FINDING
The MHP did not furnish evidence to demonstrate compliance with the Welfare and Institution Code, section 14727(a)(4); Code of Federal Regulations, title 45, section 84.7; Code of Federal Regulations, title 34, section 106.8; Code of Federal Regulations, title 28, section 35.107; 42 United States Code, section 18116(a); California's Medicaid State Plan, Section 7, Attachments 7.2-A and 7.2-B; and MHP Contract, exhibit A, Attachment 12, section 4(A)(2). The MHP shall adopt procedures to ensure the prompt and equitable resolution of discrimination-related complaints. The MHP shall not require a beneficiary to file a Discrimination Grievance with the MHP before filing the complaint directly with the DHCS Office of Civil Rights and the U.S. Health and Human Services Office for Civil Rights.

Corrective Action Description

BHRS 19 Grievance and Appeal Resolution was updated in February 2023.

Proposed Evidence/Documentation of Correction

Discrimination Grievances

BHRS shall provide information to all beneficiaries, prospective beneficiaries, and member of the public on how to file a Discrimination Grievance with:

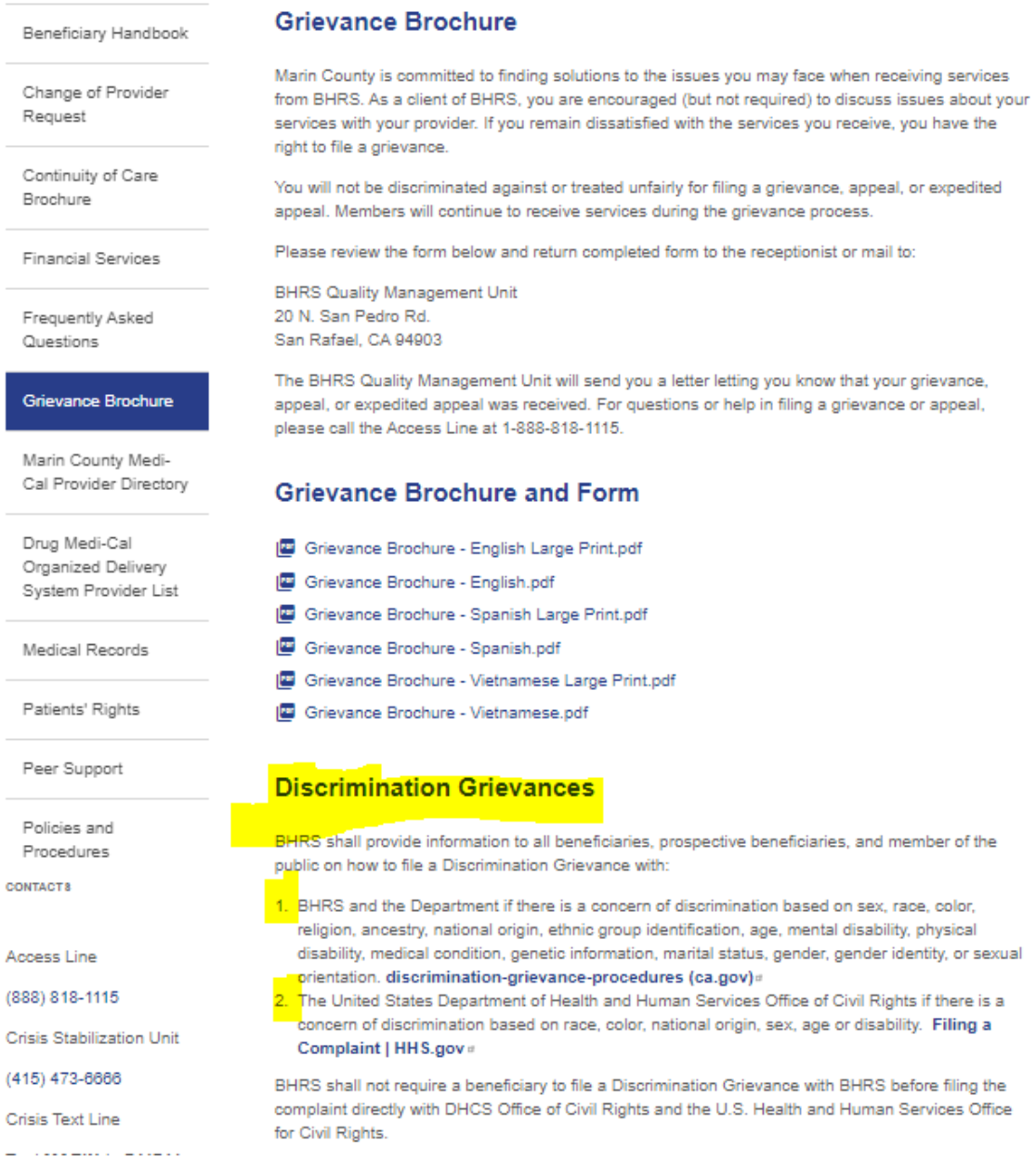
a) BHRS and the Department if there is a concern of discrimination based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

b) The United States Department of Health and Human Services Office of Civil Rights if there is a concern of discrimination based on race, color, national origin, sex, age or disability.

BHRS shall not require a beneficiary to file a Discrimination Grievance with BHRS before filing the complaint directly with DHCS Office of Civil Rights and the U.S. Health and Human Services Office for Civil Rights.

Same guidance is also posted here:

https://www.marinbhrs.org/clients-caregivers/grievance-brochure



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Discrimination Grievances

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2. The United States Department of Health and Human Services Office of Civil Rights if there is a concern of discrimination based on race, color, national origin, sex, age or disability. **Filing a Complaint | HHS.gov**

BHRS shall not require a beneficiary to file a Discrimination Grievance with BHRS before filing the complaint directly with DHCS Office of Civil Rights and the U.S. Health and Human Services Office for Civil Rights.

Ongoing Monitoring (if included)

NA

Person Responsible (job title)

Steve Wilbur, Quality Improvement Coordinator

Implementation Timeline: February 2023

Requirement

Within ten calendar days of mailing a Discrimination Grievance resolution letter to a beneficiary, the MHP must submit the following information regarding the complaint to the DHCS Office of Civil Rights (see California Medicaid State Plan, Section 7, Attachments 7.2-A and 7.2-B):
a) The original complaint.
b) The provider's or other accused party's response to the complaint.
c) Contact information for the personnel primarily responsible for investigating and responding to the complaint on behalf of the MHP.
d) Contact information for the beneficiary filing the complaint, and for the provider or other accused party that is the subject of the complaint.
e) All correspondence with the beneficiary regarding the complaint, including, but not limited to, the Discrimination Grievance acknowledgment letter and resolution letter sent to the beneficiary.
f) The results of the MHPs investigation, copies of any corrective action taken, and any other information that is relevant to the allegation(s) of discrimination.

(MHP Contract, Ex. A, Att. 12, sec. 4(A)(3).)

DHCS Finding [6.1.17]

Question 6.1.17
FINDING
The MHP did not furnish evidence to demonstrate compliance with MHP Contract, exhibit A, Attachment 12, section 4(A)(3) and California Medicaid State Plan, section 7, attachments 7.2-A and 7.2-B. Within ten calendar days of mailing a Discrimination Grievance resolution letter to a beneficiary, the MHP must submit the following information regarding the complaint to the DHCS Office of Civil Rights:
a) The original complaint.
b) The provider's or other accused party's response to the complaint.
c) Contact information for the personnel primarily responsible for investigating and responding to the complaint on behalf of the MHP.
d) Contact information for the beneficiary filing the complaint, and for the provider or other accused party that is the subject of the complaint.

e) All correspondence with the beneficiary regarding the complaint, including, but not limited to, the Discrimination Grievance acknowledgment letter and resolution letter sent to the beneficiary.
f) The results of the MHPs investigation, copies of any corrective action taken, and any other information that is relevant to the allegation(s) of discrimination.

Corrective Action Description

BHRS 19 Grievance and Appeal Resolution was updated in February 2023.

Proposed Evidence/Documentation of Correction

Page 6-7: Within ten (10) calendar days of mailing a Discrimination Grievance resolution letter to a beneficiary, BHRS must submit the following information regarding the complaint to the DHCS Office of Civil Rights (see California Medicaid State Plan, Section 7, Attachments 7.2-A and 7.2-B):

a. The original complaint.
b. The provider's or other accused party's response to the complaint.
c. Contact information for the personnel primarily responsible for investigating and responding to the complaint on behalf of BHRS.
d. Contact information for the beneficiary filing the complaint, and for the provider or other accused party that is the subject of the complaint.
e. All correspondence with the beneficiary regarding the complaint, including, but not limited to, the Discrimination Grievance acknowledgement letter and resolution letter sent to the beneficiary.
f. The results of BHRS investigation, copies of any corrective action taken, and any other information that is relevant to the allegation(s) of discrimination.

Ongoing Monitoring (if included)

MHP Grievance subcommittee meets on semi-annual basis. All grievances, including discrimination grievances, reported out at QIC meetings.

Person Responsible (job title)

Steve Wilbur, Quality Improvement Coordinator

Implementation Timeline: February 2023

Requirement

The MHP must continue the beneficiary's benefits if all of the following occur:
a) The beneficiary files the request for an appeal within 60 calendar days following the date on the adverse benefit determination notice;
b) The appeal involves the termination, suspension, or reduction of a previously authorized service;
c) The services were ordered by an authorized provider;
d) The period covered by the original authorization has not expired; and,
e) The beneficiary timely files for continuation of benefits.

(42 C.F.R. § 438.420(a)-(b); MHP Contract, Ex. A, Att. 12, sec. 9(B)(1)-(5).)

DHCS Finding [6.5.1]

Question 6.5.1
FINDING
The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 438, subdivision 420(a)-(b) and MHP Contract Exhibit A, Attachment 12, section 9(B)(1)-(5). The MHP must continue the beneficiary's benefits if all of the following occur:
a) The beneficiary files the request for an appeal within 60 calendar days following the date on the adverse benefit determination notice;
b) The appeal involves the termination, suspension, or reduction of a previously authorized service;
c) The services were ordered by an authorized provider;
d) The period covered by the original authorization has not expired; and,
e) The beneficiary timely files for continuation of benefits.

Corrective Action Description

BHRS 19 Grievance and Appeal Resolution was updated in February 2023.

Proposed Evidence/Documentation of Correction

a. Page 8: BHRS must continue the beneficiary's benefits if all of the following occur:
    i. The beneficiary files the request for an appeal within 60 calendar days following the date on the adverse benefit determination notice;
    ii. The appeal involves the termination, suspension, or reduction of a previously authorized service;

iii. The services were ordered by an authorized provider;
iv. The period covered by the original authorization has not expired; and
v. The beneficiary files for continuation of benefits.

Ongoing Monitoring (if included)

Ongoing monitoring of Grievance and Appeals

Person Responsible (job title)

Steve Wilbur, Quality Improvement Coordinator

Implementation Timeline: February 2023