Nevada County Behavioral Health

Fiscal Year (FY) 2022-23 Specialty Mental Health Triennial Review

Corrective Action Plan

System Review

Network Adequacy and Availability of Services

Question 1.2.7

Requirement

The MHP must provide Therapeutic Foster Care (TFC) services to all children and youth who meet beneficiary access criteria for SMHS as medically necessary. (BHIN 21- 073; Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, (3rd ed., Jan. 2018), p. 34.)

DHCS Finding 1.2.7

The MHP did not furnish evidence to demonstrate compliance with the BHIN No. 21-073 and Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and 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 beneficiary access criteria for SMHS as medically necessary.

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

- 219.1-Medi-Cal Array of MH Services and Service Provision Standards
- 297-Therapeutic Foster Care
- CWS Budget Narrative 23-24 Draft
- P&P 297-Therapeutic Foster Care
- TFC Email Communication
- 219.1-Medi-Cal Array of MH Services TFC

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides TFC services to all children and youth who meet medical necessity criteria for TFC. Per the discussion during the review, the MHP acknowledged that it does not have TFC services available and that it is in the process of collaborating with child welfare services to recruit TFC foster families.
DHCS deems the MHP out of compliance with the BHIN No. 21-073 and 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.

Repeat deficiency Yes

Corrective Action Description

MHP has process in place to provide TFC services to all children and youth who meet medical necessity criteria for TFC through collaboration with Child Welfare Services. There are two routes of service provision through our collaboration with Child Welfare Services; route one, MHP and CWS would utilize specific funding for current foster homes to increase rate and training for current foster home/family to provide elevated training and support necessary to provide TFC. Route two, MHP and CWS would collaborate through both assessment and care coordination (funded by grant monies), to secure placement in Environmental Alternatives TFC placement if child/youth identified through assessment who needs such services/placement.

Proposed Evidence/Documentation of Correction

MHP will provide process/procedure documentation of collaborative partnership with CWS and documentation of CWS budget where funding for service provision resides.

Ongoing Monitoring (if included)

MHP will review process quarterly to ensure availability of TFC services and review at least annually that assessments are occurring for all eligible children/youth.

Person Responsible (job title)

Quality Assurance Manager

Children's Supervisor

Implementation Timeline: March 29th, 2024

Question 1.2.8

Requirement

The MHP has an affirmative responsibility to determine if children and youth who meet beneficiary access criteria for SMHS need TFC. (BHIN 21-073; Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, (3rd ed., Jan. 2018), p. 11.)

DHCS Finding 1.2.8

The MHP did not furnish evidence to demonstrate compliance with the BHIN No. 21-073 and Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, 3rd Edition,

January 2018. The MHP must have an affirmative responsibility to determine if children and youth who meet beneficiary access criteria for SMHS need TFC.

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

- 219.1-Medi-Cal Array of MH Services and Service Provision Standards
- 297-Therapeutic Foster Care
- P&P 297-Therapeutic Foster Care
- 5.1.5-Delivery of Medi-Cal SMHS for Children in a Foster Care

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP assesses all children and youth to determine if they meet medical necessity criteria for TFC Services. Per the discussion during the review, the MHP stated it does not have a contract for TFC services and relies on Child Welfare Services to complete these assessments; however, the MHP did not have evidence for this process.

DHCS deems the MHP out of compliance with the BHIN No. 21-073 and Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

Repeat deficiency Yes

Corrective Action Description

MHP will amend P&P 297 to include a statement that NCBH has an affirmative responsibility to determine if children and youth who meet beneficiary access criteria for SMHS need TFC. MHP will also submit process/procedure documentation of collaborative partnership with CWS, assessment process for all children/youth identified, and documentation of CWS budget where funding for service provision resides.

Proposed Evidence/Documentation of Correction

Amended P&P 297 to include affirmative responsibility statements, CWS budget documentation, and process/procedure documentation of formal collaborative process between CWS and MHP to serve identified children/youth.

Ongoing Monitoring (if included)

MHP will review process quarterly to ensure availability of TFC services and review at least annually that assessments are occurring for all eligible children/youth.

Person Responsible (job title)

Quality Assurance Manager

Implementation Timeline: March 29th, 2024

Question 1.4.4

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:

- 704 Individual and Organizational Provider Selection and Credentialing
- 191.1 SD-MC Provider Certification and Re-Certification Attachment A
- 191 Re-Certification of County Owned Sites (Self-Cert) for Medi-Cal Reimbursement
- 191.2 County Site Self-Recertification-Attachment B
- 706-Medi-Cal Certification and Recertification of Org Providers
- Medi-Cal Recertification 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 27 MHP provider sites, one (1) had an overdue certification. Per the discussion during the review, the MHP stated that it has experienced technical difficulties while processing the applicable documentation. Post review, no additional evidence was provided to demonstrate compliance with this requirement.

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).

Repeat deficiency Yes

Corrective Action Description

1. Review all Site Certification Tracking Log to determine entities that are out of compliance with certification timeline.
2. Schedule sites that are out of compliance for site reviews.
3. Send required documentation requests and protocols for site review timely to out of compliance sites for completion.
4. Complete site reviews and update tracking log to reflect completion.

Proposed Evidence/Documentation of Correction

1. Policy and procedure on SD-MC Provider Certification and Re-Certification (revised)
2. Training materials and staff sign in sheets.
3. Updated provider certification and re-certification tracking mechanism

Ongoing Monitoring (if included)

Audit Site Certification Log monthly to ensure all entities requiring site certification are in compliance with certification requirements.

Person Responsible (job title)

1. Quality Assurance Therapist
2. Quality Assurance Manager

Implementation Timeline: March 29th, 2024

Question 1.4.5

Requirement

The MHP shall monitor the performance of its subcontractors on an ongoing basis for compliance with the terms of the MHP contract and shall subject the subcontractors' performance to periodic formal review. (MHP Contract, Ex. A, Att. 8, sec. 8(M).)

DHCS Finding 1.4.5

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 8, section 8(M). The MHP must monitor the performance of its contractors and network providers on an ongoing basis for compliance with the terms of the MHP contract and shall subject the contractors' performance to periodic formal review.

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

- Admission assessment-new monitoring corrective action example
- Example Feedback to Provider about QA QIC report outs
- FW Admission Assessment-Example of Provider monitoring and change
- Non-reimbursable Dec Charis notes
- RE TBS Codes and Billing Feedback to Provider Example
- Victor Audit List recertification provider monitoring example

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP monitors the performance of its contractors and network providers on an ongoing basis for compliance with the terms of the MHP contract and shall subject the contractors' performance to periodic formal review. Per the discussion during the review, the MHP stated it uses a variety of mechanisms to monitor

performance of its contractors including the monthly Quality Improvement Committee, chart auditing, and site visits and that it would submit evidence of this post review. Post review, no additional evidence was provided to demonstrate compliance with this requirement.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 8, section 8(M).

Corrective Action Description

Mechanisms NCBH will be using to monitor the performance of contractors:
1. Monthly QIC meetings minutes demonstrating provider report out on performance or other metrics/contract requirements.
2. Chart auditing
3. Site visits

Proposed Evidence/Documentation of Correction

1. QIC minutes with highlighted text to show examples of monitoring contractors' performance.
2. Chart auditing examples
3. Documentation of site visits
4. P&P to address monitoring of contract providers

Ongoing Monitoring (if included)

Audit Site Certification Tracking Log monthly for twelve (12) months to ensure all applicable sites have updated CAPs in place with completion timelines.

Person Responsible (job title)

Quality Assurance Manager
Quality Assurance Analyst

Implementation Timeline: March 29th, 2024

Question 1.4.6

Requirement

If the MHP identifies deficiencies or areas of improvement with respect to the performance of its subcontractors, the MHP and the subcontractor shall take corrective action. (MHP Contract, Ex. A, Att. 8, sec. 8(M).)

DHCS Finding 1.4.6

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 8, section 8(M). The MHP and the contractor shall take corrective action if the MHP identifies deficiencies or areas of improvement.

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

- Re-check in CAP follow-up and resolution
- SMWG Training CAP
- Training CAP

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP and its contractors take corrective action if the MHP identifies deficiencies or areas of improvement. Per the discussion during the review, the MHP acknowledged it does not have a formal process to take corrective action regarding identified performance deficiencies.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 8, section 8(M).

Repeat deficiency Yes

Corrective Action Description

Development of P&P to address monitoring of contract providers, including corrective action if deficiencies in contract performance exist.

Proposed Evidence/Documentation of Correction

1. NCBH will submit P&P described above.
2. Updated Tracking Log with CAP's required per entity and follow-up timeline completed.
3. Completed CAP documentation on file with Compliance Office/Quality Assurance.

Ongoing Monitoring (if included)

Audit Site Certification Tracking Log monthly for twelve (12) months to ensure all applicable sites have updated CAPs in place with completion timelines.

Person Responsible (job title)

Quality Assurance Manager
Quality Assurance Therapist

Implementation Timeline: March 29th, 2024

Quality Assurance and Performance Improvement

Question 3.2.5

Requirement

The QAPI work plan includes a description of mechanisms the MHP has implemented to assess the accessibility of services within its service delivery area, including goals for:
1) Responsiveness for the MHPs 24-hour toll-free telephone number.
2) Timeliness for scheduling of routine appointments.
3) Timeliness of services for urgent conditions.
4) Access to after-hours care.
(MHP Contract, Ex. A, Att. 5, sec. 2(a)(4).)

DHCS Finding 3.2.5

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section 2(a)(4). The MHP must ensure the Quality Assessment and Performance Improvement (QAPI) Work Plan includes a description of mechanisms the Contractor has implemented to assess the accessibility of services within its service delivery area, including goals listed in the below requirements:
1. Responsiveness for the Contractor's 24-hour toll-free telephone number.
2. Timeliness for scheduling of routine appointments.
3. Timeliness of services for urgent conditions.
4. Access to after-hours care.

The MHP submitted the following documentation as evidence of compliance with this requirement:
- 5bi Adult & Urgent Timeliness QIC Data FY21-22
- 7 Monthly Psych Timeliness
- CY 21 Nevada County QI Work Plan Evaluation
- 23 Nevada County QI Work Plan
- Example of Server Caseload and Appointment Types Dashboard
- Nevada County BH 2021 QI Work Plan Final
- Example of Timeliness of Entry Dashboard

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP's QAPI Work Plan includes a description of mechanisms the MHP has implemented to assess responsiveness of the 24-hour toll-free telephone number. Per the discussion during the review, the MHP stated it provides after-hours care; however, the MHP acknowledged the QAPI work plan did not include specific goals for Access to after-hours care.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, section 2(a)(4).

Repeat deficiency Yes

Corrective Action Description

In the next QAPI work plan (for Calendar Year 2024) we will add a goal for Access to after-hours care.

Proposed Evidence/Documentation of Correction

Calendar Year 2024 QAPI work plan will include a goal for access to after-hours care.

Ongoing Monitoring (if included)

This will be monitored during completion of each annual QAPI work plan and evaluation.

Person Responsible (job title)

Quality Assurance Manager

Implementation Timeline: March 29th, 2024

Question 3.3.3

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:

- 192 Quality Assessment and Performance Improvement
- Job QIC Description
- QIC Contacts

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 that gaining beneficiary and family member involvement in the Quality Improvement Committee has been a priority and

that it would submit documentation to demonstrate its outreach efforts. Post review, no additional evidence was provided to demonstrate compliance with this requirement.

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

NCBH will submit documentation to demonstrate its outreach efforts to gain beneficiary and family member participation in the QIC.

Proposed Evidence/Documentation of Correction

Documentation of outreach efforts to gain beneficiary and family member participation in the QIC.

Ongoing Monitoring (if included)

Quality Assurance Manager will track beneficiary and family member participation in the QIC on a quarterly basis and develop new recruitment strategies as needed.

Person Responsible (job title)

Quality Assurance Manager
Quality Assurance Therapist

Implementation Timeline: March 29th, 2024

Access and Information Requirements

Question 4.1.1

Requirement

The MHP shall provide all written materials for potential beneficiaries and beneficiaries in a font size no smaller than 12 point. (42 C.F.R. § 438.10(d)(6)(ii); MHP Contract, Ex. A, Att. 11, sec. 3(A).)

DHCS Finding 4.1.1

The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 438, subdivision 10(d)(6)(ii) and MHP Contract, exhibit A, attachment 11, section 3(A). The MHP shall provide all written materials for potential beneficiaries and beneficiaries in a font size no smaller than 12 point.

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

- 222-Meeting Consumer Cultural and Linguistic Needs

- 228-Information for Visually and/or Hearing-Impaired Clients
- 514-Informing Materials
- 516-Availability of Written Materials in English & Spanish
- 630-Beneficiary Rights
- Advance Directive Brochure-English & Spanish
- Advance Directive Brochure - English FINAL 04-27-17
- Advance Health Care Directive Instructions 6-A 09-09
- Advance Health Care Directive.5 –A FORM 09-09
- Client Problem Resolution Guide - English & Spanish
- MH Handouts –to take home -08.17.2022
- MH Regis Forms –to be signed – for JM
- NCBH – Appeal Form Letter
- NCBH –Grievance Form Letter
- NCBH Services Brochure - English & Spanish
- Nevada County MHP Beneficiary Handbook English
- Nevada Guide to County Behavioral Health Services English -FINAL 10-15-20
- Taglines

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides all written materials for potential beneficiaries and beneficiaries in a font size no smaller than12-point. Per the discussion during the review, the MHP stated it would update informing materials to reflect requirements moving forward. Post review, no additional evidence was provided to demonstrate compliance with this requirement.

DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 438, subdivision 10(d)(6)(ii) and MHP Contract, exhibit A, attachment 11, section 3(A).

Corrective Action Description

1. NCBH will update written materials for potential beneficiaries and active beneficiaries to ensure a font size no smaller than 12-point.
2. All new written materials will be provided with the same requirement.
3. Training will be provided all staff responsible for developing relevant written materials regarding the need for future written materials intended for beneficiaries in the prescribed font size.

Proposed Evidence/Documentation of Correction

Updated versions of written materials that were previously not 12-point font.

Ongoing Monitoring (if included)

Quality Assurance Manager (or analyst) will review all new written materials for font size before they are finalized.

Person Responsible (job title)

Quality Assurance Manager
Quality Assurance Therapist

Implementation Timeline: March 29th, 2024

Question 4.2.4

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:

- 24-7 Access Line Test Call Report Q2 FY22.23 Nevada County Code 29 MHP Only
- 24-7 Access Line Test Call Report Q2 FY22.23 Nevada County Code 29 MHP SUD
- 501.1-Access Line and Contact Log
- Nevada County Test Call January 10, 2023
- Sharepoint Pull 24.7 Access Line Log Request Dates
- Call Log Spreadsheet MHP SUD
- Call Log Spreadsheets MHP

While the MHP submitted evidence to demonstrate compliance with this requirement, five (5) of five (5) required DHCS test calls were logged on the MHP's written log of initial request; however, three (3) calls were missing the initial disposition of the request.

The table below summarizes DHCS' findings pertaining to its test calls:

			Log Results

Test Call #	Date of Call	Time of Call	Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
1	1/26/2023	11:10 a.m.	IN	IN	OOC
2	2/3/2023	5:54 p.m.	IN	IN	IN
3	2/3/2023	2:04 p.m.	IN	IN	OOC
4	2/3/2023	6:17 a.m.	IN	IN	IN
5	12/20/2022	4:43 p.m.	IN	IN	OOC
Compliance Percentage			**100%**	**100%**	**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

Retrain applicable staff on maintaining a written log of the initial requests for specialty mental health services from beneficiaries of the MHP, requests shall be recorded whether they are made via telephone, in writing, or in person, and the log shall contain the name of the beneficiary, the date of the request, and the initial disposition of the request.

Proposed Evidence/Documentation of Correction

Training materials and all applicable sign in sheets.

Ongoing Monitoring (if included)

Audit of the call log performed monthly for twelve (12) months to ensure all elements of the requirement are recorded, including the initial disposition.

Person Responsible (job title)

Quality Assurance Manager
Quality Assurance Therapist

Implementation Timeline: March 29th, 2024

Question 4.3.5

Requirement

Regarding the MHP's plan for annual cultural competence training necessary to ensure the provision of culturally competent services:
1) There is a plan for cultural competency training for the administrative and management staff of the MHP.
2) There is a plan for cultural competency training for persons providing SMHS employed by or contracting with the MHP.
3) There is a process that ensures that interpreters are trained and monitored for language competence (e.g., formal testing).

(CCR, tit. 9, § 1810.410, subd. (c)(4).)

DHCS Finding 4.3.5

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 plan for annual cultural competence training necessary to ensure the provision of culturally competent services:
1. There is a plan for cultural competency training for the administrative and management staff of the MHP.
2. There is a plan for cultural competency training for persons providing SMHS employed by or contracting with the MHP.
3. There is a process that ensures that interpreters are trained and monitored for language competence (e.g., formal testing).

The MHP submitted the following documentation as evidence of compliance with this requirement:
- 222 Meeting Consumer Cultural and Linguistic Needs
- 223.1-Cultural Competence Program
- 514 Informing Materials
- 516 Availability of Written Materials in English and Spanish
- 630 Beneficiary Rights
- Annual Cultural Competency Plan Review 2022
- CCC Organizational Tree with contract information
- NCBH FY2020-2021 Cultural and Linguistic Proficiency Plan Final 121721
- Nevada County Test Call November 14, 2022
- Training Log

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP plans for annual cultural competence training necessary to ensure the provision of culturally competent services for persons providing SMHS employed by or contracting with the MHP. Per the discussion during the review, the MHP stated it performs trainings for both internal and external providers; however, it does not have a formal training log and requires providers to track and submit trainings to the MHP. DHCS requested evidence of training tracking material post review; however, none was provided.

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

Corrective Action Description

1. Develop tracking mechanism to determine completion of training by staff and contract providers.
2. Train staff on cultural competence initially, and annually thereafter.

Proposed Evidence/Documentation of Correction

1. Training materials and applicable staff sign in sheets.
2. Cultural competence tracking log.

Ongoing Monitoring (if included)

Audit tracking log monthly to ensure all new staff and contracted providers have received initial cultural competence training, and all staff and contact providers have received cultural competence training annually thereafter.

Person Responsible (job title)

Quality Assurance Manager
Quality Assurance Analyst

Implementation Timeline: March 29th, 2024

Coverage and Authorization of Services

Question 5.2.2

Requirement

MHPs shall establish and implement written policies and procedures for the authorization of psychiatric inpatient hospital services in accordance with BHIN 22-017 and shall have mechanisms in effect to ensure consistent application of review criteria for authorization decisions and shall consult with the requesting provider when appropriate.

Authorization procedures and utilization management criteria shall:
a. Be based on medical necessity and consistent with current evidence- based clinical practice guidelines, principles, and processes;
b. Be developed with involvement from network providers, including, but not limited to, hospitals, organizational providers, and licensed mental health professionals acting within their respective scopes of practice;
c. Be evaluated, and updated as necessary, and at least annually, and be disclosed to the MHP's beneficiaries and network providers.

(BHIN 22-017; 42 C.F.R., § 438.210(b)(1); 42 CFR, §438.210(b)(2)(i-ii).)

DHCS Finding 5.2.2

The MHP did not furnish evidence to demonstrate compliance with BHIN 22-017; Code of Federal Regulations, title 42, section 438, subdivision 210(b)(1); and California Code of Regulations, title 9, section 1810, subdivision 440(b)(2)(i-ii). The MHP must establish and implement written policies and procedures for the authorization of psychiatric inpatient hospital services in accordance with BHIN 22-017 and shall have mechanisms in effect to ensure consistent application of review criteria for authorization decisions, and shall consult with the requesting provider when appropriate. Authorization procedures and utilization management criteria shall:

a. Be based on medical necessity and consistent with current evidence- based clinical practice guidelines, principles, and processes;
b. Be developed with involvement from network providers, including, but not limited to, hospitals, organizational providers, and licensed mental health professionals acting within their respective scopes of practice ;
c. Be evaluated, and updated as necessary, and at least annually, and be disclosed to the MHP's beneficiaries and network providers.

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

- Adult TARs
- Concurrent Review Logs
- Concurrent Review Worksheet
- Concurrent Review, TAR, and Authorization Signers
- Discharge Planning evidence
- TAR Log
- 510.1 Authorization Process for Outpatient MH Services
- 519-2022 Revision Inpatient Concurrent Review Authorization
- Nevada additional evidence of recurring management Crisis NCBH SNMH Monthly Management for P&P
- Evidence of ongoing collaboration with LE, Placer county, and TFH for MCT Dispatch Workflow 8.26.21
- Evidence of ongoing collaboration with Tahoe Forrest hospital to develop P&P related to MH
- Evidence of recurring hospital meeting for P&P
- Nevada on recurring meeting to develop P&P specific to MH crisis and hospitalization
- Meeting minutes with SNMH and SMWG regarding P&P development
- Example of correspondence with Network Provider as part of referral and authorization process
- Network Provider Authorization Tracking
- Sample Network Provider Authorization and Treatment Plan

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP engaged and collaborated with network and organizational providers, hospitals, and other licensed mental health stakeholders to develop its inpatient concurrent review authorization policies and procedures. Per the discussion during the review, the MHP stated it has meetings to create policies and procedures that include contract providers and hospital leadership. Post review, the MHP submitted additional evidence, including meeting minutes and agendas; however, it did not demonstrate collaboration or discussion as required in the contract.

DHCS deems the MHP out of compliance with BHIN 22-017; Code of Federal Regulations, title 42, section 438, subdivision 210(b)(1); California Code of Regulations, title 9, section 1810, subdivision 440(b)(2)(i-ii).

Corrective Action Description

MHP submitted additional evidence including meeting minutes and agenda to demonstrate collaboration and discussion. MHP will further refine agenda items to include specific documentation of collaboration and discussion of policies and procedures as they relate to inpatient concurrent review authorization policies and procedures and will utilize new agenda structure during meetings with stakeholders.

Proposed Evidence/Documentation of Correction

Formal Agenda Structure Document for usage with stakeholders during collaborative meetings.

Ongoing Monitoring (if included)

Quarterly MHP QA staff will review agendas/meeting minutes to ensure that agenda structure is being utilized and documented appropriately.

Person Responsible (job title)

MHP QA Manager

MHP QA Therapist

Implementation Timeline: March 29th, 2024

Question 5.2.5

Requirement

Concurrent Review

- In the absence of an MHP referral, MHPs shall conduct concurrent review of treatment authorizations following the first day of admission to a facility through discharge. MHPs may elect to authorize multiple days, based on the beneficiary's mental health condition, for as long as the services are medically necessary.

(BHIN 22-016.)

DHCS Finding 5.2.5

The MHP did not furnish evidence to demonstrate compliance with BHIN 22-016. Concurrent Review: In the absence of an MHP referral, MHPs shall conduct concurrent review of treatment authorizations following the first day of admission to a facility through discharge. MHPs may elect to authorize multiple days, based on the beneficiary's mental health condition, for as long as the services are medically necessary.

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

- Adult TARs
- TAR Log
- Concurrent Review Logs
- Concurrent Review Worksheet
- Concurrent Review, TAR, and Authorization Signers
- Discharge Planning Evidence
- 510.1-Authorization Process for Outpatient MH Services
- 519-2022 Revision Inpatient Concurrent Review Authorization
- Sample Concurrent Review Process with hospital notes
- Evidence of concurrent review documents from an Adult TAR sample submitted

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP conducts concurrent review of treatment authorizations following the first day of admission to a facility through discharge. Per the discussion during the review, the MHP stated it does not have a CRTS or ARTS facility or program within the county and would refer the beneficiary out of county if there was a need. Post review, the MHP submitted documentation of out of county inpatient services; however, no evidence was provided to demonstrate outpatient concurrent review as required in the contract.

DHCS deems the MHP out of compliance with BHIN 22-016.

Corrective Action Description

MHP Plan does not have evidence of outpatient concurrent review for CRTS or ARTS as we have not yet had a beneficiary who required it. Our policy does account for the process and procedure, however MHP is unable to produce evidence specific to a beneficiary without a beneficiary having utilized the services. MHP will create a blank template for outpatient concurrent review to utilize in the event that a beneficiary requires it and submit that as evidence.

Proposed Evidence/Documentation of Correction

Template Process/Procedure for outpatient concurrent review specific to CRTS/ARTS.

Ongoing Monitoring (if included)

QA Manager/QA staff will review template on at least annual basis to ensure it is meeting compliance standards and will review on at least annual basis beneficiaries served in this level of care for use of templated concurrent review process if applicable.

Person Responsible (job title)

QA Manager

QA Therapist

Implementation Timeline: March 29th, 2024

Question 5.2.6

Requirement

Telephone Access:
- MHPs shall maintain telephone access to receive Psychiatric Inpatient Hospital or Psychiatric Health Facility (PHF) admission notifications and initial authorization requests 24-hours a day and 7 days a week.

(BHIN 22-017; WIC, § 14197.1; Health & Saf. Code, §§ 1367.01(i), 1371.4(a).)

DHCS Finding 5.2.6

The MHP did not furnish evidence to demonstrate compliance with BHIN 22-017; Welfare and Institution Code, section 14197.1; and Health and Safety Code, section 1367.01(i), 1371.4(a). The MHPs must maintain telephone access to receive Psychiatric Inpatient Hospital or Psychiatric Health Facility (PHF) admission notifications and initial authorization requests 24-hours a day and 7 days a week.

The MHP submitted the following documentation as evidence of compliance with this requirement:
- 510.1-Auth Process for Outpatient MH Services
- 519 -2022 Revision Inpatient Concurrent Review Authorization
- Concurrent Review Logs
- Evidence of Telephone tracking mechanism
- Sample of Telephone Access to receive admission notifications
- Telephone Access for Admission Notifications and Initial Authorizations

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP maintains telephone access to receive Psychiatric Inpatient Hospital or PHF admission notifications and initial authorization requests 24-hours a day and 7 days a week. Per the discussion during the review, the MHP stated it receives notifications of inpatient admissions via a fax machine and it has trained the after-hours staff how to handle inpatient authorization request phone calls. DHCS requested after-

hours training materials; however, no additional evidence was provided to demonstrate compliance with this requirement.

DHCS deems the MHP out of compliance with BHIN 22-017; Welfare and Institution Code, section 14197.1; and Health and Safety Code, section 1367.01(i), 1371.4(a).

Corrective Action Description

1. Will re-train staff on how to handle inpatient authorization request phone calls that may be received after-hours.
2. Will create inpatient authorization phone call log.

Proposed Evidence/Documentation of Correction

1. Inpatient authorization request phone call training materials and sign in sheets.
2. Inpatient authorization phone call log.

Ongoing Monitoring (if included)

NCBH will monitor inpatient authorization requests monthly for 12 months including any that are received by telephone.

Person Responsible (job title)

Quality Assurance Manager
Quality Assurance Analyst

Implementation Timeline: March 29th, 2024

Question 5.2.11

Requirement

MHPs must utilize referral and/or concurrent review and authorization for all Crisis Residential Treatment Services (CRTS) and Adult Residential Treatment Services (ARTS). MHPs may not require prior authorization.

1. If the MHP refers a beneficiary to a facility for CRTS or ARTS, the referral may serve as the initial authorization as long as the MHP specifies the parameters (e.g., number of days authorized) of the authorization.
2. The MHP must then re-authorize medically necessary CRTS and ARTS services, as appropriate, concurrently with the beneficiary's stay and based on beneficiary's continued need for services.

(BHIN 22-016.)

DHCS Finding 5.2.11

The MHP did not furnish evidence to demonstrate compliance with BHIN 22-016. The MHP must utilize referral and/or concurrent review and authorization for all Crisis

Residential Treatment Services (CRTS) and Adult Residential Treatment Services (ARTS). MHPs may not require prior authorization.

1. If the MHP refers a beneficiary to a facility for CRTS or ARTS, the referral may serve as the initial authorization as long as the MHP specifies the parameters (e.g., number of days authorized) of the authorization.
2. The MHP must then re-authorize medically necessary CRTS and ARTS services, as appropriate, concurrently with the beneficiary's stay and based on beneficiary's continued need for services.

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

- 510.1-Auth Process for Outpatient MH Services
- 519-2022 Revision Inpatient Concurrent Review Authorization

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP utilizes referrals and/or concurrent review and authorization for all Crisis Residential Treatment Services (CRTS) and Adult Residential Treatment Services (ARTS). Per the discussion during the review, the MHP stated it does not have a CRTS or ARTS facility or program within the county and would refer the beneficiary out of county if there was a need. Post review, no additional evidence was provided to demonstrate a process was in place for concurrent review of CRTS and ARTS.

DHCS deems the MHP out of compliance with BHIN 22-016.

Corrective Action Description

MHP Plan does not have evidence of outpatient concurrent review for CRTS or ARTS as we have not yet had a beneficiary who required it. Our policy does account for the process and procedure, however MHP is unable to produce evidence specific to a beneficiary without a beneficiary having utilized the services. MHP will create a blank template for outpatient concurrent review to utilize in the event that a beneficiary requires it and submit that as evidence.

Proposed Evidence/Documentation of Correction

Template Process/Procedure for outpatient concurrent review specific to CRTS/ARTS.

Ongoing Monitoring (if included)

QA Manager/QA staff will review template on at least annual basis to ensure it is meeting compliance standards and will review on at least annual basis beneficiaries served in this level of care for use of templated concurrent review process if applicable.

Person Responsible (job title)

QA Manager

QA Therapist

Implementation Timeline: March 29th, 2024

Question 5.2.14

Requirement

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. (BHIN 22-016.)

DHCS Finding 5.2.14

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.

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

- 510.1-Auth Process for Outpatient MH Services
- 519-2022 Revision Inpatient Concurrent Review Authorization
- SAR Timeliness Tracking
- SAR Email & Authorization Evidence Feb23
- SAR Email & Authorization Evidence Nov22

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

Authorization	# of Service Authorization In Compliance	# of Service Authorization 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.	0	2	0%

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that 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 two (2) Service Authorization Requests reviewed by DHCS, zero (0) were completed within the required timeframe. Per the discussion during the review, the MHP stated it would submit supporting documentation post review to demonstrate compliance with this requirement. Post review, no additional evidence was provided.

DHCS deems the MHP out of compliance with BHIN 22-016.

Repeat deficiency Yes

Corrective Action Description

1. NCBH will provide training to staff responsible for authorization decisions regarding the need to make a decision within 5 business days of receipt.
2. NCBH will provide recent SAR Timeliness Tracking logs and SAR Email & Authorization Evidence to demonstrate current compliance with this requirement.

Proposed Evidence/Documentation of Correction

1. Training materials and sign in sheets on authorization decision timeliness requirements.
2. Recent SAR Timeliness Tracking logs.
3. Recent SAR Email & Authorization Evidence.

Ongoing Monitoring (if included)

NCBH will monitor SAR timeliness evidence monthly for 12 months.

Person Responsible (job title)

Quality Assurance Manager
Quality Assurance Therapist

Implementation Timeline: March 29th, 2024

Beneficiary Rights and Protections

Question 6.1.5

Requirement

1) 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, sec. 1(B)(5); 42 C.F.R. § 438.406(b)(1); 42 C.F.R. §438.228(a); CCR., tit. 9, §1850.205(d)(4).)
2) The acknowledgment letter shall include the following:

a) Date of receipt
b) Name of representative to contact
c) Telephone number of contact representative
d) Address of MHP
(MHSUDS IN No. 18-010E.)

3) The written acknowledgement to the beneficiary must be postmarked within five (5) calendar days of receipt of the grievance. (MHSUDS IN No. 18-010E.)

DHCS Finding 6.1.5

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 12, section 1(B)(5); Code of Federal Regulations, title 42, section 438, subdivision 406(b)(1) and 228(a), California Code of Regulation, title 9, section 1850, subdivision 205(d)(4); and MHSUDS IN 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 the below listed requirements:

1. The MHP shall acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing.
2. The acknowledgment letter shall include the following:
   a. Date of receipt
   b. Name of representative to contact
   c. Telephone number of contact representative
   d. Address of Contractor
3. The written acknowledgement to the beneficiary must be postmarked within five (5) calendar days of receipt of the grievance.

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

- 620 Grievance Compliant Definitions
- 630 Beneficiary Rights
- 632 Beneficiary Problem Resolution Process
- 640 Notices of Adverse Benefit Determination
- 661 Investigation of Beneficiary Complaint
- Grievance closure Template
- Grievance closure BS, DF, SF, CS, LD
- Grievance letter CS
- Grievance Log FY 7-1-21 to 6-30-22-8-10-22
- Grievance Log 3-29-22
- Grievance Log 7-1-22 to 6-30-22 – 8-10-22
- Grievance Log 7-1-22 to 6-31-23 Updated 2-1-2023
- Grievance Log 7-1-22 to 6-31-23 Updated 12-28-2022
- Grievance Log Template part 2 starting NOV2020 Current Year
- MH Log July2021-June 2022 Current Year
- Provider Receipt of complaint – CS

- Provider Receipt of complaint-Template
- Receipt of Grievance C. Schaffer
- Receipt of Grievance Kyle Estes
- Receipt of Grievance Letter LD; NB & DF
- Receipt of Grievance -Template

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP acknowledges the receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing. Of the 10 grievances reviewed, four (4) acknowledgement letters were sent beyond the five-calendar day timeline. The MHP stated it would research the four (4) acknowledgement letters that do not meet timeliness requirements and submit supporting documentation. Post review, no additional evidence was provided to demonstrate compliance with this 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	**10**	**6**	**4**	**60%**

DHCS deems the MHP in partial compliance with the MHP contract, exhibit A, attachment 12, section 1(B)(5); Code of Federal Regulations, title 42, section 438, subdivision 406(b)(1), 228(a); California Code of Regulation, title 9, section 1850, subdivision 205(d)(4); and MHSUDS IN 18-010E

Repeat deficiency Yes

Corrective Action Description

1. NCBH will acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations in writing. The Grievance Acknowledgment letter will include:
   - Date of receipt
   - Name of representative to contact
   - Telephone number of contact representative
   - Address of contractor
2. NCBH will provide training on beneficiary grievance acknowledgement letter requirements to all staff responsible for ensuring the letters are sent within the required time frames.

Proposed Evidence/Documentation of Correction

1. Updated tracking log for grievances and appeals.
2. Training materials and sign in sheets for staff training on this requirement.

Ongoing Monitoring (if included)

Tracking log will be monitored monthly for 12 months to determine if acknowledgement letters are sent within 5 business days.

Person Responsible (job title)

QA Manager

Patient's Rights Advocate

Implementation Timeline: March 29th, 2024

Question 6.1.12

Requirement

The MHP shall ensure that individuals making decisions on the grievances and appeals of adverse benefit determinations, have the appropriate clinical expertise, as determined by DHCS, in treating the beneficiary's condition or disease, if the decision involves an appeal based on a denial of medical necessity, a grievance regarding denial of a request for an expedited appeal, or if the grievance or appeal involves clinical issues. (MHP Contract, Ex. A, Att. 12, sec. 1(B)(13); 42 C.F.R. § 438.406(b)(2)(ii)(A)-(C); 42 C.F.R. § 438.228(a).)

DHCS Finding 6.1.12

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 12, section 1(B)(13) and Code of Federal Regulations, title 42, section 438, subdivision 406(b)(2)(ii)(A)-(C) and 228(a). The MHP must ensure that individuals making decisions on the grievances and appeals of adverse benefit determinations, have the appropriate clinical expertise, as determined by DHCS, in treating the beneficiary's condition or disease, if the decision involves an appeal based on a denial of medical necessity, a grievance regarding denial of a request for an expedited appeal, or if the grievance or appeal involves clinical issues.

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

- 620-Grievance Complaint Definitions
- 630-Beneficiary Rights
- 632-Beneficiary Problem Resolution Process
- 640-Notice of Adverse Benefit Determination
- 661-Investigation of Beneficiary Complaints
- Reviewers Signers NOAS & Other Decision with Clinical Expertise Needed

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures that individuals making decisions on the grievances and appeals of adverse benefit determinations, have the appropriate clinical expertise, as determined by DHCS, in treating the beneficiary's condition or disease. Per the discussion during the review, the MHP stated that it has a process wherein staff are assigned according to staff availability and expertise, and that it would update its policy to meet this requirement. Post review, no additional evidence was provided to demonstrate compliance with this requirement.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 12, section 1(B)(13) and Code of Federal Regulations, title 42, section 438, subdivision 406(b)(2)(ii)(A)-(C) and 228(a).

Repeat deficiency Yes

Corrective Action Description

NCBH will update Policy and Procedure 632, Beneficiary Problem Resolution Process, to describe the process wherein staff are assigned (to making decisions on grievances and appeals) according to staff availability and expertise.

Proposed Evidence/Documentation of Correction

Updated P&P 632 (Beneficiary Problem Resolution Process) will be submitted to DHCS.

Ongoing Monitoring (if included)

Will monitor P&P 632 annually to confirm it is consistent with state and federal requirements and internal procedures.

Person Responsible (job title)

Quality Assurance Manager

Implementation Timeline: March 29th, 2024

Question 6.1.14

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

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.

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

- 620-Grievance Complaint Definitions
- 630-Beneficiary Rights
- 632-Beneficiary Problem Resolution Process
- 640-Notice of Adverse Benefit Determination
- 661-Investigation of Beneficiary Complaints
- Client problem resolution guide (English and Spanish)
- NCBH Services Brochure (English and Spanish)
- NCBH-Appeal Form letter
- NCBH-Grievance Form letter
- Pre-Review: Grievance closure Template
- Pre-Review: Grievance closure BS, DF, SF, CS, LD
- Pre-Review: Grievance letter CS
- Pre-Review: Grievance logs

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides information to all beneficiaries, prospective beneficiaries, and members of the public on how to file a Discrimination Grievance. Per the discussion during the review, the MHP stated that it would update its policy to meet the contract requirements. Post review, no additional evidence was provided.

DHCS deems the MHP out of compliance with MHP contract, exhibit A, attachment 11, section 3(F)(3)(a-b) and Welfare and Institution Code, section 14727(a)(4) and (5).

Corrective Action Description

1. NCBH will update Policy and Procedure 632, Beneficiary Problem Resolution Process, to describe the Discrimination Grievance process, including providing information to all beneficiaries, prospective beneficiaries, and members of the public on how to file a Discrimination Grievance.
2. NCBH will update beneficiary informing materials to include information on how to file a Discrimination Grievance.

Proposed Evidence/Documentation of Correction

Updated P&P 632 (Beneficiary Problem Resolution Process) will be submitted to DHCS.

Ongoing Monitoring (if included)

Will monitor P&P 632 annually to confirm it is consistent with state and federal requirements and internal procedures.

Person Responsible (job title)

Quality Assurance Manager

Implementation Timeline: March 29th, 2024

Question 6.1.15

Requirement

For Discrimination Grievances (applies to 6.1.15, 6.1.16 and 6.1.17):

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

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.

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

- 620-Grievance Complaint Definitions
- 630-Beneficiary Rights
- 632-Beneficiary Problem Resolution Process
- 640-Notice of Adverse Benefit Determination
- 661-Investigation of Beneficiary Complaints
- Grievance closure NB
- Receipt of Grievance NB

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has designated 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. Per the discussion during the review, the MHP stated that it would update its policy to meet this requirement. Post review, no additional evidence was provided.

DHCS deems the MHP out of 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).

Corrective Action Description

NCBH will update Policy and Procedure 632, Beneficiary Problem Resolution Process, to describe the Discrimination Grievance process, including designation of a Discrimination Grievance Coordinator responsible for investigating Discrimination Grievances.

Proposed Evidence/Documentation of Correction

Updated P&P 632 (Beneficiary Problem Resolution Process) will be submitted to DHCS.

Ongoing Monitoring (if included)

Will monitor P&P 632 annually to confirm it is consistent with state and federal requirements and internal procedures.

Person Responsible (job title)

Quality Assurance Manager

Implementation Timeline: March 29th, 2024

Question 6.1.16

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

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.

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

- 620-Grievance Complaint Definitions
- 630-Beneficiary Rights
- 632-Beneficiary Problem Resolution Process
- 640-Notice of Adverse Benefit Determination
- 661-Investigation of Beneficiary Complaints

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has adopted procedures to ensure the prompt and equitable resolution of discrimination-related complaints. Per the discussion during the review, the MHP stated it would update its policy to include this requirement. Post review, no additional evidence was provided.

DHCS deems the MHP out of 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).

Corrective Action Description

NCBH will update Policy and Procedure 632, Beneficiary Problem Resolution Process, to describe the Discrimination Grievance process, including procedures to ensure the prompt and equitable resolution of discrimination-related complaints.

Proposed Evidence/Documentation of Correction

Updated P&P 632 (Beneficiary Problem Resolution Process) will be submitted to DHCS.

Ongoing Monitoring (if included)

Will monitor P&P 632 annually to confirm it is consistent with state and federal requirements and internal procedures.

Person Responsible (job title)

Quality Assurance Manager

Implementation Timeline: March 29th, 2024

Question 6.1.17

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

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.

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

- 620-Grievance Complaint Definitions
- 630-Beneficiary Rights
- 632-Beneficiary Problem Resolution Process
- 640-Notice of Adverse Benefit Determination
- 661-Investigation of Beneficiary Complaints
- Grievance log Fiscal Year 7-1-21 to 6-30-22-8-10-22
- Grievance log 7-1-21 to 6-30-22-8-10-22
- Grievance Call Log July 2020-June 2021 Current Year

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP submits required information regarding a complaint to the DHCS Office of Civil Rights within ten calendar days of mailing a Discrimination Grievance resolution letter to a beneficiary. Per the discussion during the review, the MHP stated it would update its policy to include this requirement. Post review, no additional evidence was provided.

DHCS deems the MHP out of 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.

Corrective Action Description

NCBH will update Policy and Procedure 632, Beneficiary Problem Resolution Process, to describe the Discrimination Grievance process, including submitting the required information regarding a complaint to the DHCS Office of Civil Rights within ten calendar days of mailing a Discrimination Grievance resolution letter to a beneficiary.

Proposed Evidence/Documentation of Correction

Updated P&P 632 (Beneficiary Problem Resolution Process) will be submitted to DHCS.

Ongoing Monitoring (if included)

Will monitor P&P 632 annually to confirm it is consistent with state and federal requirements and internal procedures.

Person Responsible (job title)

Quality Assurance Manager

Implementation Timeline: March 29th, 2024

Question 6.2.1

Requirement

Maintain a grievance and appeal log and record grievances, appeals, and expedited appeals in the log within one business day of the date of receipt of the grievance, appeal, or expedited appeal. (42 C.F.R. § 438.416(a); CCR, tit. 9, § 1850.205, subd. (d)(1); MHP Contract, Ex. A, Att. 12, sec. 2(A).)

DHCS Finding 6.2.1

The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 438, subdivision 416(a); California Code of Regulations, title 9, section 1850, subdivision 205(d)(1); and MHP Contract, exhibit A, attachment 12, section 2(A). The MHP must 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.

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

- P&P 632 Beneficiary Problem Resolution Process
- P&P 620 – Grievance Compliant Definitions
- P&P 630 Beneficiary Rights
- P&P 640 – Notices of Adverse Benefit Determination
- P&P 661 – Investigation of Beneficiary Complaint
- Client problem resolution guide (English and Spanish)
- NCBH Services Brochure (English and Spanish)
- NCBH – Appeal Form letter, Grievance Form letter
- Grievance logs 3-29-22
- Grievance log Fiscal Year 7-1-21 to 6-30-22-8-10-22
- Grievance log 7-1-21 to 6-30-22-8-10-22
- Grievance Call Log July 2020-June 2021 Current Year

- Grievance log 7-1-22 to 6-31-23 Updated 2-1-2023
- Grievance log 7-1-22 to 6-31-23 Updated 12-28-2022
- Grievance Log Template part 2 starting Nov2020 Current Year
- Link to Public Website with Problem Resolution Materials and CBO website
- MH Log July2021-June 2022 Current Year
- Posted signs 2 & 3
- PRA Call Log July 2020-June2021Current Year

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP maintains a grievance and appeal log and records grievances within one (1) working day of the date of receipt of the grievance. Of the 10 grievances reviewed by DHCS, three (3) were not logged within the required timeframe. Per the discussion during the review, the MHP stated it would research the three (3) grievances in question and submit supporting documentation demonstrating compliance. Post review, no additional evidence was provided.

DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 438, subdivision 416(a), California Code of Regulations, title 9, section 1850, subdivision 205(d)(1), and MHP Contract, exhibit A, attachment 12, section 2(A).

Repeat deficiency Yes

Corrective Action Description

NCBH will provide evidence of updated grievance and appeal log that include check box for identification of whether grievances were logged within the required one working day of receipt (column) and will follow up with training of staff who log grievances of requirements.

Proposed Evidence/Documentation of Correction

1. Updates to the grievance and appeal log
2. Training logs for staff who log grievances.

Ongoing Monitoring (if included)

NCBH will monitor monthly for 12 months to ensure grievances are logged within one working day of receipt.

Person Responsible (job title)

Quality Assurance Manager
Quality Assurance Analyst

Implementation Timeline: March 29th, 2024

Question 6.2.6

Requirement

Provide notice, in writing, to any provider identified by the beneficiary or involved in the grievance, appeal, or expedited appeal of the final disposition of the beneficiary's grievance, appeal, or expedited appeal. (CCR, tit. 9, § 1850.205, subd. (d)(6); MHP Contract, Ex. A, Att. 12, sec. 2(E).)

DHCS Finding 6.2.6

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1850, subdivision 205(d)(6) and MHP Contract, exhibit A, attachment 12, section 2(E). The MHP must provide notice, in writing, to any provider identified by the beneficiary or involved in the grievance, appeal, or expedited appeal of the final disposition of the beneficiary's grievance, appeal, or expedited appeal.

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

- 632-Beneficiary Problem Resolution Process
- 620-Grievance Compliant Definitions
- 630-Beneficiary Rights
- 640-Notices of Adverse Benefit Determination
- 661-Investigation of Beneficiary Complaint
- Client problem resolution guide (English and Spanish)
- NCBH Services Brochure (English and Spanish)
- NCBH – Appeal Form letter, Grievance Form letter
- Grievance closure NB
- Grievance letter LT
- Grievance logs 3-29-22
- Grievance log 7-1-22 to 6-31-23 Updated 2-1-2023
- Grievance log 7-1-22 to 6-31-23 Updated 12-28-2022
- MH Log July2021-June2022 Current Year
- Link to Public Website with Problem Resolution Materials and CBO website
- Posted signs 2-3

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides written notification to a provider identified by the beneficiary or involved in the grievance, appeal, or expedited appeal of the final disposition of the beneficiary's grievance, appeal, or expedited appeal. Of the 10 grievances reviewed by DHCS, three (3) did not demonstrate notification to the identified provider. Per the discussion during the review, the MHP stated it would research the three (3) grievances that were missing provider notification. Post review, no additional evidence was provided to demonstrate compliance with this requirement.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1850, subdivision 205(d)(6) and MHP Contract, exhibit A, attachment 12, section 2(E).

Corrective Action Description

NCBH will provide training for staff responsible to provide notification to providers. NCBH will create changes in the content of the tracking log for grievances and appeals that will reduce the likelihood of this from occurring in the future (check box for notification to providers column).

Proposed Evidence/Documentation of Correction

1. Updates to the grievance and appeal log
2. Training for staff who log grievances.

Ongoing Monitoring (if included)

NCBH will monitor monthly for 12 months to ensure timely notification of any provider identified by the beneficiary or involved in any grievances or appeals.

Person Responsible (job title)

Quality Assurance Manager
Quality Assurance Therapist

Implementation Timeline: March 29th, 2024

Question 6.3.3

Requirement

Provide written notification to the beneficiary or the appropriate representative of the resolution of a grievance and documentation of the notification or efforts to notify the beneficiary if they could not be contacted. (CCR, tit. 9, § 1850.206, subd. (c); MHP Contract, Ex. A, Att. 12, sec. 3(E).)

DHCS Finding 6.3.3

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1850, subdivision 206(c) and MHP Contract, exhibit A, attachment 12, section 3(E). The MHP must provide written notification to the beneficiary or the appropriate representative of the resolution of a grievance and documentation of the notification or efforts to notify the beneficiary, if he or she could not be contacted.

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

- 632-Beneficiary Problem Resolution Process
- 620–Grievance Compliant Definitions
- 630 Beneficiary Rights
- 640 – Notices of Adverse Benefit Determination

- 661 – Investigation of Beneficiary Complaint
- Client problem resolution guide (English and Spanish)
- NCBH Services Brochure (English and Spanish)
- NCBH – Appeal Form letter, Grievance Form letter
- Grievance logs 3-29-22
- Grievance Log FY 7-1-21 to 6-30-22-8-10-22
- Grievance log 7-1-22 to 6-31-23 Updated 2-1-2023
- Grievance log 7-1-22 to 6-31-23 Updated 12-28-2022
- MH Log July2021-June2022 Current Year
- Link to Public Website with Problem Resolution Materials and CBO website
- Posted signs 2-3
- PRA Call Log July 2020-June 2021 Current Year

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides a written notification to the beneficiary or the appropriate representative of the resolution of a grievance and documentation of the notification or efforts to notify the beneficiary, if he or she could not be contacted. Of the 10 grievances reviewed by DHCS, four (4) did not include Notice Grievance Resolution to the beneficiary. Per the discussion during the review, the MHP stated it would research the four (4) grievances that were not provided written notification of grievance resolution. Post review, no additional evidence was provided to demonstrate compliance with this requirement.

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

	# OF SAMPLE REVIEWED	RESOLUTION NOTICE		COMPLIANCE PERCENTAGE
		# IN	# OOC	
GRIEVANCES	**10**	**6**	**4**	**60%**

DHCS deems the MHP in partial compliance with California Code of Regulations, title 9, section 1850, subdivision 206(c) and MHP Contract, exhibit A, attachment 12, section 3(E).

Repeat deficiency Yes

Corrective Action Description

NCBH will provide training for staff responsible to prepare and send the NGRs.

NCBH will update and change the content of the tracking log for grievances and appeals to reduce the likelihood of this from occurring in the future, by including column identifying that NGR was sent.

Proposed Evidence/Documentation of Correction

1. Updated to the grievance and appeal log.
2. Training for staff who log grievances on NGR requirements.

Ongoing Monitoring (if included)

Audit grievance and appeals tracking log monthly for twelve (12) months to ensure written notification to the beneficiary or the appropriate representative of the resolution of a grievance and documentation of the notification or efforts to notify the beneficiary if he or she could not be contacted has been completed.

Person Responsible (job title)

Quality Assurance Manager
Quality Assurance Therapist

Implementation Timeline: March 29th, 2024

Question 6.4.3

Requirement

Resolve each appeal and provide notice, as expeditiously as the beneficiary's health condition requires, within 30 calendar days from the day the MHP receives the appeal. (42 C.F.R. § 438.408(a), (b)(2); MHP Contract, Ex. A, Att. 12, sec. 5(A)(3).)

DHCS Finding 6.4.3

The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 438, subdivision 408(a) and 408(b)(2); and MHP Contract, exhibit A, attachment 12, section 5(A)(3). The MHP must resolve each appeal and provide notice, as expeditiously as the beneficiary's health condition requires, within 30 calendar days from the day the MHP receives the appeal.

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

- 632-Beneficiary Problem Resolution Process
- 620-Grievance Compliant Definitions
- 630-Beneficiary Rights
- 640-Notices of Adverse Benefit Determination
- 661-Investigation of Beneficiary Complaint
- Client problem resolution guide (English and Spanish)
- NCBH Services Brochure (English and Spanish)
- NCBH – Appeal Form letter, Grievance Form letter
- Grievance Log Template part 2 starting NOV2020 Current Year
- Grievance logs 3-29-22
- Grievance Log FY 7-1-21 to 6-30-22-8-10-22
- Grievance log 7-1-22 to 6-31-23 Updated 2-1-2023

- Grievance log 7-1-22 to 6-31-23 Updated 12-28-2022
- MH Log July2021-June2022 Current Year
- Link to Public Website with Problem Resolution Materials and CBO website
- Posted signs 2-3
- PRA Call Log July 2020-June 2021 Current Year
- Provider receipt of complaint Template
- Receipt of grievance-Template

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP resolves each appeal and provides notice, as expeditiously as the beneficiary's health condition requires, within 30 calendar days from the day the MHP receives the appeal. Per the discussion during the review, the MHP stated that it would update its policy to meet this requirement. Post review, no additional evidence was provided to demonstrate compliance with this requirement.

DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 438, subdivision 408(a); 408(b)(2); and MHP Contract, exhibit A, attachment 12, section 5(A)(3).

Corrective Action Description

NCBH will update Policy and Procedure 632, Beneficiary Problem Resolution Process, to include language in the requirement that NCBH will "Resolve each appeal and provide notice, as expeditiously as the beneficiary's health condition requires, within 30 calendar days from the day the MHP receives the appeal." Existing policy language says "A decision regarding the appeal must be made within thirty (30) calendar days of receipt of the appeal."

Proposed Evidence/Documentation of Correction

Updated P&P 632 (Beneficiary Problem Resolution Process) will be submitted to DHCS.

Ongoing Monitoring (if included)

Will monitor P&P 632 annually to confirm it is consistent with state and federal requirements and internal procedures.

Person Responsible (job title)

Quality Assurance Manager

Implementation Timeline: March 29th, 2024

Question 6.4.7

Requirement

Allow the beneficiary, their representative, or the legal representative of a deceased beneficiary's estate, to be included as parties to the appeal. (42 CFR § 438.406(b)(6); MHP Contract, Ex. A, Att. 12, sec. 5(A)(7).)

DHCS Finding 6.4.7

The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 438, subdivision 406(b)(6) and MHP Contract Exhibit A, Attachment 12, section 5(A)(7). The MHP must allow the beneficiary, his or her representative, or the legal representative of a deceased beneficiary's estate, to be included as parties to the appeal.

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

- 632-Beneficiary Problem Resolution Process
- 620-Grievance Compliant Definitions
- 630-Beneficiary Rights
- 640-Notices of Adverse Benefit Determination
- 661-Investigation of Beneficiary Complaint
- Client problem resolution guide (English and Spanish)
- NCBH Services Brochure (English and Spanish)
- NCBH – Appeal Form letter, Grievance Form letter
- Grievance Log Template part 2 starting NOV2020 Current Year
- Grievance logs 3-29-22
- Grievance Log FY 7-1-21 to 6-30-22-8-10-22
- Grievance log 7-1-22 to 6-31-23 Updated 2-1-2023
- Grievance log 7-1-22 to 6-31-23 Updated 12-28-2022
- MH Log July2021-June2022 Current Year
- Link to Public Website with Problem Resolution Materials and CBO website
- Posted signs 2-3
- PRA Call Log July 2020-June 2021 Current Year

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP allows the beneficiary, his or her representative, or the legal representative of a deceased beneficiary's estate, to be included as parties to the appeal. Per the discussion during the review, the MHP stated that it would update its policy to meet this requirement. Post review, no additional evidence was provided to demonstrate compliance with this requirement.

DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 438, subdivision 406(b)(6) and MHP Contract Exhibit A, Attachment 12, section 5(A)(7).

Corrective Action Description

NCBH will update Policy and Procedure 632, Beneficiary Problem Resolution Process to indicate that NCBH allows the beneficiary, his or her representative, or the legal representative of a deceased beneficiary's estate, to be included as parties to the appeal.

Proposed Evidence/Documentation of Correction

Updated P&P 632 (Beneficiary Problem Resolution Process) will be submitted to DHCS.

Ongoing Monitoring (if included)

Will monitor P&P 632 annually to confirm it is consistent with state and federal requirements and internal procedures.

Person Responsible (job title)

Quality Assurance Manager

Implementation Timeline: March 29th, 2024

Question 6.4.13

Requirement

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); MHP Contract, Ex. A, Att. 12, sec. 6(B)(3).)

DHCS Finding 6.4.13

The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 438, subdivision 410(b) and MHP Contract Exhibit A, Attachment 12, section 6(B)(3). The MHP must ensure that punitive action is not taken against a provider who requests an expedited resolution or supports a beneficiary's expedited appeal.

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

- 632-Beneficiary Problem Resolution Process
- 620-Grievance Compliant Definitions
- 630-Beneficiary Rights
- 640-Notices of Adverse Benefit Determination
- 661-Investigation of Beneficiary Complaint
- Client problem resolution guide (English and Spanish)
- NCBH Services Brochure (English and Spanish)
- NCBH – Appeal Form letter, Grievance Form letter
- Grievance Log Template part 2 starting NOV2020 Current Year
- Grievance logs 3-29-22

- Grievance Log FY 7-1-21 to 6-30-22-8-10-22
- Grievance log 7-1-22 to 6-31-23 Updated 2-1-2023
- Grievance log 7-1-22 to 6-31-23 Updated 12-28-2022
- MH Log July2021-June2022 Current Year
- Link to Public Website with Problem Resolution Materials and CBO website
- Posted signs 2-3
- PRA Call Log July 2020-June 2021 Current Year

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures that punitive action is not taken against a provider who requests an expedited resolution or supports a beneficiary's expedited appeal.

Per the discussion during the review, the MHP stated that it would update its policy to meet this requirement. Post review, no additional evidence was provided to demonstrate compliance with this requirement.

DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 438, subdivision 410(b) and MHP Contract Exhibit A, Attachment 12, section 6(B)(3).

Corrective Action Description

NCBH will update Policy and Procedure 632, Beneficiary Problem Resolution Process to indicate that punitive action is not taken against a provider who requests an expedited resolution or supports a beneficiary's expedited appeal.

Proposed Evidence/Documentation of Correction

Updated P&P 632 (Beneficiary Problem Resolution Process) will be submitted to DHCS.

Ongoing Monitoring (if included)

Will monitor P&P 632 annually to confirm it is consistent with state and federal requirements and internal procedures.

Person Responsible (job title)

Quality Assurance Manager

Implementation Timeline: March 29th, 2024

Question 6.4.14

Requirement

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 MHP must inform beneficiaries of this sufficiently in advance of the resolution

timeframe for the expedited appeal. (42 CFR §§ 438.406(b)(4); 438.408(b)-(c); MHP Contract, Ex. A, Att. 12, sec. 6(B)(4).)

DHCS Finding 6.4.14

The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 438, subdivision 406(b)(4) and 408(b)-(c) and MHP Contract Exhibit A, Attachment 12, section 6(B)(4). The MHP must 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.

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

- 632-Beneficiary Problem Resolution Process
- 620-Grievance Compliant Definitions
- 630-Beneficiary Rights
- 640-Notices of Adverse Benefit Determination
- 661-Investigation of Beneficiary Complaint
- Client problem resolution guide (English and Spanish)
- NCBH Services Brochure (English and Spanish)
- NCBH – Appeal Form letter, Grievance Form letter
- Grievance Log Template part 2 starting NOV2020 Current Year
- Grievance logs 3-29-22
- Grievance Log FY 7-1-21 to 6-30-22-8-10-22
- Grievance log 7-1-22 to 6-31-23 Updated 2-1-2023
- Grievance log 7-1-22 to 6-31-23 Updated 12-28-2022
- MH Log July2021-June2022 Current Year
- Link to Public Website with Problem Resolution Materials and CBO website
- Posted signs 2-3
- PRA Call Log July 2020-June 2021 Current Year

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP informs 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. Per the discussion during the review, the MHP stated that it would update its policy to meet this requirement. Post review, no additional evidence was provided to demonstrate compliance with this requirement.

DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 438, subdivision 406(b)(4) and 408(b)-(c) and MHP Contract Exhibit A, Attachment 12, section 6(B)(4).

Corrective Action Description

NCBH will update Policy and Procedure 632, Beneficiary Problem Resolution Process to indicate that NCBH informs 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.

Proposed Evidence/Documentation of Correction

Updated P&P 632 (Beneficiary Problem Resolution Process) will be submitted to DHCS.

Ongoing Monitoring (if included)

Will monitor P&P 632 annually to confirm it is consistent with state and federal requirements and internal procedures.

Person Responsible (job title)

Quality Assurance Manager

Implementation Timeline: March 29th, 2024

Question 6.4.17

Requirement

If the MHP denies a request for an expedited appeal resolution, the MHP shall:
a) Transfer the expedited appeal request to the timeframe for standard resolution of no longer than 30 calendar days from the day the MHP receives the appeal.
b) Make reasonable efforts to give the beneficiary and their representative prompt oral notice of the denial of the request for an expedited appeal.
(42 C.F.R. § 438.410(c)(1); MHP Contract, Ex. A, Att. 12, sec. 6(B)(7)(a)-(b).)

DHCS Finding 6.4.17

The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 438, subdivision 410(c)(1) and MHP Contract Exhibit A, Attachment 12, section 6(B)(7)(a)-(b). If the MHP denies a request for an expedited appeal resolution, The MHP shall:
a) Transfer the expedited appeal request to the timeframe for standard resolution of no longer than 30 calendar days from the day the Contractor receives the appeal. (42 C.F.R. § 438.410(c)(1).)
b) Make reasonable efforts to give the beneficiary and his or her representative prompt oral notice of the denial of the request for an expedited appeal.

The MHP submitted the following documentation as evidence of compliance with this requirement:
- 632-Beneficiary Problem Resolution Process
- 620-Grievance Compliant Definitions
- 630-Beneficiary Rights

- 640-Notices of Adverse Benefit Determination
- 661-Investigation of Beneficiary Complaint
- Client problem resolution guide (English and Spanish)
- 6.4.17 NCBH Services Brochure (English and Spanish)
- 6.4.17 NCBH – Appeal Form letter, Grievance Form letter
- 6.4.17 Grievance Log Template part 2 starting NOV2020 Current Year
- 6.4.17 Grievance logs 3-29-22
- 6.4.17 Grievance Log FY 7-1-21 to 6-30-22-8-10-22
- 6.4.17 Grievance log 7-1-22 to 6-31-23 Updated 2-1-2023
- 6.4.17 Grievance log 7-1-22 to 6-31-23 Updated 12-28-2022
- 6.4.17 MH Log July2021-June2022 Current Year
- Link to Public Website with Problem Resolution Materials and CBO website
- Posted signs 2-3
- PRA Call Log July 2020-June 2021 Current Year

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP transfers the expedited appeal request to the timeframe for standard resolution of no longer than 30 calendar days from the day the Contractor receives the appeal when the request for expedition is denied. Per the discussion during the review, the MHP stated that it would update its policy to meet this requirement. Post review, no additional evidence was provided to demonstrate compliance with this requirement.

DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 438, subdivision 410(c)(1) and MHP Contract Exhibit A, Attachment 12, section 6(B)(7)(a)-(b).

Corrective Action Description

NCBH will update Policy and Procedure 632, Beneficiary Problem Resolution Process to indicate that NCBH transfers the expedited appeal request to the timeframe for standard resolution of no longer than 30 calendar days from the day that NCBH receives the appeal when the request for expedition is denied.

Proposed Evidence/Documentation of Correction

Updated P&P 632 (Beneficiary Problem Resolution Process) will be submitted to DHCS.

Ongoing Monitoring (if included)

Will monitor P&P 632 annually to confirm it is consistent with state and federal requirements and internal procedures.

Person Responsible (job title)

Quality Assurance Manager

Implementation Timeline: March 29th, 2024

Question 6.5.2

Requirement

If, at the beneficiary's request, the MHP continues the beneficiary's benefits while the appeal or State Hearing is pending, the benefits must be continued until one of the following occurs:
a) The beneficiary withdraws the appeal or request for a State Hearing;
b) The beneficiary does not request a State Hearing and continuation of benefits within 10 calendar days from the date the MHP sends the notice of adverse appeal resolution (i.e., NAR);
c) A State Hearing office issues a hearing decision adverse to the beneficiary.
(42 C.F.R. § 438.420(c)(1)-(3); 42 C.F.R. § 438.408(d)(2); MHP Contract, Ex. A, Att. 12, sec. 9(C).)

DHCS Finding 6.5.2

The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 438, subdivision 420(c)(1)-(3) and 408(d)(2), and MHP Contract Exhibit A, Attachment 12, section 9(C). At the beneficiary's request, the MHP must continue the beneficiary's benefits while the appeal or State Hearing is pending, the benefits must be continued until one of the below listed occurs:
a) The beneficiary withdraws the appeal or request for a State Hearing;
b) The beneficiary does not request a State Hearing and continuation of benefits within 10 calendar days after the MHP sends the notice of adverse resolution (e.g.), NAR);
c) A State Hearing office issues a hearing decision adverse to the beneficiary.

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

- 632-Beneficiary Problem Resolution Process
- 620-Grievance Compliant Definitions
- 630-Beneficiary Rights
- 640-Notices of Adverse Benefit Determination
- 661-Investigation of Beneficiary Complaint

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP continues or reinstates the beneficiary's benefits while the appeal or State Hearing is pending until one of the required conditions is met. Per the discussion during the review, the MHP stated that it would update its policy to meet the contract requirements. Post review, no additional evidence was provided to demonstrate compliance with this requirement.

DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 438, subdivision 420(c)(1)-(3) and 408(d)(2), and MHP Contract Exhibit A, Attachment 12, section 9(C).

Corrective Action Description

NCBH will update Policy and Procedure 632, Beneficiary Problem Resolution Process to indicate that NCBH continues or reinstates the beneficiary's benefits while the appeal or State Hearing is pending until one of the following required conditions is met:
a) The beneficiary withdraws the appeal or request for a State Hearing;
b) The beneficiary does not request a State Hearing and continuation of benefits within 10 calendar days after the MHP sends the notice of adverse resolution (e.g.), NAR);
c) A State Hearing office issues a hearing decision adverse to the beneficiary.

Proposed Evidence/Documentation of Correction

Updated P&P 632 (Beneficiary Problem Resolution Process) will be submitted to DHCS.

Ongoing Monitoring (if included)

Will monitor P&P 632 annually to confirm it is consistent with state and federal requirements and internal procedures.

Person Responsible (job title)

Quality Assurance Manager

Implementation Timeline: March 29th, 2024

Program Integrity

Question 7.4.1

Requirement

Disclosures must include:
a) The name and address of any person (individual or corporation) with an ownership or control interest in the network provider.
b) The address for corporate entities shall include, as applicable, a primary business address, every business location, and a P.O. Box address.
c) Date of birth and Social Security Number (in the case of an individual);
d) Other tax identification number (in the case of a corporation with an ownership or control interest in the managed care entity or in any subcontractor in which the managed care entity has a 5 percent or more interest);
e) Whether the person (individual or corporation) with an ownership or control interest in the MHP's network provider is related to another person with ownership or control interest in the same or any other network provider of the MHP as a spouse, parent,

child, or sibling; or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the managed care entity has a 5 percent or more interest is related to another person with ownership or control interest in the managed care entity as a spouse, parent, child, or sibling;
f) The name of any other disclosing entity in which the MHP or subcontracting network provider has an ownership or control interest; and
g) The name, address, date of birth, and Social Security Number of any managing employee of the managed care entity.

h) The MHP shall provide DHCS with all disclosures before entering into a network provider contract with the provider and annually thereafter and upon request from DHCS during the re-validation of enrollment process under 42 Code of Federal Regulations part 455.104.

(42 C.F.R. § 455.104 (b); MHP Contract, Ex. A, Att. 13, sec. 6 (A)(2)-(3).)

DHCS Finding 7.4.1

The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 455, subdivision 104(b) and MHP Contract Exhibit A, Attachment 13, section 6(A)(2)-(3). The MHP must ensures disclosures include:

a) The name and address of any person (individual or corporation) with an ownership or control interest in the network provider.
b) The address for corporate entities shall include, as applicable, a primary business address, every business location, and a P.O. Box address;
c) Date of birth and Social Security Number (in the case of an individual);
d) Other tax identification number (in the case of a corporation with an ownership or control interest in the managed care entity or in any subcontractor in which the managed care entity has a 5 percent or more interest);
e) Whether the person (individual or corporation) with an ownership or control interest in the MHP's network provider is related to another person with ownership or control interest in the same or any other network provider of the MHP as a spouse, parent, child, or sibling; or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the managed care entity has a 5 percent or more interest is related to another person with ownership or control interest in the managed care entity as a spouse, parent, child, or sibling;
f) The name of any other disclosing entity in which the MHP or subcontracting network provider has an ownership or control interest; and
g) The name, address, date of birth, and Social Security Number of any managing employee of the managed care entity.
h) The MHP shall provide DHCS with all disclosures before entering into a network provider contract with the provider and annually thereafter and upon request from DHCS during the re-validation of enrollment process under 42 Code of Federal Regulations part 455.104.

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

- 134-Conflict of Interest
- 139-Ethics and Conduct Policy
- 193-Ownership Interest Disclosure of Managing Staff and Contract Providers
- 703-Contract Development and Monitoring
- 704-Individual and Organizational Provider Selection and Credentialing
- BH-PSK Template FY 23-24
- NCBH Provider Disclosure Statement
- Nevada County Contractor Disclosure Log
- SMWG 2019 N.C corporate letter

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures disclosures include the name, address, date of birth, and Social Security Number of any managing employee of the managed care entity. Per the discussion during the review, the MHP stated it has a disclosure tracking form but the process is not currently being utilized and it is working to reestablish this process.

DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 455, subdivision, 106(a)(1),(2), and MHP Contract Exhibit A, Attachment 13, section 6(C)(1)(a)-(b).

Repeat deficiency Yes

Corrective Action Description

NCBH will reestablish its process to utilize a disclosure tracking form to record disclosures of the name, address, date of birth, and Social Security Number of any managing employee of the NCBH or its subcontractors.

Proposed Evidence/Documentation of Correction

1. Revised P&P 193, Ownership Interest Disclosure of Managing Staff and Contract Providers, to address utilization of a disclosure tracking form to ensure collection of all required disclosure information.
2. Copy of NCBH Disclosure Log
3. Competed Form 700 disclosure samples.

Ongoing Monitoring (if included)

NCBH will monitor the use of the recording log and review the process for obtaining completed Form 700 from the appropriate NCBH and contracted provider staff.

Person Responsible (job title)

Compliance Officer

Implementation Timeline: March 29th, 2024