

Medi-Cal Behavioral Health Corrective Action Plan (CAP)

San Luis Obispo

Compliance Review Date: 2/10/2025

Corrective Action Plan Fiscal Year: 2024-2025

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
5.1.1 DECISION-MAKER IN WRITTEN NOTIFICATION LETTERS	<p>NOABDs do not include the name and title of the individual completing a denial, and this information is not sent to the beneficiary. Since multiple clinicians work on each case, specific clinician information is not provided in the letters.</p> <p>Providers communicate with Acentra Health staff, our contracted concurrent reviewers, via an online portal that provides the name and contact information of the healthcare professional responsible for making the</p>	2/11/25	<p>Documentation of Acentra Health communication with providers:</p> <ol style="list-style-type: none">1. Acentra Policies Information available to providers via the online portal	

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	authorization decision.			
6.1.1 NOTICE OF GRIEVANCE RESOLUTION (NGR)	<ol style="list-style-type: none"> 1. Creation of procedures and desk references to inform PRA staff as they complete the steps involved with responding to grievances. 2. Establish procedure and expectations for saving all grievance related documents in a shared, secure folder accessible by all staff supporting patients' rights services. 3. Implement weekly supervision times to monitor PRA compliance with procedures and expectations, provide support and guidance regarding difficult or unusual situations and 	8/27/2024	Completed PRA Grievance Log	

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	<p>collaborate to ensure procedures are clear and addressing needs while meeting all state and federal requirements.</p> <p>Utilize the PRA grievance log and shared documentation folders to audit for compliance with timeline and client notification procedures at least quarterly.</p>			
6.1.2 GRIEVANCE TRACKING	<ol style="list-style-type: none"> 1. Creation of procedures and desk references to inform PRA staff as they complete the steps involved with responding to grievances. 2. Implement weekly supervision times to monitor PRA compliance with procedures and expectations, provide 	8/27/2024	Completed PRA Grievance Log	

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	<p>support and guidance regarding difficult or unusual situations and collaborate to ensure procedures are clear and addressing needs while meeting all state and federal requirements.</p> <p>Utilize the PRA grievance log and shared documentation folders to audit for compliance with timeline and client notification procedures at least quarterly.</p>			

Submitted by: Amanda Getten

Date: 2/11/2025

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