Santa Barbara County Mental Health Plan

Fiscal Year (FY) 22/23 Specialty Mental Health Triennial Review

Corrective Action Plan

System Review

Requirement

Network Adequacy and Availability of Services

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. 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.

Corrective Action Description

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. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it does not currently have a TFC provider but is working to develop a contract for this service.

Proposed Evidence/Documentation of Correction

MHP will complete a new Request for Proposal (RFP) for TFC services.

MHP will add TFC as a service to be reviewed in IPC meetings as something to be considered for all youth

MHP will work with CWS to identify available TFC's throughout the state that can potentially do a Single Case Agreement (SCA) with the MHP if a need for TFC is identified**.**

Ongoing Monitoring (if included)

TFC services will be discussed on-going in weekly IPC meetings.

MHP will continue to work collaboratively with CWS to identify and contract with available TFC providers.

Person Responsible (job title)

Jamie Huthsing, Branch Chief of Quality Care Management

Katie Cohen, Branch Chief of Outpatient Services

Diana Klassen, Quality Care Management Coordinator

Implementation Timeline: December 2024

Santa Barbara County Department of Behavioral Wellness
FY 22/23 Specialty Mental Health Triennial Review – Corrective Action Plan

Requirement

Network Adequacy and Availability of Services

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

Corrective Action Description

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP certifies, or uses other MHP's certification documents to certify, the organizational providers that contract with the MHP to provide SMHS. Of the MHP's 62 providers, one (1) certification was overdue. Per the discussion during the review, the MHP stated it would provide evidence of submitted transmittals and actions taken to resolve the overdue certification. Post review, additional evidence was provided; however, it was not evident the provider was recertified prior to the review.

Proposed Evidence/Documentation of Correction

MHP holds a SmartSheet that notifies the QCM Coordinator 90 days prior to site expiration. For out of county sites, this notification will be increased to 120 days to allow more time to gather information from other counties.

If the MHP cannot get the requested information prior to 30 days before expiration, the MHP will send a QCM coordinator to the site to complete the site certification in person.

Ongoing Monitoring (if included)

Automated SmartSheet will trigger reminders 120 days prior, on-going.

Person Responsible (job title)

Jessica Korsan, Quality Care Management Manager

Sandra Alaniz, Quality Care Management Coordinator

Implementation Timeline: March 2024

Requirement

Quality Assurance and Performance Improvement

DHCS Finding 3.5.1

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

Corrective Action Description

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has established practice guidelines that meet requirements of the MHP contract. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it does not have practice guidelines that meet MHP contract requirements; instead, it has an outpatient operational manual, which identifies services available for beneficiaries. Post review, the MHP submitted additional evidence including a program directory; however, practice guidelines were not submitted.

Proposed Evidence/Documentation of Correction

MHP will convene a workgroup comprised of QCM staff, clinical staff, training department, and office of equity management to determine scope and proactive guidelines of practice guidelines and how they will be implemented by the MHP.

Practice Guidelines will be developed by afore mentioned workgroup and used to orient staff and clients to MHP services and modalities of evidence-based practices. Treatment modalities offered will be tied to comprehensive training plan.

Ongoing Monitoring (if included)

Once developed, practice guidelines will be updated as new EBP are introduced and reviewed at least triennially.

Person Responsible (job title)

Jamie Huthsing, Branch Chief of Quality Care Management

Katie Cohen and John Winckler, Branch Chief of Outpatient Services and Specialty Services

Ole Behrendtsen, Clinical Director

Maria Arteaga, Equity Services Manager

Carla Cross, Training Manager

Jessica Korsan, Quality Care Management Manager

Implementation Timeline: End of FY 24/25

Requirement

Quality Assurance and Performance Improvement

DHCS Finding 3.5.2

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

Corrective Action Description

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP disseminates practice guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP acknowledged it did not develop or disseminate practice guidelines during the review period. Post review, the MHP submitted additional evidence including a program directory; however, this contract requirement was not included.

Proposed Evidence/Documentation of Correction

MHP will conduct an agency wide training of practice guidelines, both initially upon rollout and with annual refreshers in conjunction with our annual documentation refreshers.

MHP will have easy to access area on MHP website and internal training platforms where staff and clients can access on a regular basis.

Ongoing Monitoring (if included)

Annual practice guidelines refresher in conjunction with annual documentation refresher.

Person Responsible (job title)

Jamie Huthsing, Branch Chief of Quality Care Management

Katie Cohen and John Winckler, Branch Chief of Outpatient Services and Specialty Services

Ole Behrendtsen, Clinical Director

Maria Arteaga, Equity Services Manager

Carla Cross, Training Manager

Jessica Korsan, Quality Care Management Manager

Implementation Timeline: End of FY 24/25

Requirement

Quality Assurance and Performance Improvement

DHCS Finding 3.5.3

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section 6(D); Code of Federal Regulations, title 42, section 438, subdivision 236(d); and California Code of Regulations, title 9, section 1810, subdivision 326. The MHP must take steps to assure that decisions for utilization management, beneficiary education, coverage of services, and any other area to which the guidelines apply are consistent with the guidelines adopted. DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, section 6(D); Code of Federal Regulations, title 42, section 438, subdivision 236(d); and California Code of Regulations, title 9, section 1810, subdivision 326.

Corrective Action Description

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP takes steps to assure that decisions for utilization management, beneficiary education, coverage of services, and any other area to which the guidelines apply are consistent with the guidelines adopted. Per the discussion during the review, the MHP acknowledged it does not have practice guidelines that meet the contract requirements and it does not have an established process to ensure consistent application of the guidelines. Post review, the MHP submitted additional evidence including a program directory; however, this contract requirement was not identified.

Proposed Evidence/Documentation of Correction

MHP will develop a plan to ensure consistent application of practice guidelines including, but not limited to, documentation review, peer review, programmatic monitoring and clinic supervision.

Ongoing Monitoring (if included)

Random monthly monitoring.

Person Responsible (job title)

Jamie Huthsing, Branch Chief of Quality Care Management

Katie Cohen and John Winckler, Branch Chief of Outpatient Services and Specialty Services

Ole Behrendtsen, Clinical Director

Maria Arteaga, Equity Services Manager

Carla Cross, Training Manager

Jessica Korsan, Quality Care Management Manager

Implementation Timeline: End of FY 24/25

Requirement

Access and Information Requirements

DHCS Finding 4.2.2

DHCS' review team made seven (7) calls to test the MHP's statewide 24/7 toll-free number. The seven (7) test calls must demonstrate compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1). The toll-free telephone number provides information to beneficiaries to the below listed requirements: 1. The MHP provides a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county. 2. The toll-free telephone number provides information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met. 3. The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition. 4. The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes. Based on the test calls, DHCS deems the MHP *in partial compliance* with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1).

Corrective Action Description

The toll-free telephone number provides information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met. We were out of compliance in element #2 (above) for 2 out of 5 calls (60% compliance). All other requirements were in full compliance.

Proposed Evidence/Documentation of Correction

MHP will be contracting with a new provider that will be able to document access calls directly into the EHR.

QCM will increase after hours and weekend test calls to the Access Line and share results in Access Team staff meetings on a quarterly basis.

Access team will continue to receive training both at on-boarding and when areas of improvement are identified. This includes increased training with the mobile crisis benefit that will go into effect 1/1/24.

MHP will provide increase support and training for after hours call center.

Ongoing Monitoring (if included)

Quarterly Access test calls will continue to be completed.

Routine scheduled meetings between MHP and After-Hours Contractor will be held to discuss any quality improvement activities or concerns.

Person Responsible (job title)

John Winckler, Branch Chief of Specialty Services

Margie Hunt, Access Line Supervisor

Diana Klassen, Quality Care Management Coordinator

Implementation Timeline: End of FY 23/24

Requirement

Access and Information Requirements

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. DHCS deems the MHP partial compliance with California Code of Regulations, title 9, section 1810, subdivision 405(f).

Corrective Action Description

While the MHP submitted evidence to demonstrate compliance with this requirement, four (4) of the five (5) required DHCS test calls were not logged on the MHP's written log of initial request. Note: Only calls requesting information about SMHS, including services needed to treat a beneficiary's urgent condition, are required to be logged.

Proposed Evidence/Documentation of Correction

MHP will be contracting with a new provider that will be able to document access calls directly into the EHR.

QCM to continue to give direct feedback regarding the QCM test calls and if any logging did not occur.

Ongoing Monitoring (if included)

Quarterly Access test calls will continue to be completed.

Routine scheduled meetings between MHP, Access Line, and After-Hours Contractor will be held to discuss any quality improvement activities or concerns.

Person Responsible (job title)

John Winckler, Branch Chief of Specialty Services

Margie Hunt, Access Line Supervisor

Diana Klassen, Quality Care Management Coordinator

Implementation Timeline: End of FY 23/24

Requirement

Coverage and Authorization of Services

DHCS Finding 5.1.5

The MHP did not furnish evidence to demonstrate compliance with BHIN No 22-016; Welfare & Institution Code, section 14197.1; Health and Safety Code, section 1367.01(h)(4); Code of Federal Regulations, title 42, section 438, subdivision 210(c). A decision to modify an authorization request shall be provided to the treating provider(s), initially by telephone or facsimile, and then in writing, and shall include a clear and concise explanation of the reasons for the MHP's decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity. The decision shall also include the name and direct telephone number of the professional who made the authorization decision and offer the treating provider the opportunity to consult with the professional who made the authorization decision. DHCS deems the MHP out of compliance with BHIN No 22-016; Welfare & Institution Code, section 14197.1; Health and Safety Code, section 1367.01(h)(4); Code of Federal Regulations, title 42, section 438, subdivision 210(c).

Corrective Action Description

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP includes the name and direct telephone number of the professional who made the authorization decision and offers the treating provider the opportunity to consult with the professional who made the authorization decision. Per the discussion during the review, the MHP stated it would provide evidence that demonstrates this requirement. Post review, the MHP submitted additional evidence including NOABD and beneficiary rights samples; however, the evidence did not demonstrate compliance to the requirement.

Proposed Evidence/Documentation of Correction

MHP will train the contracted provider, Kepro, to add name and direct telephone number of the professional who made the authorization decision to the authorization decision.

In addition, the MHP will direct Kepro to add language to their authorization decision offering the opportunity to consult with the professional who made the authorization decision.

Ongoing Monitoring (if included)

MHP will monitor Kepro quarterly by reviewing a random sampling of authorizations for the above mentioned items.

MHP and Kepro to start quarterly meetings to discuss deliverables, areas for improvement, etc.

Person Responsible (job title)

Jamie Huthsing, Branch Chief of Quality Care Management

Jessica Korsan, Quality Care Management Manager

Stacey Larsen, Quality Care Management Coordinator

Implementation Timeline: December 2024

Requirement

Coverage and Authorization of Services

DHCS Finding 5.2.7

The MHP did not furnish evidence to demonstrate compliance with BHIN 22-017. The MHP must decide whether to grant, modify or deny the hospital or PHFs initial treatment authorization request and communicate the decision to the requesting hospital or PHF per managed care requirements for expedited authorizations following receipt of all information specified in I.a. of BHIN 22-017. The MHP must make an expedited authorization decision and provide notice as expeditiously as the member's health condition requires and not later than 72 hours after receipt of the request for services.

Corrective Action Description

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP makes an expedited authorization decision and provides notice as expeditiously as the member's health condition requires and not later than 72 hours after receipt of the request for services. Per the discussion during the review, the MHP stated it completes the concurrent review authorizations for its county inpatient facility and a contractor completes concurrent review authorization for all other facilities. The MHP acknowledged its policy for the county facility did not outline the expedited authorization process. Post review, the MHP re-submitted its authorization policy and its utilization procedure documents; however, the policy remains out of compliance.

Proposed Evidence/Documentation of Correction

MHP will update policy and procedure 4.019 "Auth and Utilization Management of Psychiatric Inpatient Services" for county policy to clearly outline that an expedited authorization decision and notice will be made as expeditiously as the member's health condition allows and not later than 72 hours after receipt of request.

MHP will review contractor policy and procedure 22-017 "Kepro Concurrent Review Policy and Procedure" and request an update as needed to ensure that the policy clearly outlines that an expedited authorization decision and notice will be made as expeditiously as the member's health condition allows and not later than 72 hours after receipt of request.

Ongoing Monitoring (if included)

MHP will monitor Kepro quarterly by reviewing a random sampling of authorizations for the above mentioned items.

MHP and Kepro to start quarterly meetings to discuss deliverables, areas for improvement, etc.

Person Responsible (job title)

Jamie Huthsing, Branch Chief of Quality Care Management

Jessica Korsan, Quality Care Management Manager

Stacey Larsen, Quality Care Management Coordinator

Qiuana Lopez, Policy and Procedure Manager

Implementation Timeline: December 2024

Requirement

Coverage and Authorization of Services

DHCS Finding 5.2.8

The MHP did not furnish evidence to demonstrate compliance with BHIN 22-017; Welfare and Institution Code, section 14197.1; Health and Safety Code, section 1367.01(h)(2). When medically necessary for the beneficiary, before the end of the initial authorization period, or a subsequent authorization period, the hospital or PHF shall submit a continued-stay- authorization request for a specified number of days to the responsible county MHP. The responsible county MHP shall issue a decision on a hospital or PHF's continued-stay-authorization request within 24-hours of receipt of the request and all information reasonably necessary to make a determination. 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(h)(2).

Corrective Action Description

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP issues a decision on a hospital or PHF's continued-stay-authorization request within 24-hours of receipt of the request and all information reasonably necessary to make a determination. Per the discussion during the review, the MHP stated it completes the concurrent review authorizations for its county inpatient facility and a contractor completes concurrent review authorization for all other facilities. The MHP stated it would submit its internal policy that demonstrate this requirement is in place. Post review, the MHP submitted an attachment to its authorization policy; however, it did not include the required language.

Proposed Evidence/Documentation of Correction

MHP will update policy and procedure 4.019 "Auth and Utilization Management of Psychiatric Inpatient Services" for county policy to clearly outline that the MHP will issue a decision for a continued-stay-authorization within 24-hours of receipt of request and all information reasonably necessary to make a determination.

MHP will review contractor policy and procedure 22-017 "Kepro Concurrent Review Policy and Procedure" and request an update as needed to ensure that the contractor will issue a decision for a continued-stay-authorization within 24-hours of receipt of request and all information reasonably necessary to make a determination.

Ongoing Monitoring (if included)

MHP will monitor Kepro quarterly by reviewing a random sampling of authorizations for the above mentioned items.

MHP and Kepro to start quarterly meetings to discuss deliverables, areas for improvement, etc.

Person Responsible (job title)

Jamie Huthsing, Branch Chief of Quality Care Management
Jessica Korsan, Quality Care Management Manager
Stacey Larsen, Quality Care Management Coordinator
Qiuana Lopez, Policy and Procedure Manager

Implementation Timeline: December 2024

Requirement

Coverage and Authorization of Services

DHCS Finding 5.2.10

The MHP did not furnish evidence to demonstrate compliance with BHIN 22-017; California Code of Regulations, title 9, section 1820, subdivision 230; and Welfare and Institution Code 14184.402, 14184.102 and 14184.400. Authorizing Administrative Days:

1. In order to conduct concurrent review and authorization for administrative day service claims, the MHP shall review that the hospital has documented having made at least one contact to a non-acute residential treatment facility per day (except weekends and holidays), starting with the day the beneficiary is placed on administrative day status.

2. Once five contacts have been made and documented, any remaining days within the seven-consecutive-day period from the day the beneficiary is placed on administrative day status can be authorized.

3. A hospital may make more than one contact on any given day within the seven-consecutive-day period; however, the hospital will not receive authorization for the days in which a contact has not been made until and unless all five required contacts are completed and documented.

4. Once the five-contact requirement is met, any remaining days within the seven-day period can be authorized without a contact having been made and documented.

5. MHPs may waive the requirements of five contacts per week if there are fewer than five appropriate, non-acute residential treatment facilities available as placement options for the beneficiary. The lack of appropriate, non-acute treatment facilities and the contacts made at appropriate facilities shall be documented to include the status of the placement, date of the contact, and the signature of the person making the contact. (If an MHP has been granted an exemption to 9 CCR § 1820.220, then the review of the MHP will be based upon the alternate procedure agreed to in the MHP contract.)

DHCS deems the MHP out of compliance with BHIN 22-017; California Code of Regulations, title 9, section 1820, subdivision 230; and Welfare and Institution Code 14184.402, 14184.102 and 14184.400.

Corrective Action Description

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP and a hospital may make more than one contact on any given day within the seven-consecutive-day period; however, the hospital will not receive authorization for the days in which a contact has not been made until and unless all five required contacts are completed and documented. Per the discussion during the review, the MHP stated it completes the concurrent review authorizations for its county inpatient facility and a contractor completes concurrent review authorization for all other facilities and stated it will provide its policy for the county facility. Post review, MHP re-submitted it authorization policy including attachments and additional documentation; however, the county's policy was deficient in demonstrating compliance to the requirement.

Proposed Evidence/Documentation of Correction

MHP will update policy and procedure 4.019 "Auth and Utilization Management of Psychiatric Inpatient Services" for county policy to clearly outline that the MHP will review that the hospital has documented having made at least one contact to a non-acute residential treatment facility per day (except weekends and holidays), starting with the day the beneficiary is placed on administrative day status. Once five

contacts have been made and documented, any remaining days within the seven-consecutive-day period from the day the beneficiary is placed on administrative day status can be authorized.

MHP will review contractor policy and procedure 22-017 “Kepro Concurrent Review Policy and Procedure” and request an update as needed that the contractor will review that the hospital has documented having made at least one contact to a non-acute residential treatment facility per day (except weekends and holidays), starting with the day the beneficiary is placed on administrative day status. Once five contacts have been made and documented, any remaining days within the seven-consecutive-day period from the day the beneficiary is placed on administrative day status can be authorized.

Ongoing Monitoring (if included)

MHP will monitor Kepro quarterly by reviewing a random sampling of authorizations for the above mentioned items.

MHP and Kepro to start quarterly meetings to discuss deliverables, areas for improvement, etc.

Person Responsible (job title)

Jamie Huthsing, Branch Chief of Quality Care Management

Jessica Korsan, Quality Care Management Manager

Stacey Larsen, Quality Care Management Coordinator

Qiuana Lopez, Policy and Procedure Manager

Implementation Timeline: December 2024

Requirement

Coverage and Authorization of Services

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. DHCS deems the MHP partial compliance with BHIN 22-016.

Corrective Action Description

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP reviews and makes a decision regarding a provider's request for prior authorization as expeditiously as the beneficiary's mental health conditions requires, not to exceed five (5) business days from the MHP's receipt of the information. Of the five (5) Service Authorization Requests (SARs) reviewed by DHCS, one (1) was not authorized within the timeframe. Per the discussion during the review, the MHP stated it would provide additional evidence to demonstrate the timeframe was met. Post review, the MHP submitted additional documentation; however, the one (1) SAR remained out of compliance.

Proposed Evidence/Documentation of Correction

MHP to update QA procedures to include language that we will approve all SAR's within 5 days once all necessary documentation is received. If a request comes in missing documentation, QCM Coordinator will contact submitting agency with request for missing documentation and give a due date. If documentation is not received by due date then MHP will deny SAR and send NOABD.

Ongoing Monitoring (if included)

MHP will continue to review and approve SAR's within the appropriate timelines.

Person Responsible (job title)

Jamie Huthsing, Branch Chief of Quality Care Management

Jessica Korsan, Quality Care Management Manager

Diana Klassen, Quality Care Management Coordinator

Implementation Timeline: June 2024

Requirement

Coverage and Authorization of Services

DHCS Finding 5.2.16

The MHP did not furnish evidence to demonstrate compliance with BHIN 22-016. The MHP referral or prior authorization shall specify the amount, scope, and duration of treatment that the MHP has authorized.

Corrective Action Description

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP's referral or prior authorization process specifies the amount, scope, and duration of treatment that the MHP has authorized. Per the discussion during the review, the MHP stated it completes the concurrent review authorizations for its county inpatient facility and a contractor completes concurrent review authorization for all other facilities. The MHP indicated it would provide its internal policy and procedures demonstrating compliance for this requirement for the county facility. Post review, the MHP re-submitted its authorization policy along with its utilization review procedure documents; however, it is not evident that the county has this process established as required in the contract.

Proposed Evidence/Documentation of Correction

MHP will update policy and procedure 4.000 "Authorization of Outpatient Specialty Mental Health Services" to clearly outline that the MHP's prior authorization process specifies the amount, scope, and duration of treatment that the MHP has authorized.

Ongoing Monitoring (if included)

MHP will continue to monitor and update procedures as needed.

Person Responsible (job title)

Jamie Huthsing, Branch Chief of Quality Care Management

Jessica Korsan, Quality Care Management Manager

Elizabeth Barbosa, Quality Care Management Coordinator

Qiuana Lopez, Policy and Procedure Manager

Implementation Timeline: December 2024

Requirement

Coverage and Authorization of Services

DHCS Finding 5.2.18

The MHP did not furnish evidence to demonstrate compliance with BHIN 22-016. In cases where the review is retrospective, the MHP's authorization decision shall be communicated to the individual who received services, or to the individual's designee, within 30 days of the receipt of information that is reasonably necessary to make this determination, and shall be communicated to the provider in a manner that is consistent with state requirements.

Corrective Action Description

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that where the review is retrospective, the MHP's authorization decision is communicated to the individual who received services, or to the individual's designee, within 30 days of the receipt of information and is communicated to the provider in a manner that is consistent with state requirements. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP indicated it would provide its authorization policy that shows compliance with the requirement. Post review, the MHP re-submitted its authorization policy along with its utilization review procedure documents; however, it is not evident that the MHP's policy or process meets the requirement.

Proposed Evidence/Documentation of Correction

MHP will update policy and procedure 4.000 "Authorization of Outpatient Specialty Mental Health Services" to clearly outline where the review is retrospective, the MHP's authorization decision is communicated to the individual who received services, or to the individual's designee, within 30 days of the receipt of information and is communicated to the provider in a manner that is consistent with state requirements.

Ongoing Monitoring (if included)

MHP will continue to monitor and update procedures as needed.

Person Responsible (job title)

Jamie Huthsing, Branch Chief of Quality Care Management

Jessica Korsan, Quality Care Management Manager

Elizabeth Barbosa, Quality Care Management Coordinator

Qiuana Lopez, Policy and Procedure Manager

Implementation Timeline: December 2024

Requirement

Beneficiary Rights and Protections

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.

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

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. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP acknowledged it does not have a Discrimination Grievance process or procedure in place.

Proposed Evidence/Documentation of Correction

MHP will update Beneficiary Handbook to include information on how to file a Discrimination Grievance.

MHP will update policy and procedures 4.020 Beneficiary Problems Resolution Process with information on how to file a Discrimination Grievance.

MHP will review current beneficiary forms and make updates as needed.

Ongoing Monitoring (if included)

MHP will continue to update the Beneficiary Handbook and any relevant policies and procedures and/or forms to include any and all new requirements or information.

Person Responsible (job title)

Jamie Huthsing, Branch Chief of Quality Care Management

Jessica Korsan, Quality Care Management Manager

Susan Soderman, Quality Care Management Coordinator

Qiuana Lopez, Policy and Procedure Manager

Implementation Timeline: June 2024

Requirement

Beneficiary Rights and Protections

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. 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

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. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP acknowledged it is currently working on developing a process for Discrimination Grievances, which will include designating a Discrimination Grievance Coordinator.

Proposed Evidence/Documentation of Correction

MHP will update Beneficiary Handbook to include information about the designated 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.

MHP will update policy and procedures 4.020 Beneficiary Problems Resolution Process to include the identification of the designated 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.

MHP will review current beneficiary forms and make updates as needed.

Ongoing Monitoring (if included)

MHP will continue to update the Beneficiary Handbook and any relevant policies and procedures and/or forms to include any and all new requirements or information.

Person Responsible (job title)

Jamie Huthsing, Branch Chief of Quality Care Management

Jessica Korsan, Quality Care Management Manager

Susan Soderman, Quality Care Management Coordinator

Qiuana Lopez, Policy and Procedure Manager

Implementation Timeline: June 2024

Requirement

Beneficiary Rights and Protections

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. 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

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. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP acknowledged it does not currently have Discrimination Grievances procedures in place.

Proposed Evidence/Documentation of Correction

MHP will update policy and procedures 4.020 Beneficiary Problems Resolution Process to include the procedure to ensure the prompt and equitable resolution of discrimination-related complaints.

MHP will review current beneficiary forms and make updates as needed.

Ongoing Monitoring (if included)

MHP will continue to update the Beneficiary Handbook and any relevant policies and procedures and/or forms to include any and all new requirements or information.

Person Responsible (job title)

Jamie Huthsing, Branch Chief of Quality Care Management

Jessica Korsan, Quality Care Management Manager

Susan Soderman, Quality Care Management Coordinator

Qiuana Lopez, Policy and Procedure Manager

Implementation Timeline: June 2024

Requirement

Beneficiary Rights and Protections

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.

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

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP submits 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. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP the acknowledged it is working on developing a process for Discrimination Grievances.

Proposed Evidence/Documentation of Correction

MHP will update policy and procedures 4.020 Beneficiary Problems Resolution Process to information about sending 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.

MHP will review current beneficiary forms and make updates as needed.

Ongoing Monitoring (if included)

MHP will continue to update the Beneficiary Handbook and any relevant policies and procedures and/or forms to include any and all new requirements or information.

Person Responsible (job title)

Jamie Huthsing, Branch Chief of Quality Care Management

Jessica Korsan, Quality Care Management Manager

Susan Soderman, Quality Care Management Coordinator

Qiuana Lopez, Policy and Procedure Manager

Implementation Timeline: June 2024