Santa Clara County Behavioral Health Services

Fiscal Year (FY) 20/21 Specialty Mental Health Triennial Review

Corrective Action Plan

System Review

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

Requirement

Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i). The MHP must meet, and require its providers to meet, Department standards for timely access to care and services, taking into account the urgency of need for services

DHCS Finding 1.1.3

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i). The MHP must meet, andrequire its providers to meet, Department standards for timely access to care and services, taking into account the urgency of need for services.

Triennial review will focus on timeliness of all urgent appointments and physician appointments.

1. Urgent care appointments for services that do not require prior authorization: within 48 hours of the request for appointment
2. Emergent care appointments for services that require prior authorization: within 96 hours of the request for appointment

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

- Policy 415-001 Network Adequacy and Timely Access
- Policy 415-403 Access and Availability of Behavioral Health Services
- Urgent Care June 2020 Service Log /Mental Health Urgent Referral Log 8-5-2021
- Service Request Log –All Clinics Mar April 2021 CSI Phase II Updated 7-30-01
- Contract Agreement CS F&C FY 20
- CAP Final Memo New Call Center Referral Procedure 01-12-2021
- CAP Referral And NOABD Tracking Log
- CAP Santa Clara MHP CAP Resolution
- CAP Santa Clara MHP FY 20-21 CAP Tool DHCS Response
- CAP Workflow for Referral Tracking Report
- Policy 415-903 A Notification of Hospitalization
- Policy 415-903 B

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP met the timeliness standards for all physician appointments. The evidence provide showed that thirty-five (35) of the fifty (50) psychiatric appointments exceeded the timely access requirement. Per the discussion during the review, the MHP shared details of monitoring physician and psychiatry appointments within the MHP's electronic health record. DHCS requested additional evidence for this process, however the evidence submitted did not demonstrate compliance.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i).

Similar deficiencies were found in the focused review. The MHP has submitted a CAP to DHCS as a follow-up. Therefore, the MHP shall continue working with DHCS to implement the CAP to comply and maintain compliance in the future.

Corrective Action Description

Beginning February 1, 2022, the Behavioral Health Services (BHSD) will implement the new Patient Log, which will include the "Closure Reason, Closed Out date" and "Referred To" columns. These columns will help the MHP to track timely access standards for all urgent appointments and physician appointments as defined below:

1. Urgent care appointments for services that do not require prior authorization: within 48 hours of the request for appointment
2. Emergent care appointments for services that require prior authorization: within 96 hours of the request for appointment

Proposed Evidence/Documentation of Correction

Please see the attached "BHUC Patient Log" template that is submitted under section 1.1.3.

Ongoing Monitoring (if included)

[N/A]

Person Responsible (job title)

Program Manager

Implementation Timeline: February 1, 2022

DHCS Response:
Action Required:

Requirement

Compliance with Federal Code of Regulation, title 42, section 438, subdivision 206(c)(1)(iv), (v), and (vi). The MHP shallestablish mechanisms to ensure that network providers comply with the below timely access requirements:

1. The MHP shall monitor network providers regularly to determine compliance with timely access requirements.
2. The MHP shall take corrective action if there is a failure to comply with timely access requirements.

DHCS Finding 1.1.6

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulation, title 42, section 438, subdivision 206(c)(1)(iv), (v), and (vi). The MHP shallestablish mechanisms to ensure that network providers comply with the below timely access requirements:

1. The MHP shall monitor network providers regularly to determine compliance with timely access requirements.
2. The MHP shall take corrective action if there is a failure to comply with timely access requirements.

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

- Timely Access Referrals through Call Center (June 2020)
- Policy 415-001 Network Adequacy and Timely Access
- Policy 415-403 Access and Availability of Behavioral Services
- Contract Monitoring Tool v12
- Memo Contract Monitoring Tool
- CAP Referral and NOABD Tracking Log
- CSI Log June 2020
- Final Memo New Call Center Referral Procedure 01-12-2021
- NACT Referral from Mar20 to Aug20 Summary v4
- Non-Clinical PIP Monthly Measurements_Jan20-YTD
- TADT Timeliness NACT Dec20 – Feb21
- Timely Access Referrals through Call Center August 2020
- Timely Access Referrals through Call Center July 2020
- Service Request Log –All Clinics Mar April 2021 CSI Phase II Updated 7-30-01
- Urgent Care June 2020 Service Log /Mental Health Urgent Referral Log 8-5-2021

While the MHP submitted evidence to demonstrate this requirement, it is not evident that the MHP meets, or requires its contracted providers to meet, Department standards for timely access to care and services. Per the discussion during the review, the MHP confirmed psychiatry appointment tracking is inadequate in the electronic health records, which results in psychiatry appointments outside of Department standards for timely access.

DHCS deems the MHP out of compliance with Federal Code of Regulation, title 42, section 438, subdivision 206(c)(1)(iv), (v), and (vi).

Similar deficiencies were found in the focused review. The MHP has submitted a CAP to DHCS as a follow-up. Therefore the MHP shall continue working with DHCS to implement the CAP to comply and maintain compliance in the future.

Corrective Action Description

Beginning February 1, 2022, BHSD will implement the new Patient Log, which will include the "Closure Reason, Closed Out date" and "Referred To" columns. These columns will help the MHP to track timely access standards for all urgent appointments and physicianappointments as defined below:

1. Urgent care appointments for services that do not require prior authorization: within 48 hours of the request for appointment
2. Emergent care appointments for services that require prior authorization: within 96 hours of the request for appointment

Proposed Evidence/Documentation of Correction

Please see the attached "BHUC Appointment Log" template that is submitted under section 1.1.6.

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Program Manager

Implementation Timeline: February 1, 2022

DHCS Response
Action Required:

CARE COORDINATION AND CONTINUITY OF CARE

Requirement

Compliance with Mental Health andSubstance Use Disorder Services, Information Notice, No.18-059. The MHP must ensure the written notification to a beneficiary regarding his/her continuity of care request complies with the below listed requirements:

1. The MHP's denial of the beneficiary's continuity of care request;
2. A clear explanation of the reasons for the denial;
3. The availability of in-network SMHS;

4. How and where to access SMHS from the MHP;
5. The beneficiary's right to file an appeal based on the adverse benefit determination; and,
6. The MHP's beneficiary handbook and provider directory.

DHCS Finding 2.5.7

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No.18-059. The MHP must ensure the written notification to a beneficiary regarding his/her continuity of care request complies with the below listed requirements:

1. The MHP's denial of the beneficiary's continuity of care request;
2. A clear explanation of the reasons for the denial;
3. The availability of in-network SMHS;
4. How and where to access SMHS from the MHP;
5. The beneficiary's right to file an appeal based on the adverse benefit determination; and,
6. The MHP's beneficiary handbook and provider directory.

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

- Policy 415-904 Care Coordination and Continuity of Care
- Notice of Adverse Benefit Determination dated 4/1/2021 for denial of Continuity of Care

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted by the MHP that the MHP provides written notification for the availability of in-network SMHS, how and where to access SMHS from the MHP, and the MHP's beneficiary handbook and provider directory. These requirements were not included in any evidence provided by the MHP. The MHP was given additional an opportunity to submit evidence but no evidence was submitted.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Service, Information Notice, No.18-059.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Corrective Action Description

BHSD acknowledges that it needs to create a comprehensive approach to Continuity of Care requests. BHSD is in the process of developing a comprehensive Utilization Management (UM) and Provider Management (relations) departments. This effort also includes a request for proposal (RFP) for a software solution that can support UM and Appeal and Grievances processes that are outlined under the Information Notice, No.18-059.

In addition, BHSD hopes to integrate this workflow into the “Integrated Call Center” that will allow BHSD to (1) identify members who seek continuity of care and (2) appropriately review, approve and notify request to applicable parties.

Proposed Evidence/Documentation of Correction

None at this time.

Ongoing Monitoring (if included)

None at this time

Person Responsible (job title)

Director of Quality

Implementation Timeline: Tentative June 30, 2022

DHCS Response:
Action required:

Requirement

Compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-059. The MHP must notify the beneficiary and the beneficiary’s authorized representative, 30-calendar daysbefore the end of the continuity of care period, about the process to transition his or her care at the end of the continuity of care period.

DHCS Finding 2.5.8

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-059. The MHP must notify the beneficiary and the beneficiary’s authorized representative, 30-calendar daysbefore the end of the continuity of care period, about the process to transition his or hercare at the end of the continuity of care period.

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

- Policy 415-904 Care Coordination and Continuity of Care
- Policy 1000 Care Coordination and Continuity of Care 04-11-18
- Policy 1000 Care Coordination and Continuity of Care 9-25-19

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted by the MHP that the MHP ensures written notification regarding the transition of care is provided to beneficiaries, or their authorized representatives, 30-calendar days prior to the end of the continuity of care period. Per the discussion during the review, the MHP confirmed it had not developed a

process or a notification template for this requirement.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-059.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Corrective Action Description

BHSD acknowledges that it needs to create a comprehensive approach to Continuity of Care requests. BHSD is in the process of developing a comprehensive Utilization Management (UM) and Provider Management (relations) departments. This effort also includes a request for proposal (RFP) for a software solution that can support UM and Appeal and Grievances processes that are outlined under the Information Notice No.18-059.

In addition, BHSD hopes to integrate this workflow into the “Integrated Call Center” that will allow BHSD to (1) identify members who seek continuity of care and (2) appropriately review, approve and notify request to applicable parties.

Proposed Evidence/Documentation of Correction

None at this time.

Ongoing Monitoring (if included)

None at this time.

Person Responsible (job title)

Director of Quality

Implementation Timeline: June 30, 2022

DHCS Response:
Action required:

ACCESS AND INFORMATION REQUIREMENTS

Requirement

Compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(f)(1). The MHP must make a good faitheffort to give written notice of termination of a contracted provider, within 15 calendar days after receipt or issuance of the termination notice, to each beneficiary who was seen regularly by the terminated provider.

DHCS Finding 4.1.1

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(f)(1). The MHP must make a good faitheffort to give written notice of termination of a contracted provider, within 15 calendar days after receipt or issuance of the termination notice, to each beneficiary who was seen regularly by the terminated provider.

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

- NOABD Termination Notice 2018.02.14
- Client Intake Packet
- P&P 415-302 Attachment B Sample Program Closure Sample Notification Letter Template
- P&P 415-302 Attachment A Program Closure Client Tracking Table 01-08-18 Template

While the MHP submitted evidence to demonstrate this requirement, it is not evident in the documentation submitted by the MHP that the MHP's process includes notifying beneficiaries within 15 calendar days after receipt or issuance of a provider's termination notice. Per the discussion during the review, the MHP described a process, which included mailing certified letters to the beneficiaries to ensure a notice was received within the required timeframe. The MHP was given an additional opportunity to submit evidence but no evidence was submitted.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(f)(1).

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Corrective Action Description

BHSD acknowledges that it needs to create a process to make a good faith effort to give written notice of termination of a contracted provider, within 15 calendar days after receipt or issuance of the termination notice, to each beneficiary who was seen regularly by the terminated provider. BHSD intends to include this process under the comprehensive Utilization Management (UM) program, which is under development at this time.

To implement this new initiative, BHSD has hired the new executive leader who started in early October 2021. This new executive leader will oversee the UM program development that includes a RFP for the new software solution for UM and Appeal and Grievances workflows.

BHSD is also reviewing the internal contracting process on how to identify terminate or to-be-terminated providers in order to timely and accurately providing the termination notice to the potential impacted members. At this time, BHSD is providing the policy 415-820: Notice of Adverse Benefit

Determination as a supporting document. Once BHSD has additional materials and policies, BHSD will amend the submission to the Department.

Proposed Evidence/Documentation of Correction

Please see the policy 415-820: Notice of Adverse Benefit Determination as a supporting document that is submitted under section 4.1.1.

Ongoing Monitoring (if included)

BHSD will develop an oversight system that will monitor the aforementioned.

Person Responsible (job title)

Director of Quality

Implementation Timeline: June 30, 2022

DHCS Response:
Action required:

Requirement

Compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1).

DHCS Finding 4.3.2

DHCS' review team made seven (7) calls to test the MHP's statewide 24/7 toll-free number. The seven (7) test calls must demonstrate compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1). The toll-free telephone number provides information to beneficiaries to the below-listed requirements:

1. The MHP provides a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county.
2. The toll-free telephone number provides information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met.
3. The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.
4. The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

The seven (7) test calls are summarized below.

TEST CALL #1

Test call was placed on Monday, May 3, 2021, at 7:27 a.m. The call was answered after one (1) ring via phone tree, providing language capabilities in all county threshold languages. The message instructed the caller to dial 911 if experiencing a life-threatening emergency. After selecting option one (1) for English and option five (5) for general information, the call was answered by a live operator. The caller identified him/herself and requested information about how to access mental health services for his/her son, who was having behavioral issues in school and difficulties with distance learning. The operator requested the child's age and type of insurance. The caller provided his/her child's age and stated the son had Medi-Cal. The operator explained the children's assessment and intake screening process, as well as provided the locations, business hours, and phone numbers for the mental health clinic.

The caller was provided information on accessing SMHS, including SMHS requiredassessing whether medical necessity criteria are met.

FINDING

The call is deemed *in compliance* with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #2

Test call was placed on Monday, April 12, 2021, at 3:50 p.m. The call was answered after two (2) rings via phone tree providing language capabilities in all county threshold languages. The message stated to dial 911 if experiencing a life-threatening emergency. After selecting option one (1) for English and option five (5) for general information, the caller was placed on hold for ten (10) minutes. The caller ended the call.

The caller was not provided information about accessing SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information on how to treat an urgent condition.

FINDING

The call is deemed *in partial compliance* with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #3

Test call was placed on Wednesday, March 17, 2021, at 7:32 a.m. The call was answered after one (1) ring via phone tree, providing language capabilities in all county threshold languages. The message stated to dial 911 if experiencing a life-threatening emergency. After selecting option one (1) for English and option two (2) for children's services, the phone rang nine (9) times before being answered by a live operator. The caller identified him/herself and requested information about how to access mental health services for his/her son, who was disruptive in class, unable to sit through lessons, yelling a lot, and is experiencing anger issues. The operator requested the child's age and type of insurance. The caller provided his/her child's age and Medi-Cal. The operator requested the child's Medi-Cal or Social Security number. The caller

declined to provide this information. The operator explained that he/she would need this information to verify Medi-Cal eligibility before proceeding.

The caller was not provided information on accessing SMHS, including SMHS required assessing whether medical necessity criteria are met. The caller was provided information on how to treat an urgent condition.

FINDING

The call is deemed in *partial compliance* with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #4

Test call was placed on Thursday, April 1, 2021, at 8:42 a.m. The call was answered after one (1) ring via phone tree, providing language capabilities in all county threshold languages. The message stated to dial 911 if experiencing a life-threatening emergency. The caller selected option one (1) for English, option three (3) for general information, and option one (1) for adult mental health services since he/she was calling to obtain a refill for anxiety medication. The call was placed on hold and an automated system announced that the wait time was approximately 15 minutes. After three minutes the caller ended the call.

The caller was not provided information on how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information on how to treat an urgent condition.

FINDING

The call is deemed in *partial compliance* with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #5

Test call was placed on Wednesday, March 24, 2021, at 7:06 am. The call was answered after one (1) ring via phone tree, providing language capabilities in all county threshold languages. The message stated to dial 911 if experiencing a life-threatening emergency. After selecting option one (1) for English and option five (5) for general information, the phone rang four (4) times before being answered by a live operator. The caller requested information about obtaining a refill for anxiety medication. The operator informed the caller that he/she would go through a screening process, be assessed for medical necessity, and then be referred to a clinic. The caller was not provided clinic contact information, locations, or hours of operation.

The caller was not provided information about accessing SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information on how to treat an urgent condition.

FINDING

The call is deemed in *partial compliance* with the regulatory requirements with California

Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #6

Test call was placed on Wednesday, March 17, 2021, at 7:29 a.m. The call was answered after one (1) ring via phone tree, providing language capabilities in all county threshold languages. The message stated to dial 911 if experiencing a life-threatening emergency. The caller selected option one (1) for English and option six (6) for complaints or grievances. A recorded message stated that the office was closed and the caller could not reach a live operator for assistance. The recording included the business office hours of Monday through Friday from 8:00 a.m. to 5:00 p.m. and requested the caller to call back during business hours or to leave a voicemail. The caller did not leave a voicemail and ended the call.

The caller was not provided information on how to use the beneficiary problem resolution and fair hearing processes.

FINDING

The call is deemed *out of compliance* with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #7

Test call was placed on Monday, November 2, 2020, at 12:06 p.m. The call was answered after one (1) ring via phone tree, providing language capabilities in all county threshold languages. The message stated to dial 911 if experiencing a life-threatening emergency. After selecting option one (1) for English, six (6) for complaints and grievances, one (1) for mental health service complaints, and option two (2) to speak to a live operator. The caller was placed on hold. No additional recorded information was provided for the beneficiary problem resolution and fair hearing processes while the caller was on hold. After 3 minutes, a recorded announcement was presented stating that the call had reached the Quality Control team but no one was available. The caller was presented with the option to leave a voicemail for a return call. The caller did not leave a voicemail and ended the call.

The caller was not provided information on how to use the beneficiary problem resolution and fair hearing processes.

FINDING

The call is deemed *out of compliance* with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

SUMMARY OF TEST CALL FINDINGS

Required Elements	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
1	IN	IN	IN	IN	IN	IN	IN	100%

2	**IN**	**OOC**	**OOC**	**OOC**	**OOC**	**NA**	**NA**	20%
3	**NA**	**IN**	**NA**	**IN**	**IN**	**NA**	**NA**	100%
4	**NA**	**NA**	**NA**	**NA**	**NA**	**OOC**	**OOC**	0%

Based on the test calls, DHCS deems the MHP in *partial compliance* with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1).

The MHP must comply with CAP requirement addressing this finding of partial/non-compliance.

Repeat deficiency Yes

Corrective Action Description

Test Call #1- N/A since it is deemed in compliance

Test Call #2-This call was found to be in partial compliance because the test caller ended the tested call due to an extended wait time. To address this issue, the follow actions will be implemented:

1. As of 1/1/2022, BHSD will integrate the Substance Use Services Call Center with the Mental Health Call Center.
2. BHSD will increase the number of the call center staff to ensure that all calls are answered within the 30 seconds or about 6 rings standard. This will increase the total available staff to answer phone calls from 11 to 23.
3. BHSD will bring on an additional (1 FTE) clerical staff member to address some of the paperwork and other duties that are assigned to the call center.
4. BHSD will train 4 additional FTEs to be able to handle calls.
5. All trainings will be completed by February 1, 2022.
6. BHSD will continue to monitor the call center performance, call volumes and existing workflows, and adjust staffing as necessary in order to ensure continued compliance with the aforementioned standard.
7. BHSD has also revised the phone agent script (see “Call Center Script V-2021 amended”) in order to ensure the following information is provided to all callers:
    a. How to access specialty mental health services,
    b. What to do if experiencing an urgent condition
    c. How to access information on how to file a complaint or grievance

Please refer to the submitted materials under section 4.3.2.

Test Call #3

This call was found to be in partial compliance because the tested caller was not provided the information on how to access Specialty Mental Health (SMH) services. To address this, BHSD has revised the phone agent script (see “Call Center Script V-2021 amended”) in order to ensure the following information is provided to all callers:

1. How to access specialty mental health services,

2. What to do if experiencing an urgent condition
3. How to access information on how to file a complaint or grievance

Please refer to the submitted materials under section 4.3.2.

Test Call #4

This call was found to be in partial compliance because the tested caller ended the call due to an extended wait time. To address this issue, the follow actions will be implemented:

1. As of 1/1/2022, BHSD will integrate the Substance Use Services Call Center with the Mental Health Call Center.
2. BHSD will increase the number of the call center staff to ensure that all calls are answered within the 30 seconds or about 6 rings standard. This will increase the total available staff to answer phone calls from 11 to 23.
3. BHSD will bring on an additional (1 FTE) clerical staff member to address some of the paperwork and other duties that are assigned to the call center.
4. BHSD will train 4 additional FTEs to be able to handle calls.
5. All trainings will be completed by February 1, 2022.
6. BHSD will continue to monitor the call center performance, call volumes and existing workflows, and adjust staffing as necessary in order to ensure continued compliance with the aforementioned standard.
7. BHSD has also revised the phone agent script (see “Call Center Script V-2021 amended”) in order to ensure the following information is provided to all callers:
    d. How to access specialty mental health services,
    e. What to do if experiencing an urgent condition
    f. How to access information on how to file a complaint or grievance

Please refer to the submitted materials under section 4.3.2.

Test Call #5

This call was found to be in partial compliance because the tested caller was not provided the information on how to access SMH services. To address this, the BHSD has revised the phone agent script (see “Call Center Script V-2021 amended”) in order to ensure the following information is provided to all callers:

1. how to access specialty mental health services,
2. What to do if experiencing an urgent condition
3. How to access information on how to file a complaint or grievance

Please refer to the submitted materials under section 4.3.2.

Test Call #6

This test call was found out of compliance as information on how to use the beneficiary problem resolution process was not provided to the caller. The call was made outside the operating hours of the Quality Assurance Division.

To address this issue, the BHSD is amending the phone tree, so the beneficiary problem resolution information can be shared or provided to the callers. In addition, training will be provided to all staff. Please refer to the submitted materials under section 4.3.2.

Test Call #7

This test call was found out of compliance as information was not provided to the caller about how to use the beneficiary problem resolution process. The call was made outside the operating hours of the Quality Improvement Division. To address this issue, the BHSD is amending the phone tree, so the beneficiary problem resolution information can be shared or provided to the callers. In addition, training will be provided to all staff. Please refer to the submitted materials under section 4.3.2.

Proposed Evidence/Documentation of Correction

Please refer to the submitted materials under section 4.3.2.

Ongoing Monitoring (if included)

The MHP will monitor call performance through the Cisco Unified Intelligence Center every two weeks to monitor progress and assure benchmark is achieved.

Person Responsible (job title)

Program manager II

Implementation Timeline: February 1, 2022

DHCS Response:
Action Required:

Requirement

Compliance with California Code for Regulations, title 9, chapter 11, section 1810, subdivision 405(f). The MHP must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or writing. The written log(s) must contain the name of the beneficiary,the date of the request, and the initial disposition of the request.

DHCS Finding 4.3.4

The MHP did not furnish evidence to demonstrate compliance with California Code for Regulations, title 9, chapter 11, section 1810, subdivision 405(f). The MHP must maintain a

written log(s) of initial requests for SMHS that includes requests made by phone, in person, or writing. The written log(s) must contain the name of the beneficiary,the date of the request, and the initial disposition of the request.

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

- Policy 415-403 Access and Availability of Services Policy
- Call Logs

While the MHP submitted evidence to demonstrate compliance with this requirement, five (5) of five (5) required DHCS test calls were not logged on the MHP's written log of the initial request. The table below summarizes DHCS' findings of its test calls:

Test Call #	Date of Call	Time of Call	Log Results		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
1	5/3/2021	7:27 AM	OOC	OOC	OOC
2	4/12/2021	3:50 PM	OOC	OOC	OOC
3	3/17/2021	7:32 AM	OOC	OOC	OOC
4	4/1/2021	8:42 AM	OOC	OOC	OOC
5	3/24/2021	7:06 AM	OOC	OOC	OOC
Compliance Percentage			**0%**	**0%**	**0%**

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 *out of compliance* with California Code of Regulations, title 9, section 1810, subdivision 405(f).

The MHP must comply with CAP requirement addressing this finding of out of compliance

Corrective Action Description

To address this section, the following actions will be implemented:

1. BHSD will increase the available staff on the phone lines to ensure that all calls are answered within the 30 second 6 ring standard.
2. BHSD is currently training 4 additional FTEs to be able to handle calls, by February 1, 2022. The BHSD is also analyzing the call volume and workflows to determine if additional staff are needed to be able to meet this standard.
3. BHSD is bringing on an additional (1 FTE) clerical staff member to address some of the paperwork and other duties that are assigned to the call center.

4. BHSD will integrate the Substance Use Services Call Center with the Mental Health Call Center (MHCC) in January 2022—see document titled “cross training timeline and integration plan.” This will increase the total available staff to answer phone calls from 11 to 23.
5. BHSD will continue to monitor the call center performance and adjust staffing as necessary to ensure continued compliance with the aforementioned standard.

Proposed Evidence/Documentation of Correction

Please see the Cross Training Timeline and Integration Plan (Reference PDF) that is submitted under section 4.3.4.

Ongoing Monitoring (if included)

The MHP will monitor call performance through the Cisco Unified Intelligence Center every two weeks to monitor progress and assure benchmark is achieved.

Person Responsible (job title)

Program Manager II

Implementation Timeline: February 1, 2022

DHCS Response:

Requirement

Compliance with California Code of Regulations, title 9, section 1810, subdivision 410(c)(4). The MHP must have evidenceof the implementation of training programs to improve the cultural competence skills of staff and contract providers.

DHCS Finding 4.4.6

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 410(c)(4). The MHP must have evidenceof the implementation of training programs to improve the cultural competence skills of staff and contract providers.

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

- Policy 415-804 Cultural Competence and Non-Discrimination
- Policy 7500 Cultural Competency and Non-Discrimination
- Policy 7500 Attachment CLAS Infographics 04-15-18
- Policy 7500 Attachment Enhances-National CLAS Standards 04-15-18
- CC Training Bilingual Interpreters and Staff FY19
- CC Training Bilingual Interpreters and Staff FY20

- CC Training Log FY18
- CC Training Log FY19
- CC Training Log FY20
- FY 22CS CYF Agreement for Contractor

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the evidence submitted that the MHP has a process to ensure all contracted providers providing SMHS services within the MHP complete cultural competency training. Per the discussion during the review, the MHP stated it does not monitor contracting providers' cultural competency training.

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

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Corrective Action Description

BHSD will provide evidence of a formalized monitoring process to track the County and Contracted Providers' required completion of applicable cultural competency training hours.

BHSD will update the Cultural Competency and Non-Discrimination Policy to include reporting requirements.

Currently, the exiting boilerplate contract language provides evidence of Contracted Agencies/Providers needing to adhere to the cultural competency training requirements. Reference supporting document: 4.4.6 Agreement-DHCS-Managed Care Plan-FY18-FY22, Section 5.A.3, pg. 67 of 285

BHSD will submit staffing reports that include the required Cultural Competency and Non-Discrimination Policy, training courses, completion date(s), and hours earned. All reports will be submitted to the Diversity, Equity, Inclusion (DEI) Program Manager determined by the frequency requirement of identified courses. If the County or Contracted Providers found to be out of compliance with the cultural competency training or reporting requirements, a corrective action plan will be required.

Proposed Evidence/Documentation of Correction

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Diversity, Equity, Inclusion (DEI) Program Manager

Implementation Timeline: July 1, 2022

DHCS Response:

Action required:

COVERAGE AND AUTHORIZATION OF SERVICES

Requirement

Compliance with MHSUDS IN 19-026.The MHP must establish and implement written policies and procedures addressing the authorization of SMHS.

DHCS Finding 5.2.1

The MHP did not furnish evidence to demonstrate compliance with MHSUDS IN 19-026.The MHP must establish and implement written policies and procedures addressing the authorization of SMHS.

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

- Policy 6000 Utilization Management 04-11-18
- Policy 6300 Utilization Management Treatment Authorization Request for Mental Health Stay in Hospital
- Policy 415-812 Utilization Management Treatment Authorization Request for Mental Health Stay in Hospital
- Policy 415-803 Utilization Management Program
- Service Authorization Requests (Day Rehab, IHBS & TFC, KinGAP, TBS/TBS-ID)
- Treatment Authorization Requests
- Payment Authorization TARs Log 2019/2020

While the MHP submitted evidence for this requirement, it is not evident that the MHP has developed a written policies and procedures addressing concurrent authorization of SMHS that are compliant with MHSUDS 19-026. Per the discussion during the review, the MHP stated it will be developing a policy to meet this requirement.

DHCS deems the MHP out of compliance with MHSUDS 19-026.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Corrective Action Description:

BHSD acknowledges that it needs to create a comprehensive a Utilization Management (UM) program that will adhere to the new guidance on performing Concurrent Review. BHSD is also submitting the RFP for a software solution for UM that will include the concurrent review workflow.

A couple of new executive leaders have been hired by BHSD to oversee the program development. Additionally, BHSD is the process to review the appropriate UM staffing model to ensure that BHSD will implement all newly required managed care UM related functions.

Once BHSD has a plan for the UM system and staffing needs, BHSD will collaborate with the providers to implement the new workflows and expectations. BHSD will submit the policy that outlines all new requirements to the Department once it becomes available.

Proposed Evidence/Documentation of Correction

None at this time

Ongoing Monitoring (if included)

None at this time.

Person Responsible (job title)

Director of Quality

Implementation Timeline: June 30, 2022

DHCS Response:
Action required:

Requirement

Compliance with MHSUDS IN 19-026.The MHP must comply with the following communication requirements:

1. Notify DHCS and contracting providers in writing of all services that require prior or concurrent authorization and ensure that all contracting providers are aware of the procedures and timeframes necessary to obtain authorization for these services;
2. Maintain telephone access 24-hours a day, 7-days a week for providers to make admission notifications and request authorization for inpatient acute psychiatric hospital services and/or to request expedited authorization of an outpatient service requiring prior authorization;
3. A physician shall be available for consultation and for resolving disputed requests for authorizations;
4. Disclose to DHCS, the MHP's providers, beneficiaries and members of the public, upon request, the UM or utilization review policies and procedures that the M HP, or any entity that the MHP contracts with, uses to authorize, modify, ordeny SMHS. The MHP may make the criteria or guidelines available through electronic communication means by posting these online;
5. Ensure the beneficiary handbook includes the procedures for obtaining benefits, including any requirements for service authorizations and/or referrals for SMHS; and,

MHPs must provide written notification regarding authorization decisions inaccordance with the established timeframes for the type of authorization.

DHCS Finding 5.2.2

The MHP did not furnish evidence to demonstrate compliance with MHSUDS IN 19-026.The MHP must comply with the following communication requirements:

1. Notify DHCS and contracting providers in writing of all services that require prior or concurrent authorization and ensure that all contracting providers are aware ofthe procedures and timeframes necessary to obtain authorization for these services;
2. Maintain telephone access 24-hours a day, 7-days a week for providers to makeadmission notifications and request authorization for inpatient acute psychiatric hospital services and/or to request expedited authorization of an outpatient service requiring prior authorization;
3. A physician shall be available for consultation and for resolving disputed requestsfor authorizations;
4. Disclose to DHCS, the MHP's providers, beneficiaries and members of the public, upon request, the UM or utilization review policies and procedures that the MHP, or any entity that the MHP contracts with, uses to authorize, modify, ordeny SMHS. The MHP may make the criteria or guidelines available through electronic communication means by posting these online;
5. Ensure the beneficiary handbook includes the procedures for obtaining benefits,including any requirements for service authorizations and/or referrals for SMHS;and,
6. MHPs must provide written notification regarding authorization decisions inaccordance with the established timeframes for the type of authorization.

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

- Policy 6000 Utilization Management 04-11-18
- Policy 6300 Utilization Management Treatment Authorization Request for Mental Health Stay in Hospital
- Policy 415-403 Access and Availability of Service Policy
- Policy 415-803 Utilization Management Program
- Service Authorization Requests (Day Rehab, IHBS & TFC, KinGAP, TBS/TBS-ID)
- Treatment Authorization Requests
- Payment Authorization TARs Log 2019/2020

While the MHP submitted evidence for this requirement, it is not evident that the MHP has developed a communication policy or process for concurrent authorization of SMHS that is compliant with MHSUDS 19-026. Per the discussion during the review, the MHP stated it will be developing a communication process for concurrent review that meets this requirement.

DHCS deems the MHP out of compliance with MHSUDS 19-026.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Corrective Action Description

BHSD acknowledges that it needs to create a comprehensive a Utilization Management (UM) program that will adhere to the new guidance on performing Concurrent Review. BHSD is also submitting the RFP for a software solution for UM that will include the concurrent review workflow.

A couple of new executive leaders have been hired by BHSD to oversee the program development. Additionally, BHSD is the process to review the appropriate UM staffing model to ensure that BHSD will implement all newly required managed care UM related functions.

Once BHSD has a plan for the UM system and staffing needs, BHSD will collaborate with the providers to implement the new workflows and expectations. BHSD will submit the policy that outlines all new requirements to the Department once it becomes available.

Proposed Evidence/Documentation of Correction

None at this time

Ongoing Monitoring (if included)

None at this time

Person Responsible (job title)

Director of Quality

Implementation Timeline: June 30, 2022

DHCS Response:
Action required:

Requirement

Compliance with MHSUDS IN 19-026.The MHP are required to conduct concurrent review and authorization for all psychiatric inpatient hospital services and psychiatric health facility services for the below:

1. MHPs shall conduct concurrent review of treatment authorizations following the first day of admission.
2. MHPs may elect to initially authorize multiple days, but each day of treatment must meet medical necessity and/or continued stay criteria.

DHCS Finding 5.2.3

The MHP did not furnish evidence to demonstrate compliance with MHSUDS IN 19-026.The MHP are required to conduct concurrent review and authorization for all psychiatric inpatient hospital services and psychiatric health facility services for the below:

1. MHPs shall conduct concurrent review of treatment authorizationsfollowing the first day of admission.
2. MHPs may elect to initially authorize multiple days, but each day of treatment must meet medical necessity and/or continued stay criteria.

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

- Policy 6000 Utilization Management 04-11-18
- Policy 6300 Utilization Management Treatment Authorization Request for Mental Health Stay in Hospital
- Policy 415-403 Access and Availability of Service Policy
- Policy 415-803 Utilization Management Program
- Service Authorization Requests (Day Rehab, IHBS & TFC, KinGAP, TBS/TBS-ID)
- Treatment Authorization Requests
- Payment Authorization TARs Log 2019/2020

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted by the MHP that the MHP has developed a policy or procedures that is compliant with MHSUDS 19-026. Per the discussion during the review, the MHP was informed that the current policy is out of compliance. The MHP stated it will update the policy to include the language outlined in MHSUDS 19-026.

DHCS deems the MHP out of compliance with MHSUDS 19-026.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Corrective Action Description

BHSD acknowledges that it needs to create a comprehensive a Utilization Management (UM) program that will adhere to the new guidance on performing Concurrent Review. BHSD is also submitting the RFP for a software solution for UM that will include the concurrent review workflow.

A couple of new executive leaders have been hired by BHSD to oversee the program development. Additionally, BHSD is the process to review the appropriate UM staffing model to ensure that BHSD will implement all newly required managed care UM related functions.

Once BHSD has a plan for the UM system and staffing needs, BHSD will collaborate with the providers to implement the new workflows and expectations. BHSD will submit the policy that outlines all new requirements to the Department once it becomes available.

Proposed Evidence/Documentation of Correction

None at this time

Ongoing Monitoring (if included)

None at this time

Person Responsible (job title)

Director of Quality

Implementation Timeline: June 30, 2022

DHCS Response:
Action required:

Requirement

Compliance with MHSUDS IN 19-026.The MHP shall make decisions to approve, modify, or deny provider requests for authorization concurrent with the provision of SMHS to beneficiaries shall be communicated to the beneficiary's treating providers, including both the hospital and treating physician, in writing, within 24 hours of the decision for the below:

1. If the MHP denies or modifies the request for authorization, the MHP must notify the beneficiary, in writing, of the adverse benefit determination.
2. In the case of concurrent review, care shall not be discontinued until the beneficiary's treating provider(s) has been notified of the MHP's decision and a care plan has been agreed upon by the treating provider that is appropriate for the medical needs of the beneficiary.

DHCS Finding 5.2.4

The MHP did not furnish evidence to demonstrate compliance with MHSUDS IN 19-026.The MHP shall make decisions to approve, modify, or deny provider requests for authorization concurrent with the provision of SMHS to beneficiaries shall be communicated to the beneficiary's treating providers, including both the hospital andtreating physician, in writing, within 24 hours of the decision for the below:

3. If the MHP denies or modifies the request for authorization, the MHP must notify the beneficiary, in writing, of the adverse benefit determination.
4. In the case of concurrent review, care shall not be discontinued until the beneficiary's treating provider(s) has been notified of the MHP's decision and a care plan has been agreed upon by the treating provider that is appropriate for the medical needs of the beneficiary.

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

- Policy 415-805 Beneficiary Problem Resolution Process

- Policy 415-819 Grievance and Appeal System Oversight
- Payment Authorization TARs Log 2019/2020

While the MHP submitted evidence for this requirement, it is not evident in the documentation submitted by the MHP that the MHP has developed a policy to ensure care continues until a beneficiary's treatment provider(s) has been notified of the MHP's decision and a care plan has been agreed upon by the treating provider that is appropriate for the medical needs of the beneficiary. Per the discussion during the review, the MHP was informed its current policy does not meet the requirements of MHSUDS 19-026. The MHP stated it will update the policy to include the required language.

DHCS deems the MHP out of compliance with MHSUDS 19-026.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Corrective Action Description

BHSD acknowledges that it needs to create a comprehensive a Utilization Management (UM) program that will adhere to the new guidance on performing Concurrent Review. BHSD is also submitting the RFP for a software solution for UM that will include the concurrent review workflow.

A couple of new executive leaders have been hired by BHSD to oversee the program development. Additionally, BHSD is the process to review the appropriate UM staffing model to ensure that BHSD will implement all newly required managed care UM related functions.

Once BHSD has a plan for the UM system and staffing needs, BHSD will collaborate with the providers to implement the new workflows and expectations. BHSD will submit the policy that outlines all new requirements to the Department once it becomes available.

Proposed Evidence/Documentation of Correction

None at this time

Ongoing Monitoring (if included)

None at this time

Person Responsible (job title)

Director of Quality

Implementation Timeline: June 30, 2022

DHCS Response:
Action required:

Requirement

Compliance with MHSUDS IN 19-026.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 for the below requirements:

1. 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.
2. 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.

3. 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.

DHCS Finding 5.2.5

The MHP did not furnish evidence to demonstrate compliance with MHSUDS IN 19-026.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 for the below requirements:

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

3. 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.

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

- Policy 415-803 Utilization Management Program
- Policy 415-812 Utilization Management Treatment Authorization Request forMental Health Stay in Hospital
- Denial Reduction Documentation PowerPoint
- Policy 6000 Utilization Management 04-11-18
- Policy 6300 Utilization Management Treatment Authorization Request for MentalHealth Stay in Hospital
- Treatment Authorization Requests 5-1-19 through 6-30-2020
- Payment Authorization TARs Log 2019/2020

While the MHP submitted evidence for this requirement, it is not evident in the documentation submitted by the MHP that the MHP has developed a policy or procedure compliant with MHSUDS 19-026. Per the discussion during the review, theMHP was informed that the current policy it out of compliance. The MHP stated it will update the policy to include the language outlined in MHSUDS 19-026.

DHCS deems the MHP out of compliance with MHSUDS 19-026.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Corrective Action Description

This requirement is covered in our hospital-based contracts and is reviewed by our current UM staff. BHSD understand that the Department will provide new guidelines on Concurrent Review; therefore, BHSD is holding off on updating this policy at this time. Once the Department issues the new guidelines, BHSD will adhere the requirements and update its policy accordingly.

Proposed Evidence/Documentation of Correction

None at this time

Ongoing Monitoring (if included)

None at this time

Person Responsible (job title)

Director of Quality

Implementation Timeline: June 30, 2022

DHCS Response:
Action required:

Requirement

Compliance with MHSUDS IN 19-026.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 for the below:

1. If the MHP refers a beneficiary to a facility for CRTS or ARTS, the referral mayserve 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 onbeneficiary's continued need for services.

DHCS Finding 5.2.6

The MHP did not furnish evidence to demonstrate compliance with MHSUDS IN 19-026.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 for the below:

1. If the MHP refers a beneficiary to a facility for CRTS or ARTS, the referral mayserve 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 thisrequirement:

- 415-403 Access and Availability of Services Policy

- Policy 415-812 Utilization Management Treatment Authorization Request forMental Health Stay in Hospital
- Policy 6000 Utilization Management 04-11-18
- Policy 6300 Utilization Management Treatment Authorization Request for MentalHealth Stay in Hospital
- Crisis Admission Criteria Process
- Crisis Extension Request Form
- Crisis Residential Application 1-29-2021
- Crisis Residential Approvers
- Crisis Residential Service Authorization Request Samples
- Crisis Residential Tracking Log

While the MHP submitted evidence to demonstrate compliance with this requirement, itis not evident in the documentation submitted by the MHP that the MHP has policies and procedures that comply with MHSUDS 19-026 related to utilizing referral and/or concurrent review and authorization for all CRTS and ARTS. Per discussion during the review, the MHP was informed that the current policies and procedures do not meet the standards outlined in MHSUDS 19-026. The MHP stated it will update the policy to include the required language.

DHCS deems the MHP out of compliance with MHSUDS 19-026.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Corrective Action Description

BHSD acknowledges that it needs to create a comprehensive a Utilization Management (UM) program that will adhere to the new guidance on performing Concurrent Review. BHSD is also submitting the RFP for a software solution for UM that will include the concurrent review workflow.

A couple of new executive leaders have been hired by BHSD to oversee the program development. Additionally, BHSD is the process to review the appropriate UM staffing model to ensure that BHSD will implement all newly required managed care UM related functions.

Once BHSD has a plan for the UM system and staffing needs, BHSD will collaborate with the providers to implement the new workflows and expectations. BHSD will submit the policy that outlines all new requirements to the Department once it becomes available.

Proposed Evidence/Documentation of Correction

None at this time

Ongoing Monitoring (if included)

None at this time

Person Responsible (job title)

Director of Quality

Implementation Timeline: June 30, 2022

DHCS Response:
Action required:

Requirement

Compliance with MHSUDS IN 19-026.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 consistentwith state requirements.

DHCS Finding 5.2.12

The MHP did not furnish evidence to demonstrate compliance with MHSUDS IN 19-026.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 consistentwith state requirements.

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

- Policy 415-803 Utilization Management Program
- Policy 6000 Utilization Management 04-11-18
- Policy 6300 Utilization Management Treatment Authorization Request for Mental
- Service Authorization Requests (Day Rehab, IHBS & TFC, KinGAP,TBS/TBS-ID)
- Treatment Authorization Requests 5-1-19 through 6-30-2020

- Payment Authorization TARs Log 2019/2020

While the MHP submitted evidence to demonstrate compliance with this requirement, itnot evident in the documentation submitted by the MHP that the MHP communicates retrospective review decisions to the beneficiary, or their designee, within 30 days. Per the discussion during the review, the MHP was informed that the current policies is out of compliance. The MHP stated it will update the policy to include the language outlinedin MHSUDS 19-026.

DHCS deems the MHP out of compliance with MHSUDS 19-026.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Corrective Action Description

BHSD acknowledges that it needs to create a comprehensive a Utilization Management (UM) program that will adhere to the new guidance on performing Concurrent Review. BHSD is also submitting the RFP for a software solution for UM that will include the concurrent review workflow.

A couple of new executive leaders have been hired by BHSD to oversee the program development. Additionally, BHSD is the process to review the appropriate UM staffing model to ensure that BHSD will implement all newly required managed care UM related functions.

Once BHSD has a plan for the UM system and staffing needs, BHSD will collaborate with the providers to implement the new workflows and expectations. BHSD will submit the policy that outlines all new requirements to the Department once it becomes available.

Proposed Evidence/Documentation of Correction

None at this time

Ongoing Monitoring (if included)

None at this time

Person Responsible (job title)

Director of Quality

Implementation Timeline: June 30, 2022

DHCS Response:
Action required:

BENEFICIARY RIGHTS AND PROTECTIONS

Requirement

Compliance with the MHP contract,exhibit A, attachment 12, and Federal Code of Regulations, title 42, section 438, subdivision 402(b) and 228(a). The MHP must have only one level of appeal for beneficiaries.

DHCS Finding 6.1.4

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

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

- Policy 415-805 Beneficiary Problem Resolution Process
- Policy 415-819 Grievance and Appeal System Oversight
- Policy 11400 Beneficiary Rights
- Policy 8400 Managed Care Plan Dispute Resolution
- Policy 415-820 J NOABD Your Rights Attachment
- Policy 415-820 K Language Assistance Taglines
- Policy 415-820 L Beneficiary Non-Discrimination Notice
- Problem Resolution Form

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted by the MHP that the MHP has a single level of appeal for beneficiaries. Per the discussion during the review, the MHP was informed that the current policies is out of compliance. The MHP stated it will update thepolicy to include this language.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment12, and Federal Code of Regulations, title 42, section 438, subdivision 402(b) and 228(a).

The MHP must comply with CAP requirement addressing this finding of

non-compliance.

Corrective Action Description

BHSD can confirm that there is a single level of appeal for beneficiaries, and BHSD is in the process to update all applicable materials to reflect this process.

Proposed Evidence/Documentation of Correction

Not at this time.

Ongoing Monitoring (if included)

Regular reviews of the grievance and appeals process and requirements with the Quality Improvement Coordinators and Utilization Management Teams.

Person Responsible (job title)

Sr Health Care Program Analyst, Mental Health Utilization Management Manager, and SUTS Utilization Management Manager

Implementation Timeline: June 30, 2022

DHCS Response:

Action required:

Requirement
Compliance with the MHP contract, exhibit A, attachment 12, Federal Code of Regulations, title 42, section 438, subdivision406(b)(1), and Mental Health and Substance Use Disorder Services, Information Notice,No. 18-010E. The MHP must acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing meeting the below listed requirements:

1. The MHP shall acknowledge receipt of each grievance, appeal, and request forexpedited 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.

DHCS Finding 6.1.5

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 12, Federal Code of Regulations, title 42, section 438, subdivision406(b)(1), and Mental Health and Substance Use Disorder Services, Information Notice,No. 18-010E. The MHP must acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing meeting the below listed requirements:

1. The MHP shall acknowledge receipt of each grievance, appeal, and request forexpedited 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 thisrequirement:

- Policy 415-805 Beneficiary Problem Resolution Process
- Policy 415-819 Grievance and Appeal System Oversight
- Policy 11400 Beneficiary Rights
- Policy 8400 Managed Care Plan Dispute Resolution
- Policy 415-820 M Letter of Acknowledgement
- Grievance and Appeals Tracking Log
- Grievance and Appeals samples
- Acknowledgement letter samples

While the MHP submitted evidence to demonstrate compliance with this requirement,one (1) of 31 acknowledgment letters were not sent within five (5) calendar days of receipt of the grievance.

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

		ACKNOWLEDGMENT	

	# OF SAMPLE REVIEWED	# IN	# OOC	COMPLIANCE PERCENTAGE
GRIEVANCES	**31**	**30**	**1**	**97%**
APPEALS	**NA**	**NA**	**NA**	**NA**
EXPEDITED APPEALS	**NA**	**NA**	**NA**	**NA**

DHCS deems the MHP in partial compliance with the MHP contract, exhibit A, attachment 12, Federal Code of Regulations, title 42, section 438, subdivision 406(b)(1),and Mental Health and Substance Use Disorder Services, Information Notice, No. 18- 010E.

The MHP must comply with CAP requirement addressing this finding of partialcompliance.

Corrective Action Description

BHSD is in the process to update all applicable materials to reflect the above spatulations.

Proposed Evidence/Documentation of Correction

Not at this time.

Ongoing Monitoring (if included)

Develop an oversight system that will monitor beneficiary grievances and appeals on a regular basis.

Person Responsible (job title)

BHSD UM Manager(s)

Implementation Timeline: June 30, 2022

DHCS Response:

Action required:

Requirement
Compliance with Federal Code of Regulations, title 42, section 438, subdivision 416 and California Code of Regulations, title 9, section 1850, and subdivision 205. The MHP must maintain a grievance and appeal log and record grievances, appeals, and expedited appeals in the log within oneworking day of the date of receipt of the grievance, appeal, or expedited appeal.

DHCS Finding 6.2.1

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 416 and California Code of Regulations, title 9, section 1850, and subdivision 205. The MHP must maintain a grievance and appeal log and record grievances, appeals, and expedited appeals in the log within oneworking day of the date of receipt of the grievance, appeal, or expedited appeal.

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

- Policy 415-805 Beneficiary Problem Resolution Process
- Policy 415-819 Grievance and Appeal System Oversight
- Policy 11400 Beneficiary Rights
- Grievance and Appeals Tracking Log
- Grievance and Appeals samples

While the MHP submitted evidence to demonstrate compliance with this requirement, five (5) of 31 grievances were not logged within one working day of the date of receipt ofthe grievance.

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

	# OF SAMPLE REVIEWED	LOGGED WITHIN ONE (1) DAY		COMPLIANCE PERCENTAGE
		# IN	# OOC	
GRIEVANCES	**31**	**26**	**5**	**84%**
APPEALS	**NA**	**NA**	**NA**	**NA**
EXPEDITED APPEALS	**NA**	**NA**	**NA**	**NA**

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 416 and California Code of

Regulations, title 9, section 1850,
subdivision 205.

The MHP must comply with CAP requirement addressing this finding of out ofcompliance.

Corrective Action Description

BHSD is in the process to update all applicable materials to reflect the above spatulations.

Proposed Evidence/Documentation of Correction

Provide copies of Draft P&P 415-805, Draft P&P 415-819, and Draft P&P 415-820. Also, provide recent samples of grievance acknowledgment letters were logged in accordance with this CAP finding requirement.

Ongoing Monitoring (if included)

Develop an oversight system that will monitor beneficiary grievances and appeals on a regular basis.

Person Responsible (job title)

BHSD UM Manager(s)

Implementation Timeline: June 30, 2022

DHCS Response:

Action Required:

Requirement
Compliance with California Code of Regulations, title 9, section 1850, subdivision 206(c). 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 heor she could not be contacted.

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). 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 thisrequirement:

- Policy 415-805 Beneficiary Problem Resolution Process
- Policy 415-819 Grievance and Appeal System Oversight
- Policy 415-820 O Notice of Grievance Resolution
- Grievance and Appeals Tracking Log
- Grievance and Appeals samples
- Samples of acknowledgment letters to beneficiaries

While the MHP submitted evidence to demonstrate compliance with this requirement,two (2) of 31 grievances did not include 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.

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

	# OF SAMPLE REVIEWED	RESOLUTION NOTICE		COMPLIANCE PERCENTAGE
		# IN	# OOC	
GRIEVANCES	**31**	**29**	**2**	**94%**
APPEALS	**NA**	**NA**	**NA**	**NA**
EXPEDITED APPEALS	**NA**	**NA**	**NA**	**NA**

DHCS deems the MHP partial compliance with California Code of Regulations, title 9,section 1850, subdivision 206(c).

The MHP must comply with CAP requirement addressing this finding of partial compliance.

Corrective Action Description

BHSD is in the process to update all applicable materials to reflect the above spatulations.

Proposed Evidence/Documentation of Correction

N/A

Ongoing Monitoring (if included)

Develop an oversight system that will monitor beneficiary grievances and appeals on a regular basis.

Person Responsible (job title)

BHSD UM Manager(s)

Implementation Timeline: June 30, 2022

DHCS Response:

Action required:

Requirement
Compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(c)(3)(ii) and 406(b)(3); MHP Contract,Exhibit 1 att. 12. The MHP must treats oral inquiries seeking to appeal an adverse benefit determination as appeals (to establish the earliest possible filing date for the appeal). The MHP requires a beneficiary who makes an oral appeal to subsequently submit a written, signed appeal, unless the beneficiary or the provider requests an expedited appeal.

DHCS Finding 6.4.2

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(c)(3)(ii) and 406(b)(3); MHP Contract,Exhibit 1 att. 12. The MHP must treats oral inquiries seeking to appeal an adverse benefit determination as appeals (to establish the earliest possible filing date for the appeal). The MHP requires a beneficiary who makes an oral appeal to subsequently submit a written, signed appeal, unless the beneficiary or the provider requests an expedited appeal.

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

- Policy 415-805 Beneficiary Problem Resolution Process
- Policy 415-819 Grievance and Appeal System Oversight
- Policy 415-820 Notice of Adverse Benefit Determination
- Grievance and Appeals Tracking Log
- Grievance and Appeals samples
- Samples of acknowledgment letters to beneficiaries

While the MHP submitted evidence to demonstrate compliance with this

requirement, it is not evident that the MHP requires a beneficiary who makes an oral appeal to submit awritten, signed appeal unless the beneficiary or the provider is requesting an expedited appeal. Per the discussion during the review, the MHP stated it does not require the beneficiary to submit a written, signed appeal when the beneficiary makes an oral appeal.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42,section 438, subdivision 406(b)(3) and 408(c)(3)(ii), and MHP Contract.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Corrective Action Description

BHSD is in the process to update all applicable materials to reflect the above spatulations.

Proposed Evidence/Documentation of Correction

Not at this time.

Ongoing Monitoring (if included)

Develop an oversight system that will monitor beneficiary grievances and appeals on a regular basis.

Person Responsible (job title)

BHSD UM Manager(s)

Implementation Timeline: June 30, 2022

DHCS Response:

Action required:

Requirement

Compliance with Federal Code ofRegulations, title 42, section 438, subdivision 406(b)(6). 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.

DHCS Finding 6.4.7

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 406(b)(6). 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 thisrequirement:

- Policy 415-805 Beneficiary Problem Resolution Process
- Policy 415-819 Grievance and Appeal System Oversight
- Policy 415-820 Notice of Adverse Benefit Determination
- Grievance and Appeals Tracking Log
- Grievance and Appeals samples
- Samples of acknowledgment letters to beneficiaries

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 legalrepresentative of a deceased beneficiary's estate, to be included as parties to the appeal. The evidence, including policies and procedures, as well as other documentation, was deficient in meeting the requirements.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42,section 438, subdivision 406(b)(6).

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Corrective Action Description

BHSD is in the process to update all applicable materials to reflect the above spatulations.

Proposed Evidence/Documentation of Correction

N/A

Ongoing Monitoring (if included)

Develop an oversight system that will monitor beneficiary grievances and appeals on a regular basis.

Person Responsible (job title)

BHSD UM Manager(s)

Implementation Timeline: June 30, 2022

DHCS Response:

Action required:

Requirement
Compliance with Federal Code ofRegulations, title 42, section 438, subdivision 402(c)(3)(ii). The MHP must allow thebeneficiary to file the request for an expedited appeal orally without requiring the beneficiary to submit a subsequent written, signed appeal.

DHCS Finding 6.4.12

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 402(c)(3)(ii). The MHP must allow the beneficiary to file the request for an expedited appeal orally without requiring the beneficiary to submit a subsequent written, signed appeal.

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

- Policy 415-805 Beneficiary Problem Resolution Process
- Policy 415-819 Grievance and Appeal System Oversight
- Policy 415-820 Notice of Adverse Benefit Determination
- Grievance and Appeals Tracking Log
- Grievance and Appeals samples
- Samples of acknowledgment letters to beneficiaries

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident the MHP allows the beneficiary to file a request for an expedited appeal orally without requiring the beneficiary to

submit a signed written appeal. The evidence,including policies and procedures, as well as other documentation, was deficient in meeting the requirements.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42,section 438, subdivision 402(c)(3)(ii).

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Corrective Action Description

BHSD is in the process to update all applicable materials to reflect the above spatulations.

Proposed Evidence/Documentation of Correction

N/A

Ongoing Monitoring (if included)

Develop an oversight system that will monitor beneficiary grievances and appeals on a regular basis.

Person Responsible (job title)

BHSD UM Manager(s)

Implementation Timeline: June 30, 2022

DHCS Response:

Action required:

Requirement
Compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(d)(2); California Code of Regulations,title 9, section 1850, subdivision 207(h). The MHP must provide a beneficiary with a written notice of the expedited appeal disposition and make reasonable efforts to provide oral notice to the beneficiary and/or his or her representative.

DHCS Finding 6.4.16

The MHP did not furnish evidence to demonstrate compliance with Federal

Code of Regulations, title 42, section 438, subdivision 408(d)(2); California Code of Regulations,title 9, section 1850, subdivision 207(h). The MHP must provide a beneficiary with a written notice of the expedited appeal disposition and make reasonable efforts to provide oral notice to the beneficiary and/or his or her representative.

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

- Policy 415-805 Beneficiary Problem Resolution Process
- Policy 415-819 Grievance and Appeal System Oversight
- Policy 415-820 Notice of Adverse Benefit Determination
- Policy 415-820 P Notice of Appeal Resolution
- Grievance and Appeals Tracking Log
- Grievance and Appeals samples
- Samples of acknowledgment letters to beneficiaries

While the MHP submitted evidence to demonstrate compliance with this requirement, itis not evident that the MHP provides a beneficiary with written notice of the expedited appeal disposition or makes reasonable efforts to provide oral notice to the beneficiary and his or her representative. The evidence, including policies and procedures, as well as other documentation, was deficient in meeting the requirements.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(d)(2); California Code of Regulations, title 9, section 1850,subdivision 207(h).

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Corrective Action Description

BHSD is in the process to update all applicable materials to reflect the above spatulations.

Proposed Evidence/Documentation of Correction

Ongoing Monitoring (if included)

Develop an oversight system that will monitor beneficiary grievances and appeals on a regular basis.

Person Responsible (job title)

BHSD UM Manager(s)

Implementation Timeline: June 30, 2022

DHCS Response:

Requirement
Compliance with Federal Code of Regulations, title 42, section 438, subdivision 410(c)(1). If the MHP denies a request foran expedited appeal resolution, The MHP shall:

1. Transfer the expedited appeal request to the timeframe for standard resolution ofno longer than 30 calendar days from the day the Contractor receives the appeal.(42 C.F.R. § 438.410(c)(1).)
2. Make reasonable efforts to give the beneficiary and his or her representativeprompt oral notice of the denial of the request for an expedited appeal.

DHCS Finding 6.4.17

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 410(c)(1). If the MHP denies a request foran expedited appeal resolution, The MHP shall:

1. Transfer the expedited appeal request to the timeframe for standard resolution ofno longer than 30 calendar days from the day the Contractor receives the appeal.(42 C.F.R. § 438.410(c)(1).)
2. Make reasonable efforts to give the beneficiary and his or her representativeprompt oral notice of the denial of the request for an expedited appeal.

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

- Policy 415-805 Beneficiary Problem Resolution Process
- Policy 415-819 Grievance and Appeal System Oversight
- Policy 415-820 Notice of Adverse Benefit Determination
- Policy 415-820 P Notice of Appeal Resolution
- Grievance and Appeals Tracking Log
- Grievance and Appeals samples
- Samples of acknowledgment letters to beneficiaries

While the MHP submitted evidence to demonstrate compliance with this requirement, itis not evident that the MHP transfers expedited appeal requests to the standard resolution timeframe or provides prompt oral

notice of the denial of the request for an expedited appeal to the beneficiary or representatives of the beneficiary. The evidence,including policies and procedures, as well as other documentation, was deficient in meeting the requirements.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42,section 438, subdivision 410(c)(1).

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Corrective Action Description

BHSD is in the process to update all applicable materials to reflect the above spatulations.

Proposed Evidence/Documentation of Correction

Ongoing Monitoring (if included)

Develop an oversight system that will monitor beneficiary grievances and appeals on a regular basis.

Person Responsible (job title)

BHSD UM Manager(s)

Implementation Timeline: June 30, 2022

DHCS Response:

PROGRAM INTEGRITY

Requirement

Compliance with the MHP contract,exhibit A, attached 13, and Federal Code of Regulations, title 42, section 438, subdivision 608(a)(1). The MHP has a system for training and education for the Compliance Officer, the organization's senior

management, and the organization's employees for the federal and state standards and requirements under the contract.

DHCS Finding 7.1.5

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attached 13, and Federal Code of Regulations, title 42, section 438, subdivision 608(a)(1). The MHP has a system for training and education for the Compliance Officer, the organization's senior management, and the organization's employees for the federal and state standards and requirements under the contract.

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

- Compliance New Employee Orientation PowerPoint
- Compliance Officer Job Duty Description
- Effective Education and Training HHS Compliance Plan
- MHSD Health Learning January 2021
- New Employee Orientation Meeting Agenda 1-25-2021
- New Orientation Calendar YTD 2021
- BHSD eLearning Tracking Log 1-1-21 through 8-4-2021
- Assignment Completion Report

While the MHP submitted evidence to demonstrate compliance with this requirement, itis not evident in the documentation submitted by the MHP that the MHP has a training and education system in place that satisfies this requirement for MHP employees but not contract providers. Per the discussion during the review, the MHP does not monitorcontract providers' required education and training.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attached 13,and Federal Code of Regulations, title 42, section 438, subdivision 608(a)(1).

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Corrective Action Description

BHSD recognizes that provider trainings and educations are required for the contracted providers. BHSD is in the process to develop a "Provider Management" department, and this department will help to educate all contracted providers.

Proposed Evidence/Documentation of Correction

Not at this time.

Ongoing Monitoring (if included)

Provider Management

Person Responsible (job title)

Provider Management

Implementation Timeline: June 30, 2022

DHCS Response:

Chart Review

Assessment

FINDING 8.2.1:

Assessments were not completed in accordance with regulatory and contractualrequirements, specifically:

1) One or more assessments were not completed within the initial timeliness requirements specified in the MHP's written documentation standards. Per theMHP's Clinical Practice Guidelines Manual, initial assessments are due in "60days from the date their case was opened to an agency".

   The following are specific findings from the chart sample:

   Line number 9. The beneficiary's case was opened to care at the agency on 1/30/19, but the Initial Assessment was not completed as signed until 4/15/19.

   Line number 14. The beneficiary's case was opened to care at the agency on1/24/20, but the Initial Assessment was not completed as signed until 4/24/20.

CORRECTIVE ACTION PLAN 8.2.1:
The MHP shall submit a CAP that describes how the MHP will ensure that assessments are completed in accordance with the initial timeliness requirements specified in the MHP's written documentation standards.

Proposed Evidence/Documentation of Correction

BHSD is amending its audit process to all contracted providers to ensure that BHSD captures all previous findings on the subsequent audits. Please see the revised documents that are submitted under section 8.2.1.

Ongoing Monitoring (if included)

Ongoing monitoring will take place in the form of regular audits/utilization reviews, as well as mentoring and coaching of providers.

Person Responsible (job title)

BHSD Utilization Management Manager(s)

Implementation Timeline: June 30, 2022

DHCS Response:

FINDING 8.2.2:

One or more of the assessments reviewed did not address all of the required elementsspecified in the MHP Contract. Specifically:

a) History of or exposure to trauma: **Line number 18.** Information regarding historyof or exposure to trauma could not be located on Assessment completed as signed on 1/10/20. *The MHP was given the opportunity to locate the document(s) in question but did not provide written evidence of the document(s) in the medical record.*

b) Medications, including medication for medical conditions, and documentation of adverse reactions: **Line number 1.** On the Update Assessment, completed assigned on 4/28/20, the provider left the medications section incomplete.

CORRECTIVE ACTION PLAN 8.2.2:
The MHP shall submit a CAP that describes how the MHP will ensure that every assessment contains all of the required elements specified in the MHP Contract with theDepartment.

Proposed Evidence/Documentation of Correction

BHSD is amending its audit process to all contracted providers to ensure that BHSD captures all previous findings on the subsequent audits. Please see the revised documents that are submitted under section 8.2.2.

Ongoing Monitoring (if included)

Ongoing monitoring will take place in the form of regular audits/utilization reviews, as well as mentoring and coaching of providers.

Person Responsible (job title)

BHSD Utilization Management Manager(s)

Implementation Timeline: June 30, 2022

DHCS Response:

FINDING 8.2.3:

One or more of the assessments reviewed did not include the signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, job title, or the date the documentation was entered into the medicalrecord. Specifically:

- The type of professional degree, licensure, or job title of person providing theservice:
  - **Line number 5.** The Assessment completed as signed on 5/8/20 was missing the provider's professional degree, licensure, or job title. However,other material provided by the MHP confirmed that this provider was practicing within their scope of practice.

CORRECTIVE ACTION PLAN 8.2.3:

The MHP shall submit a CAP that describes how the MHP will ensure that all documentation includes the signature of the qualified person (or electronic equivalent)with the professional degree, licensure or title of the person providing the service.

Proposed Evidence/Documentation of Correction

BHSD is amending its audit process to all contracted providers to ensure that BHSD captures all previous findings on the subsequent audits. Please see the revised documents that are submitted under section 8.2.3.

Ongoing Monitoring (if included)

Ongoing monitoring will take place in the form of regular audits/utilization reviews, as well as mentoring and coaching of providers.

Person Responsible (job title)

BHSD Utilization Management Manager(s)

Implementation Timeline: June 30, 2022

DHCS Response:

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Client Plans

FINDING 8.4.3:

Client Plans were not completed prior to the delivery of planned services and/or werenot updated at least annually or reviewed and updated when there was a significant change in the beneficiary's condition (as required in the MHP Contract with the Department and/or as specified in the MHP's documentation standards). Specifically:

- **Line number 5**: The Initial Client Plan was not completed until after one or more planned service was provided and claimed. The Client plan was completed as signed on 4/16/20, but

planned services (individual therapy andindividual rehabilitation) had been provided and claimed prior to this date. **RR4a, refer to Recoupment Summary for details.**

CORRECTIVE ACTION PLAN 8.4.3:

The MHP shall submit a CAP that describes how the MHP will ensure that:

1) Client plans are completed prior to the provision of planned services.
2) Planned services are not claimed when the service provided is not included on acurrent Client Plan.

Proposed Evidence/Documentation of Correction

BHSD is amending its audit process to all contracted providers to ensure that BHSD captures all previous findings on the subsequent audits. Please see the revised documents that are submitted under section 8.4.3.

Ongoing Monitoring (if included)

Ongoing monitoring will take place in the form of regular audits/utilization reviews, as well as mentoring and coaching of providers.

Person Responsible (job title)

BHSD Utilization Management Manager(s)

Implementation Timeline: June 30, 2022

DHCS Response:

FINDING 8.4.3a:

One or more client plan(s) was not completed in accordance with the MHP's initial timeliness standards, or updated at least annually. Specifically:

- **Line number 18.** The initial Client Plan was completed late based on theMHP's documentation standards of timeliness.

  Based on the MHP's documentation standards, the initial client plan will be completed "by 60 days after entry into the program". The beneficiary's case was opened to the agency on 12/20/19, but the Initial Client Plan was not completed as signed until 3/17/20. This was prior to the Review Period, and noplanned

services were provided prior to the Client Plan completion.

CORRECTIVE ACTION PLAN 8.4.3a:

The MHP shall submit a CAP that describes how the MHP will ensure that Client plansare updated at least on an annual basis, as required by the MHP Contract with the Department, and within the timelines and frequency specified in the MHP's written documentation standards.

Proposed Evidence/Documentation of Correction

BHSD is amending its audit process to all contracted providers to ensure that BHSD captures all previous findings on the subsequent audits. Please see the revised documents that are submitted under section 8.4.3a.

Ongoing Monitoring (if included)

Ongoing monitoring will take place in the form of regular audits/utilization reviews, as well as mentoring and coaching of providers.

Person Responsible (job title)

BHSD Utilization Management Manager(s)

Implementation Timeline: June 30, 2022

DHCS Response:

FINDING 8.4.4:

Client Plans did not include all of the required elements identified in the MHP Contract. Specifically:

- One or more proposed intervention did not include an expected frequency orfrequency range that was specific enough. **Line number 1, 2, and 18.**
  - **Line number 1.** On the Client Plan completed as signed on 4/14/20, theCollateral service did not include an expected frequency.
  - **Line number 2.** On the Client Plan completed as signed on 8/15/19, theCollateral service did not include an expected frequency.
  - **Line number 18.** On the Client Plan completed as signed on 3/17/20, theCollateral services were listed

to be provided “when/if deemed clinically appropriate”, which is not an expected frequency.

CORRECTIVE ACTION PLAN 8.4.4:
The MHP shall submit a CAP that describes how the MHP will ensure that mental healthinterventions proposed on client plans indicate an expected frequency for each intervention.

Proposed Evidence/Documentation of Correction

BHSD is amending its audit process to all contracted providers to ensure that BHSD captures all previous findings on the subsequent audits. Please see the revised documents that are submitted under section 8.4.4.

Ongoing Monitoring (if included)

Ongoing monitoring will take place in the form of regular audits/utilization reviews, as well as mentoring and coaching of providers.

Person Responsible (job title)

BHSD Utilization Management Manager(s)

Implementation Timeline: June 30, 2022

DHCS Response:

FINDING 8.4.12:

One or more Client Plan did not include signature of the person providing the service (orelectronic equivalent) that includes the person’s professional degree, licensure, job title,relevant identification number. Specifically:

Line number 5: Missing provider’s professional degree, licensure, or job title on theClient Plan in effect during the review period.

CORRECTIVE ACTION PLAN 8.4.12:
The MHP shall submit a CAP that describes how the MHP will ensure that all documentation includes the provider signature (or electronic equivalent) with the professional degree, licensure, or job title.

Proposed Evidence/Documentation of Correction

BHSD is amending its audit process to all contracted providers to ensure that BHSD captures all previous findings on the subsequent audits. Please see the revised documents that are submitted under section 8.4.12.

Ongoing Monitoring (if included)

Ongoing monitoring will take place in the form of regular audits/utilization reviews, as well as mentoring and coaching of providers.

Person Responsible (job title)

BHSD Utilization Management Manager(s)

Implementation Timeline: June 30, 2022

DHCS Response:

Progress Notes

FINDING 8.5.2:

Progress notes did not include all required elements specified in the MHP Contract,and/or were not in accordance with the MHP's written documentation standards.

Specifically:

- **Line numbers 1, 5, 6, 9, 10, 11, 12, 13, 14, 16, and 18.** One or more progressnote(s) were not completed within the MHP's written timeliness standard of 5 business days after provision of service. Forty-two (9 percent) of all progress notes reviewed were completed late (91% compliance).

CORRECTIVE ACTION PLAN 8.5.2:

The MHP shall submit a CAP that describes how the MHP will ensure that progress notes document timely completion and relevant aspects of client care, as specified inthe MHP Contract with the Department and by the MHP's written documentation standards.

Proposed Evidence/Documentation of Correction

BHSD is amending its audit process to all contracted providers to ensure that BHSD captures all previous findings on the subsequent audits. Please see the revised documents that are submitted under section 8.5.2.

Ongoing Monitoring (if included)

Ongoing monitoring will take place in the form of regular audits/utilization reviews, as well as mentoring and coaching of providers.

Person Responsible (job title)

BHSD Utilization Management Manager(s)

Implementation Timeline: June 30, 2022

DHCS Response:

FINDING 8.5.4:

Progress notes were not documented according to the frequency requirementsspecified in the MHP Contract. Specifically:

- **Line number 6 and 14**: There was no progress note in the medical record for the service(s) claimed. **RR8a, refer to Recoupment Summary for details**.
  The MHP was given the opportunity to locate the document(s) in question but could not provide written evidence of the document(s) in the medical record.

  Line number 6. Within the course of the MHP preparing material for the review,the MHP identified 4 instances of duplicate claims in which a single service was incorrectly claimed twice.
  - 4/28/2020 (Service Function 1 / Units of Time 30)
  - 4/28/2020 (Service Function 1 / Units of Time 78)
  - 5/8/2020 (Service Function 1 / Units of Time 27)
  - 5/15/2020 (Service Function 1 / Units of Time 31)

  Line number 14. Within course of the MHP preparing material for the review, theMHP identified 1 instance of duplicate claims in which a single service was incorrectly claimed three times.

- 6/30/20 (Service Function 30 / Units of Time 75)

CORRECTIVE ACTION PLAN 8.5.4:
The MHP shall submit a CAP that describes how the MHP will:

1) Ensure that all Specialty Mental Health Services claimed are:
   a) Documented in the medical record.
   b) Actually provided to the beneficiary.
   c) Claimed for the correct service modality billing code, and units of time.

Proposed Evidence/Documentation of Correction

BHSD is amending its audit process to all contracted providers to ensure that BHSD captures all previous findings on the subsequent audits. Please see the revised documents that are submitted under section 8.5.4.

BHSD plans to also coordinate with Patient Billing Services (PBS) and any other applicable department to mitigate this issue.

Ongoing Monitoring (if included)

Ongoing monitoring will take place in the form of regular audits/utilization reviews, as well as mentoring and coaching of providers..

Person Responsible (job title)

BHSD Utilization Management Manager(s)

Implementation Timeline: June 30, 2022

DHCS Response:

Provision of ICC Services and IHBS for Children and Youth

FINDING 8.6.1:

1) The MHP did not furnish evidence that it has a standard procedure for providing anddocumenting individualized determinations of eligibility for ICC services and IHBS onbehalf of beneficiaries under age 22 that is based on their strengths and needs.

- **Line numbers 13, 14, and 17.**

Throughout the on-site Chart Review discussions, DHCS staff reviewed charts of beneficiaries under age 22 who could benefit from considerations for ICC services and/or IHBS, based on the potential benefit of coordination across child-serving systems or increased intensity of services for children with higher levels of impairment. However, evidence could not be located that an individualized determination of eligibilityfor ICC services and IHBS had been made on behalf of these beneficiaries under age 22, based on their strengths and needs. Though there was evidence that the MHP and its providers, including Community Based Organizations (CBOs) made determinations of eligibility for ICC services and IHBS for some of the children within the review sample, these determinations were not seen within the complete sample.

The MHP provided a DRAFT Policy & Procedure Number BHSD #7400.1 entitled, “Referral for Intensive Care Coordination (ICC) & Intensive Home Based Services (IHBS)”, in which the procedures describe the role of the Treating Therapist to completereferrals and submit to “BHSD Single Point of Contact”. The gap in this procedure is thatit does not describe a consistent process regarding making determinations of eligibility for ICC services and IHBS for all beneficiaries under age 22.

Following the review, the MHP submitted an explanatory letter indicating that BHSD ofSanta Clara County “is in the process of developing a policy and procedure to ensure that all eligible Santa Clara County children and youth are screened for, and have access to, the provision of Intensive Care Coordination (ICC) and Intensive Home- Based Services (IHBS).” The letter continues, “In the interim, providers serving childrenand youth in Behavioral Health programs that do not include ICC and IHBS within their programs have been notified of the screening criteria for ICC and IHBS, and the process to refer children and youth in need of ICC and IHBS services…” This letter describes several positive strategies that the MHP is in the process of enacting to ensure screening and access to ICC services and IHBS. This includes an integrated screening tool that will be used with the call center, as well as utilization of a screening/referral form by direct providers. The MHP indicates in this letter that as of “December, 2020, a protocol was developed for the Behavioral Health Call Center to screen for the need for ICC and IHBS services, and to access Katie A. Intensive Services, for new referrals. “It is noted that December 2020, was after the review sample period of time, and therefore this review is unable to observe the effectiveness of these described changes, and the MHP has not finalized their policy and procedure statements on this subject.

In conclusion, with a referral-only system for ICC/IHBS, the MHP currently does not have a standard procedure regarding making individualized determinations of eligibilityfor ICC services and IHBS on behalf of beneficiaries under age 22.

CORRECTIVE ACTION PLAN 8.6.1:
The MHP shall submit a CAP that describes how it will ensure that:

1) Written documentation is in place describing the process for determining anddocumenting eligibility and need for ICC Services and IHBS.
2) Training is provided to all staff and contract providers who have the responsibility fordetermining eligibility and need for ICC and IBHS.
3) Each beneficiary under age 22 who is authorized to receive Specialty Mental HealthServices also receives an individualized determination of eligibility and need for ICCService and IHBS prior to or during the development of the beneficiary's Initial ClientPlan.

Proposed Evidence/Documentation of Correction

BHSD is amending its audit process to all contracted providers to ensure that BHSD captures all previous findings on the subsequent audits. Please see the revised documents that are submitted under section 8.6.1.

Ongoing Monitoring (if included)

Ongoing monitoring will take place in the form of regular audits/utilization reviews, as well as mentoring and coaching of providers. BHSD plans to also coordinate this with our Child, Youth, and Family (CYF) Division as well.

Person Responsible (job title)

BHSD Utilization Management Manager(s)

Implementation Timeline: June 30, 2022

DHCS Response: