

## Medi-Cal Behavioral Health Corrective Action Plan (CAP)

Santa Clara

Compliance Review Date: 7/16/2024

Corrective Action Plan Fiscal Year: 2024-25

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
4.2.1 Access Line Information-The Plan did not ensure the 24/7 access line provided the required information regarding beneficiary problem resolution and fair hearing processes 24 hours a day.	The Plan has ensured that during business hours, members can reach a Quality Assurance staff member to obtain information regarding the problem resolution and state fair hearing processes. After hour access line staff have been trained to provide information on problem resolution and fair hearings when asked by a member. The Plan conducts monthly test calls to ensure that 24/7 access line staff are providing adequate information regarding problem resolution	07/24/24-Grievance phone line being routed to a live person during business hours 01/25- After hours Call Center staff will be trained on providing grievance information	The Plan is submitting the Service desk resolution for the phone line. The Plan is also submitting the workflow for answering and assigning grievances.	

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	and state fair hearings. Quarterly reports and results of test calls are provided to the access line manager.			
4.4.1 Telehealth Consent-The Plan did not ensure all providers obtained and documented the members' consent prior to the initial delivery of telehealth services or informed the member that NMT services are available for in-person visits.	The Plan is in the process of updating telehealth policy and is developing an all inclusive consent form to explicitly include member's right to access in-person services, the voluntary nature of telehealth, the option to withdraw consent without affecting future Medi-Cal services, NMT benefits, and any potential limitations or risks of telehealth compared to in-person visits. The Plan conducts regular chart audits to ensure that members are properly informed of their rights.	End of Qrt1 (3/31/2025)	The Plan will submit the final consent form once it has been approved. The Plan is submitting the audit tools it uses to check telehealth consents during chart audits.	

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5.3.1 Crisis Residential Treatment Services and Adult Residential Treatment Services- The Plan did not utilize or implement concurrent review and authorization for all CRTS and ARTS.	The Plan has developed a procedure for service authorization requests and concurrent review processes for Crisis Residential Services. The policy has been amended to reflect the current procedure. The Plan maintains a log of all	The concurrent review process began 09/16/24. The policy is in draft and will be finalized in January 2025.		

**Submitted by: [Plan's Signature on File]**

**Date: 1/7/2025**

**Title: Sherri Terao, Director, Behavioral Health Services Department**