

Medi-Cal Behavioral Health Corrective Action Plan (CAP)

Los Angeles

Compliance Review Date: September 27, 2022 – September 30, 2022

Corrective Action Plan Fiscal Year: 2021-22

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
8.1.2 The actual interventions did not meet medical necessity.	1. Develop written guidance 2. Provide training QA Conducting Chart Reviews of DO & LE providers - to monitor actual interventions are medically necessary	1. Completed January 1, 2022 2. Completed July 1, 2022	1. QA Bulletin 21-08 - Updated Criteria to Access SMHS: QA Bulletin on the CalAIM updated SMHS access criteria and definition for medical necessity for services 2. Training Recordings for LACDMH Directly Operated & Contracted Providers addressing/defining medically necessary services: (1) Criteria to Access SMHS and Medical Necessity, (2) Documentation Requirements	
8.2.1 Assessments were not completed within both initial timeliness and update frequency requirements.	Due to the transition to the new Documentation Standards that will take effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its	No action required	No action required	

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
	policies and all current documentation requirements.			
8.2.2 One or more of the assessments reviewed did not address all of the required elements specified in the MHP Contract.	Due to the transition to the new Documentation Standards that will take effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its policies and all current documentation requirements.	No action required	No action required	
8.2.3 One or more of the assessments reviewed did not include the signature of the person providing the service (or electronic equivalent) with required documentation.	1. Provide training QA Conducting Chart Reviews of DO & LE providers - to monitor that all documentation includes the signature or electronic equivalent) with the professional degree, licensure or title of the person providing the service.	1. June 1, 2023	1. Training: present PowerPoint slides at QA/QI Monthly Meetings for DO & LE providers - addressing documentation signature requirements	
8.3.1 The provider did not obtain and retain medication consent and there was no documentation in the medical record of a written	1. Provide training QA Conducting Chart Reviews of DO & LE providers - to monitor	1. June 1, 2023	1. Training: present PowerPoint slides at QA/QI Monthly Meetings for DO & LE providers - addressing	

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
explanation regarding the beneficiary's refusal or unavailability to sign the medication consent.	medication consents are obtained and contain the client/legal representative's signature and completed in accord with LACDMH documentation standards		medication consent requirements	
8.3.2 Written medication consents did not contain all of the required elements specified in the MHP Contract with the Department.	1. Provide training QA Conducting Chart Reviews of DO & LE providers - to monitor medication consents contain all required elements and completed in accord with LACDMH documentation standards	1. June 1, 2023	1. Training: present PowerPoint slides at QA/QI Monthly Meetings for DO & LE providers - addressing medication consent requirements	
8.3.3 Medication Consent(s) in the chart sample did not include the signature of the provider with required documentation.	1. Provide training QA Conducting Chart Reviews of DO & LE providers - to monitor medication consents contain all required elements and completed in accord with LACDMH documentation standards	1. June 1, 2023	1. Training: present PowerPoint slides at QA/QI Monthly Meetings for DO & LE providers - addressing medication consent requirements	
8.4.1 The medical record did not include services that were sufficient.	Due to the transition to the new Documentation Standards that will take	No action required	No action required	

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
	effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its policies and all current documentation requirements.			
8.4.1a Services claimed and documented on the beneficiary's progress notes were not sufficient and consistent with those documented on the beneficiary's current Client Plan.	Due to the transition to the new Documentation Standards that will take effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its policies and all current documentation requirements.	No action required	No action required	
8.4.2 Client Plans were not completed prior to the delivery of planned services and/or were not updated as required.	Due to the transition to the new Documentation Standards that will take effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure	No action required	No action required	

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
	compliance with its policies and all current documentation requirements.			
8.4.2a One or more client plan(s) was not updated.	Due to the transition to the new Documentation Standards that will take effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its policies and all current documentation requirements.	No action required	No action required	
8.4.3 Client Plans did not include all of the required elements identified in the MHP Contract.	Due to the transition to the new Documentation Standards that will take effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its policies and all current documentation requirements.	No action required	No action required	
8.4.10 There was no documentation on the current Client Plan that the	Due to the transition to the new Documentation Standards that will take	No action required	No action required	

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
beneficiary or legal guardian was offered a copy of the Client Plan.	effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its policies and all current documentation requirements.			
8.4.11 One or more Client Plan did not include date of service, signature of the person providing the service (or electronic equivalent) with required documentation.	Due to the transition to the new Documentation Standards that will take effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its policies and all current documentation requirements.	No action required	No action required	
8.5.1 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.	1. Provide training QA Conducting Chart Reviews of DO & LE providers - to monitor that progress notes contain the required elements and are completed in accord with	1. Completed July 1, 2022	1. Training Recording for LACDMH Directly Operated & Contracted Providers - Documentation Requirements: addressing required elements in progress notes	

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
	LACDMH documentation standards			
8.5.3 Progress notes were not documented according to the contractual requirements specified in the MHP Contract.	1. Provide training QA Conducting Chart Reviews of DO & LE providers - to monitor that for every claimed SMHS, there is a progress note, which contains a documented service and uses the correct service code.	1. Completed July 1, 2022	1. Training Recording for LACDMH Directly Operated & Contracted Providers - Documentation Requirements: addressing required elements in progress notes and timeliness of progress note submission	
8.6.1 The medical record did not contain evidence that the beneficiary received an individualized determination of eligibility and need for ICC services and IHBS, and that if appropriate, such services were included in their Client Plan.	1. Provide education on ICC and IHBS 2. Update Assessment form Monitor the utilization of ICC/IHBS via procedure code usage	1. June 1, 2023 2. August 1, 2023	1. Provide Increased Education on ICC and IHBS - utilize multiple avenues to maximize exposure: present PowerPoint slides at QA/QI Monthly Meetings, QA/Error Correction Monthly Meetings, Program Manager meetings 2. Update Assessment form: add a 'recommended services' section in the disposition plan that includes ICC and IHBS, as well as all other types of SMHS, that the clinician can check off. This would prompt clinicians to consider the provision of ICC or IHBS based on the client's eligibility and	

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
			need, as determined by the assessment.	
<p>8.6.2</p> <p>The medical record for the following beneficiary receiving ICC services did not contain evidence that the MHP had reassessed the strengths and needs of the beneficiary, as required.</p>	<p>1. Provide education on ICC requirements</p> <p>QA Conducting Chart Reviews of DO & LE providers - to monitor that documentation of a CFT meeting is taking place at least every 90 days where the provision of ICC services is being documented.</p>	<p>1. June 1, 2023</p>	<p>1. Provide Increased Education on ICC - utilize multiple avenues to maximize exposure: present PowerPoint slides addressing eligibility and need for ICC, as well as ICC requirements, at QA/QI Monthly Meetings, QA/Error Correction Monthly Meetings, Program Manager meetings</p>	
<p>The MHP did not furnish evidence to demonstrate compliance with F.C.R., 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.</p>	<p>1. Convene Access to Care Action Workgroup</p> <p>2. Provide guidance/training on increasing capacity and improving access to care</p> <p>3. Identify top 10 largest sites with the lowest access to care and provide targeted interventions such as increasing intake slots, creating standby lists and double booking to account for No Shows</p> <p>4. Review data and account for situations in</p>	<p>1. February 9, 2023</p> <p>2. February 7, 2023</p> <p>3. July 1, 2023</p> <p>4. July 1, 2023</p>	<p>1. Access to Care Action Workgroup agenda</p> <p>2. Training PowerPoints</p> <p>3. Intervention tracker</p>	

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
	<p>which urgent was marked inappropriately Utilize Access to Care dashboard for monitoring</p> <p>Implement urgent and psychiatry quarterly monitoring process</p>			
<p>The MHP did not furnish evidence to demonstrate subcontracted providers are required to have hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which the provider offers services to non-Medi-Cal beneficiaries.</p>	<p>Add language to LE Contracts</p>	<p>July 1, 2023</p>	<p>LE Contract Boilerplate</p>	
<p>The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 8. The MHP must certify, or use another MHP's certification documents to certify, the organizational providers that subcontract with the MHP to provide SMHS</p> <p>Of the 781 MHP provider sites, 39 had overdue certifications.</p>	<p>Implement monthly certification meeting to focus on providers that need additional attention to prevent from becoming overdue</p> <p>Excel certification tracking report reviewed monthly during certification team meetings</p>	<p>October 1, 2022</p>	<p>Meeting Agenda Excel Tracking Log of Certification Dates</p>	

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
<p>The MHP did not furnish evidence to demonstrate compliance with the MHP Contract, exhibit A, attachment 10, and F.C.R., title 42, section 438, subdivision 208(b)(1). The MHP must provide the beneficiary information on how to contact their designated person or entity.</p> <p>The MHP does not have a process to ensure this information is being provided to the beneficiary.</p>	<p>1. Add instructions on contacting designated provider in the Directly Operated welcome packet</p> <p>2. Add process to ensure designated provider information is provided to the beneficiary in the annual QA/QI monitory report for LE providers</p>	July 1, 2023	<p>1. Sample Welcome Packet</p> <p>2. QA/QI Annual Monitoring form</p>	
<p>The MHP did not furnish evidence to demonstrate compliance with the MHSUDS IN, No. 18-059. The MHP must establish continuity of care procedures.</p> <p>While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides reasonable assistance to beneficiaries in completing requests for continuity of care.</p>	<p>Update and Finalize Continuity of Care Policy</p> <p>N/A</p>	October 1, 2023	Finalized Continuity of Care Policy	
<p>The MHP did not furnish evidence to demonstrate compliance with the MHSUDS IN, No. 18-059. Following identification of a pre-existing relationship with an out-of-network provider, the MHP must make a</p>	<p>Update and Finalize Continuity of Care Policy</p> <p>N/A</p>	October 1, 2023	Finalized Continuity of Care Policy	

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
<p>good faith effort to establish continuity of care for the beneficiary.</p> <p>While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that compliance was met. The MHP provided a draft policy that included this requirement and stated that it is in the process of finalizing and implementing the draft policy.</p>				
<p>The MHP did not furnish evidence to demonstrate compliance with MHSUDS IN, No.18-059. The MHP must ensure each continuity of care request is completed within specific timelines.</p> <p>While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that timelines were met as this requirement was not included in any evidence provided by the MHP. The MHP stated it will update its policy and process to meet this requirement. Post review, the MHP submitted a compliant draft policy that it will implement moving forward.</p>	<p>Update and Finalize Continuity of Care Policy</p> <p>N/A</p>	<p>Finalized Continuity of Care Policy</p>	<p>October 1, 2023</p>	

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
<p>The MHP did not furnish evidence to demonstrate compliance with MHSUDS IN, No.18-059. When the continuity of care agreement has been established, the MHP must work with the provider to establish a Client Plan and transition plan for the beneficiary.</p> <p>While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that compliance was met as this requirement was not included in any evidence provided by the MHP. The MHP stated it will update its policy and process to meet this requirement. Post review, the MHP submitted a compliant draft policy that it will implement moving forward.</p>	<p>Update and Finalize Continuity of Care Policy</p> <p>N/A</p>	<p>October 1, 2023</p>	<p>Finalized Continuity of Care Policy</p>	
<p>The MHP did not furnish evidence to demonstrate compliance with MHSUDS IN, No.18-059. Upon approval of a continuity of care request, the MHP must notify the beneficiary and/or the beneficiary's authorized representative, in writing with specified requirements.</p> <p>While the MHP submitted evidence to demonstrate compliance with this</p>	<p>Update and Finalize Continuity of Care Policy</p> <p>N/A</p>	<p>October 1, 2023</p>	<p>Finalized Continuity of Care Policy</p>	

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
<p>requirement, it is not evident that compliance was met as this requirement was not included in any evidence provided by the MHP. The MHP stated it will update its policy and process to meet this requirement. Post review, the MHP submitted a compliant draft policy that it will implement moving forward.</p>				
<p>The MHP did not furnish evidence to demonstrate compliance with MHSUDS IN, No. 18-059. The MHP must notify the beneficiary, and/or the beneficiary's authorized representative, 30-calendar days before the end of the continuity of care period about the process that will occur.</p> <p>While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that compliance was met as this requirement was not included in any evidence provided by the MHP. The MHP stated it will update its policy and process to meet this requirement. Post review, the MHP submitted a compliant draft policy that it will implement moving forward.</p>	<p>Update and Finalize Continuity of Care Policy</p> <p>N/A</p>	<p>October 1, 2023</p>	<p>Finalized Continuity of Care Policy</p>	

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
<p>The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5. Implementing mechanisms to monitor the safety and effectiveness of medication practices.</p> <p>While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that compliance was met as this requirement was not included in any evidence provided by the MHP. The MHP stated it does not have a mechanism of monitoring medication practices for contracted provider sites.</p>	<p>DMH will implement mechanism to monitor and analyze contractors reported medication errors and selected HEDIS quality measures which include:</p> <ul style="list-style-type: none"> • Diabetes screening for clients with schizophrenia or bipolar disorder who are using antipsychotic medications • Cardiovascular monitoring for clients with cardiovascular disease and schizophrenia 	November 1, 2023	Sample Excel Monitoring Tools	
<p>The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, F.C.R., title 42, section 438, subdivision 236(b), and C.C.R., title 9, section 1810, subdivision 326. The MHP must disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries.</p> <p>While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that</p>	<p>Update Consent for Services to include information on how to request Practice Guidelines</p> <p>Post link to Practice Guidelines on the DMH webpage</p>	July 1, 2023	Updated Consent for Services form	

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
<p>compliance was met as this requirement was not included in any evidence provided by the MHP. The MHP stated it does not have a process to disseminate practice guidelines to beneficiaries. Post review, the MHP provided evidence that it disseminates practice guidelines to providers; however, no evidence was provided to demonstrate that practice guidelines are disseminated to affected beneficiaries or potential beneficiaries.</p>				
<p>The MHP did not furnish evidence to demonstrate compliance with F.C.R., title 42, section 438, subdivision 10(d)(2). The MHP must include taglines in the prevalent languages in the state, large print, explaining the availability of written translation or oral interpretation.</p> <p>While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that compliance was met as this requirement was not included in any evidence provided by the MHP. The MHP stated it would submit documentation to meet this requirement. Post review, the MHP</p>	<p>Review and identify forms/documents that do not have the taglines</p> <p>Update forms/documents to include the taglines</p> <p>Create template to be placed on all new forms/documents</p>	<p>October 1, 2023</p>	<p>Provide sample form/document with taglines</p>	

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
submitted evidence; however, it did not meet compliance.				
<p>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 CCR title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1). The tollfree telephone number provides information to beneficiaries.</p> <p>1.The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met.</p> <p>2.The caller was provided information about services needed to treat a beneficiary's urgent condition.</p> <p>6. The caller was not provided information about how to use the beneficiary problem resolution and fair hearing process.</p>	<p>1. Provide training to ACCESS agents</p> <p>2. Call Center Modernization: Develop new documentation application for ACCESS agents that provides guidance and prompts on required action for each type of call</p> <p>ACCESS Help Line will be implementing a new CXone Quality Management (QM) tool to implement QA reviews in April 2023. All supervisors will be trained on the tool. Ongoing monitoring through the QA reviews using this tool, internal test calls and routine reviews by supervisors will be completed and coaching reviews will be completed when areas for improvement are identified.</p>	December 2023	The ACCESS Help Line will maintain rosters of virtual trainings completed and sign in sheets of coaching reviews completed for QA reviews, test calls, and routine reviews.	

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
<p>The MHP did not furnish evidence to demonstrate compliance with C.C.R., title 9, chapter 11, section 1810, subdivision 405(f). The MHP must maintain a written log(s) of initial requests for SMHS.</p> <p>While the MHP submitted evidence to demonstrate compliance with this requirement, two (2) of the five (5) required DHCS test calls were not logged on the MHP's written log of initial request.</p>	<ol style="list-style-type: none"> 1. Provide training to ACCESS agents 2. Call Center Modernization: Develop new documentation application for ACCESS agents that provides guidance and prompts on required action for each type of call <p>ACCESS Help Line will be implementing a new CXone Quality Management (QM) tool to implement QA reviews in April 2023. All supervisors will be trained on the tool. Ongoing monitoring through the QA reviews using this tool, internal test calls and routine reviews by supervisors will be completed and coaching reviews will be completed when areas for improvement are identified.</p>	December 2023	The ACCESS Help Line will maintain rosters of virtual trainings completed and sign in sheets of coaching reviews completed for QA reviews, test calls, and routine reviews.	

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
<p>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.</p> <p>While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that compliance was met. The MHP provided a draft policy that included this requirement and stated that it is in the process of finalizing and implementing the draft policy.</p>	<p>Update and Finalize Authorization Policy</p> <p>N/A</p>	October 1, 2023	finalized Authorization Policy	
<p>The MHP did not furnish evidence to demonstrate compliance with MHSUDS IN, 19-026 regarding communication requirements.</p> <p>While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that compliance was met. This</p>	<p>Update and Finalize Authorization Policy</p> <p>N/A</p>	October 1, 2023	finalized Authorization Policy	

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
requirement was not included in any evidence provided by the MHP. The MHP stated it will update the policy and process and submitted a compliant draft policy that it will implement moving forward.				
<p>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).</p> <p>While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that compliance was met. The MHP provided a draft policy that included this requirement and stated that it will finalize/implement the draft policy.</p>	<p>Update and Finalize Authorization Policy</p> <p>N/A</p>	October 1, 2023	finalized Authorization Policy	
The MHP did not furnish evidence to demonstrate compliance with MHSUDS IN, 19-026. The MHP must establish and implement policies regarding prior authorization and/or MHP referral requirements for outpatient SMHS.	<p>Update and Finalize Authorization Policy</p> <p>N/A</p>	October 1, 2023	finalized Authorization Policy	

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that compliance was met. The MHP provided a draft policy that included this requirement and stated that it is in the process of finalizing/implementing the draft policy.				

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
<p>The MHP did not furnish evidence to demonstrate compliance with MHSUDS IN, 19-026. The MHP must review and make a decision regarding a provider's request for prior authorization as expeditiously</p> <p>While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident the requirement was met. Of the 25 Service Authorization Requests (SAR) reviewed by DHCS, one (1) was not completed within the timeframe. The MHP stated it would review its internal documentation and provide additional evidence to demonstrate this timeline was met. Post review, the MHP submitted</p>	<p>Update and Finalize Authorization Policy</p> <p>N/A</p>	October 1, 2023	finalized Authorization Policy	

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
timestamps documentation for SARs in question; however, one (1) remained out of compliance. DHCS deems the MHP out of compliance.				
<p>The MHP did not furnish evidence to demonstrate compliance with F.C.R., title 42, section 438, subdivision 210(d)(2). In cases in which following the standard timeframe could jeopardize the beneficiary's life or health the MHP shall make an expedited authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and no later than 72 hours.</p> <p>While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that compliance was met. The MHP provided a draft policy that included this requirement and is in the process of finalizing and implementing the draft policy. DHCS deems the MHP out of compliance.</p>	<p>Update and Finalize Authorization Policy</p> <p>N/A</p>	October 1, 2023	finalized Authorization Policy	
The MHP did not furnish evidence to demonstrate compliance with MHSUDS IN, 19-026. The MHP referral or prior authorization shall specify the amount, scope, and	<p>Update and Finalize Authorization Policy</p> <p>N/A</p>	October 1, 2023	finalized Authorization Policy	

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
<p>duration of treatment that the MHP has authorized.</p> <p>While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that compliance was met as this requirement was not included in any evidence provided the MHP. The MHP stated it will update its policy and process to meet this requirement and submitted a compliant draft policy that it will implement moving forward. DHCS deems the MHP out of compliance.</p>				
<p>The MHP did not furnish evidence to demonstrate compliance with MHSUDS IN, 19-026. The MHP must establish written policies and procedures regarding retrospective authorization of SMHS (inpatient and outpatient).</p> <p>While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that compliance was met. The MHP provided a draft policy that included this requirement and stated that it is in the process of finalizing and implementing it. DHCS deems the MHP out of compliance.</p>	<p>Update and Finalize Authorization Policy</p> <p>N/A</p>	<p>October 1, 2023</p>	<p>finalized Authorization Policy</p>	

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
<p>The MHP did not furnish evidence to demonstrate compliance with F.C.R., title 42, section 438, subdivision 400. The MHP must provide beneficiaries with a Notice of Adverse Beneficiary Determination (NOABD) under certain circumstances.</p> <p>While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides NOABDs to beneficiaries for failure to provide services in a timely manner and the failure to act within timeframes regarding the standard resolution of grievances and appeals. Of the 50 physician appointments reviewed by DHCS, six (6) did not meet timeliness standards; of the 50 urgent appointments reviewed, 33 did not meet timeliness standards. It was not evident that NOABDs were provided to these beneficiaries. Of the 33 grievances reviewed, it was not evident that NOABDs were provided for the 16 grievances that were not resolved within DHCS timeframes. DHCS deems the MHP out of compliance.</p>	<ol style="list-style-type: none"> 1. Provide training and reminder regarding NOABD issuance 2. Provide pop-up reminder in timely access tracking system related to completion of NOABD, when needed <p>Develop and implement NOABD monitoring process</p>	<p>July 1, 2023</p>	<ol style="list-style-type: none"> 1. QA/QI Meeting PowerPoint 2. Screenshots of reminder 	

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
<p>The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 12, and F.C.R., title 42, section 438, subdivision 402(b) and 228(a). The MHP must have only one level of appeal for beneficiaries.</p> <p>While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has only one level of appeal for beneficiaries. The MHP stated it will update its policy and process to include this requirement however, no additional evidence was provided post review. DHCS deems the MHP out of compliance.</p>	<p>Update and finalize policy on appeals and how they are to be tracked and managed.</p>	<p>October 1, 2023</p>	<p>Policy 200.04</p>	
<p>The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 12, F.C.R., title 42, section 438, subdivision 406(b)(1), and MHSUDS IN, No. 18-010E. The MHP must acknowledge receipt of each grievance, appeal, and request for expedited appeal in writing including specified requirements.</p> <p>While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that</p>	<p>Develop and implement written desk reference</p> <p>Standards have been in put in place to receive grievances and appeals, track, assign, and mail an acknowledgement letter within 1-3 days of PROs receipt of the grievance. The 'out of purview' letter is no longer the resolution letter and only used when applicable. Policy will be</p>	<p>March 1, 2023</p>	<p>Written desk reference</p>	

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
<p>the MHP sends acknowledgement of receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing within five (5) calendar days of receipt. Of the 33 grievances reviewed, 31 acknowledgement letters were sent beyond the five (5) calendar day timeline or were missing. Per the discussion during the review, the MHP stated it uses the Out of Purview letter as the Resolution Notice, in lieu of the Acknowledgment of Receipt letter, when it is determined the grievance cannot be addressed by the MHP. The MHP was provided the opportunity to submit evidence of this process however, no additional evidence was provided post review.</p>	<p>drafted to reiterate the process for the acknowledgement letters.</p> <p>The grievances and grievance log are monitored on a daily, weekly, and monthly basis for accuracy and completion of tasks.</p>			
<p>The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 12. At the beneficiary's request, the MHP must identify staff or another individual-responsible for assisting a beneficiary in writing the grievance, appeal, or expedited appeal.</p> <p>While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that compliance was met as this</p>	<p>PRO will revise the current brochure to include this language pertaining to providing assistance in writing the grievance.</p>	<p>October 1, 2023</p>	<p>Updated Patients' Rights Brochure</p>	

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
requirement was not included in any evidence provided by the MHP. The MHP stated it would update the policy however, post review, the MHP submitted Grievance Appeal Procedure Brochure that did not include the required language. DHCS deems the MHP out of compliance.				

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
<p>The MHP did not furnish evidence to demonstrate compliance with F.C.R., title 42, section 438, subdivision 416 and CCR, title 9, section 1850, subdivision 205. The MHP must maintain a grievance and appeal log updated within one working day of receipt of the grievance, appeal, or expedited appeal.</p> <p>While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that compliance was met. Of the 33 grievances reviewed by DHCS, zero (0) were logged within one (1) working day of the date of receipt of the grievance. The MHP</p>	<p>Develop and implement written desk reference</p> <p>The grievances and grievance log are monitored on a daily, weekly, and monthly basis for accuracy and completion of tasks.</p>	March 1, 2023	Written desk reference	

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
acknowledged this deficiency and was provided the opportunity to submit additional evidence to meet this requirement; however, no additional evidence was provided post review. DHCS deems the MHP out of compliance.				
<p>The MHP did not furnish evidence to demonstrate compliance with F.C.R., title 42, section 438, subdivision 408(a)-(b)(1). The MHP must resolve each grievance as expeditiously as the beneficiary's health condition requires not to exceed 90 calendar days.</p> <p>While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP resolves each grievance within the 90-day timeliness standard. Of the 33 grievances reviewed by DHCS, 16 were not resolved within the timeframe. The MHP acknowledged its process was inconsistent during the review period and it is working to improve timeliness.</p>	<p>Develop and implement new internal procedures for handling grievances</p> <p>Develop and implement procedure for monitoring the timelines</p> <p>Monitored weekly by supervisors and the grievance team.</p>	March 1,2023	Written desk reference	
The MHP did not furnish evidence to demonstrate compliance with MHSUDS IN, No.18-010E. The MHP must use a written Notice of	Develop and implement new internal procedures for handling grievances	March 1, 2023	Written desk reference	

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
<p>Grievance Resolution to notify beneficiary of the results of a grievance resolution, which shall contain a clear and concise explanation of the Plan's decision.</p> <p>While the MHP submitted evidence to demonstrate with this requirement, it is not evident that compliance was met. It was not evident that one (1) of 33 required resolution letters was sent to the beneficiary. The MHP stated clerical staff is responsible for logging and sending resolution notices and it would review its process. The MHP was provided the opportunity to submit evidence of this process; however, no additional evidence was provided post review. DHCS deems the MHP out of compliance.</p>	<p>Reviewed by grievance team, supervisors, and manager, on a weekly basis.</p>			
<p>The MHP did not furnish evidence to demonstrate compliance with F.C.R., title 42, section 438, subdivision 410(b). The MHP must ensure that punitive action is not taken against a provider who requests an expedited resolution or supports a beneficiary's expedited appeal.</p>	<p>Update and finalize policy to ensure punitive action will not be taken</p>	<p>October 1, 2023</p>	<p>Policy 200.04</p>	

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
<p>While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that compliance was met as this requirement was not included in any evidence provided by the MHP. The MHP said it will update the policy and process to meet this requirement. No additional evidence was provided post review. DHCS deems the MHP out of compliance.</p>				
<p>The MHP did not furnish evidence to demonstrate compliance with F.C.R., title 42, section 438, subdivision 408(d)(2); C.C.R., 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.</p> <p>While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that compliance was met as this requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP said it will update the policy and process to meet this requirement. However, no additional evidence was provided.</p>	<p>Develop and implement new internal procedures providing a written notice of the expedited appeal disposition and make reasonable efforts to provide oral notice</p> <p>Monitored weekly by supervisors and the grievance team.</p>	<p>October 1, 2023</p>	<p>Written desk reference</p>	

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
DHCS deems the MHP out of compliance.				

Submitted by: [Plan's Signature on File]

Date: 8/1/2025

Title: Jennifer Hallman, LCSW/MPA, Chief of Quality Assurance