



Behavioral Health

**Fiscal Year 2021/2022
Medi-Cal Specialty Mental Health Services
Triennial Review**

Corrective Action Plan System Review

February 2023



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Category 1: Network Adequacy and Availability of Services

Requirement 1.1.3

The MHP shall meet, and require its providers to meet, DHCS standards for timely access to care and services, taking into account the urgency of need for services. (42 C.F.R. § 438.206(c)(1)(i); WIC, § 14197; MHP Contract, Ex. A, Att. 8, sec. 4(A)(1); see CCR, tit. 28, § 1300.67.2.2(c)(5); BHIN No. 20-012.) NOTE: Non-urgent and non-physician appointments are monitored through the Network Adequacy data submission process. Triennial reviews focus on timeliness of all urgent appointments and physician appointments.

Except as provided in CCR, title 9, section 1300.67.2.2(c)(5)(G),

- Urgent care appointments for services that do not require prior authorization must be provided within 48 hours of the request for appointment.
- Urgent care appointments for services that require prior authorization must be provided within 96 hours of the request for appointment.

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, and require 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. Urgent care appointments for services that require prior authorization: within 96 hours of the request for appointment

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP implements Department standards for timely access to care and services, taking into account the urgency of need for services. Of the 50 physician appointments reviewed by DHCS, 22 did not meet timeliness standards. Of the 50 urgent appointments reviewed, 19 did not meet timeliness standards. Per the discussion during the review, the MHP stated that timely access data is compiled from various platforms within the electronic health record system, and it is aware that appointments are not meeting the timeliness standard. The MHP has identified gaps in data collection and is implementing new processes to improve timeliness and analysis of appointment data moving forward.

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



Corrective Action Description

The Department of Behavioral Health (DBH) continues to expand psychiatrist recruitment and retention efforts. DBH continues to heavily recruit from the psychiatry residency programs located within our county and have a transition to practice/recruitment lecture that is given annually to each program. DBH is working on establishing paid recruitment/targeted physician advertising to increase our online presence and reach. DBH is also exploring locum tenens options as a bridge solution.

DBH Quality Management (QM) co-facilitates the Monitoring Timeliness Subcommittee meeting monthly. This meeting is attended by Deputy Directors, Senior Program Managers, Program Manager IIs, Staff Analysts, and Contract Agency staff. During this meeting, various timeliness reports are presented. One of the activities of this subcommittee is to develop strategies to be compliant with the minimum percentage and timeliness of appointments, monitor timeliness, and disseminate information to the Quality Management Action Committee and DBH leadership.

To ensure compliance with the timely access requirement, DBH will do the following:

- DBH QM will continue to have the monthly Monitoring Timeliness Subcommittee. During this meeting, DBH Research and Evaluation (R&E) will present the various timeliness reports for both DBH clinics and contract agencies. The subcommittee members will develop strategies to address any issues that are found.
- DBH R&E will develop actionable reports for the Initial Contact Log (ICL) and CSI assessment record that will help to encourage the accurate use of those tools to record timeliness. These reports will determine if anything is missing and will be sent to the staff for action to correct.
- DBH QM, DBH R&E, and DBH Information Technology (IT) will revise the current ICL to add fields for date and time of second and third offered appointment so this can be entered and tracked.
- DBH R&E will develop a How-To documentation guide for the revised Initial Contact Log (ICL).
- DBH R&E and DBH QM will work with DBH Workforce Education and Training (WET) to develop a training for staff on the revised ICL based on the ICL How-To guide. The training will include information on how to complete the revised ICL and advisement of timely access standards.
- DBH WET will put ICL training in Relias (DBHs Learning Management System).
- DBH and contract agency staff that are required to complete the ICL will be assigned this training once available.
- DBH WET will create training records for record keeping of who completed the training.
- DBH QM will send quarterly reminder notices to all DBH programs and contract agencies of timely access standards.



Proposed Evidence/Documentation of Correction

Proposed evidence of correction includes the following:

- DBH provided copy of ICL How-To Guide
- DBH provided screenshot of revised ICL form that will be uploaded to DBH's Electronic Health Record (EHR), myAvatar
- Creation of actionable timeliness reports for the ICL and CSI assessment record that will be sent to staff
- Training materials for revised ICL
- Records of completed ICL trainings
- Quarterly reminder notices regarding timely access standards

List of Evidence/Documentation Included:

- 1_1.1.3_ICL How-To Guide
- 1_1.1.3_Revised ICL

Ongoing Monitoring (if included)

- DBH will continue to review the timeliness reports monthly at the Monitoring Timeliness Subcommittee.
- DBH R&E will send actionable timeliness reports to staff monthly once created.

Person Responsible (job title)

DBH R&E Behavioral Health Informatics Manager
DBH QM Program Manager II and Program Manager I
DBH WET Training and Development Specialist

Implementation Timeline:

- DBH IT has uploaded revised ICL into testing environment of EHR. Testing has been successfully completed.
- DBH IT will upload revised ICL into the TRAIN environment upon completion of ICL training materials.
- DBH R&E will create and implement new actionable timeliness reports by May 2023.
- DBH WET will complete training materials for the revised ICL and have the training available by June 2023.
- Training for DBH and contract agency staff will be conducted in June and July 2023.
- DBH QM will send reminders regarding timely access standards in March 2023, June 2023, September 2023, and December 2023.

Category 1: Network Adequacy and Availability of Services

Requirement 1.4.4

The MHP shall certify, or use another MHP's certification documents to certify, the organizational providers that subcontract with the MHP to provide SMHS, in accordance



with California Code of Regulations, title 9, section 1810.435. (MHP Contract, Ex. A, Att. 8, sec. 8(D).)

DHCS Finding 1.4.4

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, in accordance with California Code of Regulations, title 9, section 1810, subsection 435.

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP certifies, or uses another MHP's certification documents to certify, the organizational providers that subcontract with the MHP to provide SMHS. Of the 162 MHP providers sites, five (5) had overdue certifications. Per the discussion during the review, the MHP stated it was aware of these overdue providers and was in the process of submitting documentation to DHCS for processing. Post review, the MHP submitted additional evidence demonstrating the certification for the five (5) contracted providers were renewed; however, the renewal occurred after the review period.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 8.

Corrective Action Description

The Department of Behavioral Health (DBH) Quality Management (QM) submitted the five (5) overdue certifications, and all have been approved by the Department of Health Care Services (DHCS) DMH Certification Unit.

DBH QM will continue to notify county and contract providers of upcoming Medi-Cal re-certifications one (1) month prior to certification expiration date to ensure compliance with obtaining a current fire clearance (if needed) for the on-site review.

DBH QM Clinic Supervisor to review documentation for Medi-Cal certifications/re-certifications for accuracy prior to submission to QM Program Manager II (MH Designee) for signature by reviewing both the Provider Management Information System (PIMS) and the National Plan and Provider Enumeration System (NPPES) websites to ensure accuracy of Provider information prior to submitting forms to DHCS DMH Certification unit for approval.

DBH Program Managers/contract monitors will submit documentation to inactivate Medi-Cal providers if contracts have been terminated within thirty (30) days of contract termination date. Program Managers/contract monitors will then request Medi-Cal Certification for any providers that receive a new contract if previously Medi-Cal certified with San Bernardino County.

Proposed Evidence/Documentation of Correction

Proposed evidence of correction includes the following:



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- DBH QM provided signed DHCS transmittals and screenshot of PIMS website approving Medi-Cal re-certification for the following programs:
 - South Coast Community Services (36DB) (Rancho Cucamonga)
 - South Coast Community Services (36FP) (Upland)
 - CHOICE San Bernardino (36GP) formerly known as Day Reporting Center SB
 - Boys Republic (36IB)
 - A Greater Hope (36IF)

List of Evidence/Documentation Included:

- 1_1.4.4_DHCS 1735 SB 36FP RECERT 9.7.22
- 1_1.4.4_DHCS 1735 SB 36IB RECERT 9.7.22
- 1_1.4.4_DHCS 1735 SB 36IF RECERT NAME CHG 9.6.22
- 1_1.4.4_DHCS 1737 SB 36GP RECERT NM CHG 9.8.22
- 1_1.4.4_PIMS website - A Greater Hope (36IF)
- 1_1.4.4_PIMS website - Boys Republic (36IB)
- 1_1.4.4_PIMS website - CHOICE San Bernardino (36GP)
- 1_1.4.4_PIMS website - South Coast Community Services (36DB)
- 1_1.4.4_PIMS website - South Coast Community Services (36FP)
- 1_1.4.4_TICKET 995441 DHCS 1735 SB 36DB RECERT ADD CHG 10.12.22

Ongoing Monitoring (if included)

- DBH QM will follow up weekly with programs needing to obtain a current fire clearance to cover on-site review. Programs will be notified that Medi-Cal certification will lapse if on-site review is not completed prior to the current certification expiration date.
- DBH QM will reach out to DBH Program Managers/contract monitors upon learning of any contract terminations to ensure timely submission of documentation needed to terminate providers in the PIMS system.

Person Responsible (job title)

DBH QM Clinic Supervisor

Implementation Timeline: DBH QM has already implemented this process.

Category 3: Quality Assurance and Performance Improvement

Requirement 3.5.1

The MHP has practice guidelines, which meet the requirements of the MHP Contract.

(MHP Contract, Ex. A, Att. 5, sec. 6(A); 42 C.F.R. § 438.236(b); CCR, tit. 9, § 1810.326.)



DHCS Finding 3.5.1

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

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has established practice guidelines that meet the requirements of the MHP Contract. Per the discussion during the review, the MHP stated it has established and implemented practice guidelines. Post review, the MHP submitted several medication clinical guidelines; however, no evidence was provided demonstrating that the MHP has practice guidelines established.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, Federal Code of Regulations, title 42, section 438, subdivision 236(b), and California Code of Regulations, title 9, section 1810, subdivision 326.

Corrective Action Description

To ensure compliance with this requirement, the Department of Behavioral Health (DBH) Medical Services will finalize establishment of medication treatment guidelines for the following classes of medications: antidepressants, antipsychotics, sedative/hypnotics, and mood stabilizers. Then, per DBH process, they will be submitted to the DBH Compliance Unit for final review/editing. DBH anticipates this process may take up to several months to complete.

Proposed Evidence/Documentation of Correction

Proposed evidence includes the following:

- Published practice guidelines for the following classes of medications will be updated: antidepressants, antipsychotics, sedative/hypnotics, and mood stabilizers.

Ongoing Monitoring (if included)

Published practice guidelines related to DBH Medical Services will be updated at least every 24 months from the time of last revision.

Person Responsible (job title)

Associate Medical Director, Medical Services/Quality Management
Ethics and Compliance Coordinator, Office of Compliance

Implementation Timeline: Work has already begun on finalizing the four (4) medication treatment guidelines. One (antidepressants) was already submitted to DBH Compliance for final review on 10/6/2022. Associate Medical Director for Medical Services/Quality Management is finalizing the final three (3) medication treatment guidelines, for submission to DBH Compliance for final review. Final approval/adoption of the four (4) treatment guidelines will occur no later than 7/1/2023.



Please describe how the medication treatment guidelines for the 4 classes of medications meet the requirements of practice guideline of MHP?

These specific medication treatment guidelines (Antidepressant, Sedative/Hypnotics, Mood Stabilizers, and Antipsychotics) were created by the consensus of health care professionals (Associate Medical Directors, Clinical Medical Directors, and Psychiatrists) based on valid and reliable clinical evidence.

The four (4) classes of medications have been used to treat the most common conditions for the mental health population that are being used by prescribers including contractors. The MHP providers follow these guidelines to address patient's mental health needs based on diagnosis. Monitoring is conducted through a medication monitoring peer review process to ensure medications are prescribed within the guidelines.

These guidelines were discussed and distributed during the monthly Medical Services (Physician) meeting. Published practice guidelines related to DBH Medical Services will be updated at least every twenty-four (24) months from the time of last revision.

The guidelines will be posted on the DBH website by 7/1/2023.

Category 3: Quality Assurance and Performance Improvement

Requirement 3.5.2

The MHP shall disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries. (MHP Contract, Ex. A, Att. 5, sec. 6(c); 42 C.F.R. § 438.236(c); CCR, tit. 9, § 1810.326.)

DHCS Finding 3.5.2

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

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP disseminates the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries. Per the discussion during the review, the MHP stated that practice guidelines are discussed in the medical services meetings and are disseminated to providers via email. Post review, the MHP provided evidence that it disseminates its clinical guidelines to its providers; however, no evidence



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was provided that demonstrated practice guidelines are disseminated to affected providers, beneficiaries or potential beneficiaries.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, Federal Code of Regulations, title 42, section 438, subdivision 236(b), and California Code of Regulations, title 9, section 1810, subdivision 326.

Corrective Action Description

DBH Medical Services staff met to discuss plan to meet this requirement on 1/26/23. On 1/30/2023, the Associate Medical Director of Medical Services/Quality Management spoke with a Compliance Case Review Specialist from DBH Office of Compliance to clarify department processes and timelines for disseminating guidelines to all affected providers, beneficiaries, or potential beneficiaries.

Per CAP for related finding, 3.5.1, DBH Medical Services is currently working on finalizing medication treatment guidelines for the following classes of medications: antidepressants, antipsychotics, sedative/hypnotics, and mood stabilizers. Once completed, then, per DBH process, they will be submitted to the DBH Office of Compliance for final review/editing. DBH anticipates this process will take a few months to complete.

Once the medication treatment guidelines receive final approval via DBH Office of Compliance and are signed by the DBH Director, they will be posted publicly to the following website: <https://wp.sbcounty.gov/dbh/forms/>, under the Standard Practice Guidelines tab. In addition, DBH Office of Compliance will issue a 'Web Blast' e-mail to DBH providers advising them of the posting of the treatment guidelines.

If beneficiaries or prospective beneficiaries inquire about the medication treatment guidelines established by DBH, they will be directed to the public website noted above.

Proposed Evidence/Documentation of Correction

Proposed evidence includes the following:

- Published practice guidelines for the following classes of medications will be updated: antidepressants, antipsychotics, sedative/hypnotics, and mood stabilizers.

Ongoing Monitoring (if included)

Published practice guidelines related to DBH Medical Services will be updated at least every 24 months from the time of last revision.

Person Responsible (job title)

Associate Medical Director, Medical Services/Quality Management
Ethics and Compliance Coordinator, Office of Compliance



Implementation Timeline: DBH medication treatment guidelines will be posted publicly to the website at: <https://wp.sbcounty.gov/dbh/forms/> no later than 7/1/2023.

Category 4: Access and Information Requirements

Requirement 4.3.4

The written log(s) contain the following required elements:

- a) Name of the beneficiary.
- b) Date of the request.
- c) 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 in writing. The written log(s) must contain name of the beneficiary, date of the request, and initial disposition of the request.

While the MHP submitted evidence to demonstrate compliance with this requirement, one (1) of the five (5) required DHCS test calls was not logged on the MHP’s written log of initial request. The table below summarizes DHCS’ findings pertaining to 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	12/20/2021	7:52 a.m.	IN	IN	IN
2	04/27/2022	10:03 a.m.	OOC	OOC	OOC
3	06/01/2022	9:57 p.m.	IN	IN	IN
4	05/02/2022	7:45 a.m.	IN	IN	IN
5	05/27/2022	2:09 p.m.	IIN	IN	IN
Compliance Percentage			80%	80%	80%

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

Corrective Action Description

To ensure compliance with California Code for Regulations, title 9, chapter 11, section 1810, subdivision 405(f), the Department of Behavioral Health (DBH) Quality Management (QM) 24/7 Access Line continues to utilize the Electronic Health Record (EHR), myAvatar, to complete the Initial Contact Log (ICL) to record the name of the



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beneficiary, the date of the request, and the initial disposition for all calls regarding initial requests for services.

The DBH Quality Management (QM) Clinic Supervisor has sent an email to staff responsible for the 24/7 Access Line reminding them of the requirement to log all calls received and include the necessary information.

The DBH QM Clinic Supervisor will conduct refresher trainings for the 24/7 Access Line staff, both business hours and afterhours, to review expectations and call logging requirements.

Proposed Evidence/Documentation of Correction

Proposed evidence includes the following:

- Provided email reminder that was sent to 24/7 Access Line staff on 1/13/2023.
- Provided Power Point presentations for refresher trainings for business and after hours staff.
- Provided sign in sheets for refresher trainings for business and after hours staff.

List of Evidence/Documentation included:

- 4_4.3.4_Email_Logging All Calls_1.13.23
- 4_4.3.4_24.7 Access Line After Hours Training_2023
- 4_4.3.4_24.7 Access Line Day Staff Training_2023
- 4_4.3.4_Call Center Refresher Training Sign In_Day Staff 2_2.7.23
- 4_4.3.4_Call Center Refresher Training Sign In_Day Staff_2.7.23
- 4_4.3.4_Call Center Refresher Training Sign In_Day Staff_2.9.23
- 4_4.3.4_After Hours Call Center Refresher Training Sign In_2.8.23
- 4_4.3.4_After Hours Call Center Refresher Training Sign In_2.9.23

Ongoing Monitoring (if included)

DBH QM Clinic Supervisor will monitor ICLs entered into the EHR/myAvatar system to ensure that ICLs are completed per requirements. In addition, QM Clinic Supervisor will review monthly test calls to ensure adherence to requirements. Should any issues arise, additional trainings will be provided to address these issues in a timely manner.

Person Responsible (job title)

DBH QM Mental Health Clinic Supervisor

Implementation Timeline: 24/7 Access Line refresher trainings for business hours staff were conducted on 2/7/23 and 2/9/23. 24/7 Access Line refresher trainings for after hours staff were conducted on 2/8/23 and 2/9/23.



Category 5: Coverage and Authorization of Services

Requirement 5.1.3

The MHP shall notify the requesting provider, and give the beneficiary written notice of any decision by the MHP to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested. (MHP Contract, Ex. A, Att. 6, sec. 2(A)(4); 42 C.F.R. § 438.210(c).)

DHCS Finding 5.1.3

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(c). The MHP must notify the requesting provider, and give the beneficiary written notice of any decision by the Contractor to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested.

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP gives requesting providers or beneficiaries written notice of any decision to deny service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested. Of the 50 Treatment Authorization Requests (TARs) reviewed, 17 were modified. DHCS was not provided evidence of the required Notice of Adverse Beneficiary Determinations (NOABD) sent to the providers or beneficiaries for these TARs. Per the discussion during the review, the MHP acknowledged that there was no record of NOABDs sent for the 17 modified authorizations in question.

DHCS deems the MHP out of compliance with MHP contract; exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(c).

Corrective Action Description

To ensure compliance with MHP contract; exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(c), DBH Quality Management (QM) Inpatient Utilization Review staff completed an internal training 9/13/22 on how to properly complete modification notice NOABD's. Effective 9/14/22, DBH QM began issuing modification notice NOABD's in addition to payment denial NOABDs, when indicated by their clinical utilization review for inpatient psychiatric hospitalizations.

DBH QM clerical staff will log NOABDs that are sent to beneficiaries and providers. DBH QM created a tracking log to track all NOABD's sent by the QM Inpatient Utilization unit to beneficiaries. If an NOABD is not able to be sent to a beneficiary, the reason why will be noted in the log.

DBH QM met with clerical staff on 1/25/23 to review the NOABD tracking procedure. Effective 1/26/23, DBH QM clerical staff began utilizing tracking log.



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DBH QM updated NOABD tracking log on 2/15/23 to also include columns for tracking if the NOABD was sent to the provider and the date sent.

DBH QM clerical staff will continue to send all completed NOABDs to the DBH QM Access Unit who electronically file all completed NOABDs for DBH.

Proposed Evidence/Documentation of Correction

Proposed evidence includes:

- Provided correspondence sent to QM staff for Inpatient NOABDs
- Provided agenda, sign in sheet, and procedure included for the training conducted on 9/13/22
- Provided copy of modified NOABD Notice Template Form
- Provided copy of NOABD Tracking Log
- Provided copy of clerical training agenda for utilizing NOABD tracking log

List of Evidence/Documentation included:

- 5_5.1.3_QM_ Inpatient Utilization_09.07.2022_Correspondance for Inpatient NOABDs
- 5_5.1.3_QM_ Inpatient Utilization_09.13.2022_Modification-Notice-NOABD-QM030_E (3)
- 5_5.1.3_QM_ Inpatient Utilization_09.13.2022_Training minutes and sign in sheet
- 5_5.1.3_QM_ Inpatient Utilization_NOABD Procedure QM6029-4
- 5_5.1.3_QM_MOD NOABD
- 5_5.1.3_NOABD Tracking Log
- 5_5.1.3_QM_ Inpatient Utilization_QM Clerical Staff Meeting 1.25.23

Ongoing Monitoring (if included)

DBH QM Office Assistant IV will monitor the proper completion of the Inpatient NOABD tracking log.

DBH QM Inpatient Utilization staff will continue to send copies of modification notice NOABD's to DBH QM Access Unit who will electronically save all completed NOABD's.

Person Responsible (job title)

DBH QM Program Manager II, DBH QM Nurse Supervisor, DBH QM Clinic Supervisor, DBH QM Supervising Office Assistant, DBH QM Office Assistant IV

Implementation Timeline:

- DBH QM Inpatient Utilization unit implemented sending modification notice NOABDs in addition to payment denial NOABDs as of 9/14/22.
- DBH QM met with clerical staff on 1/25/23 to review NOABD tracking procedure and implemented as of 1/26/23.



Category 5: Coverage and Authorization of Services

Requirement 5.2.8

MHPs must review and make a decision regarding a provider’s request for prior authorization as expeditiously as the beneficiary’s mental health condition requires, and not to exceed five (5) business days from the MHP’s receipt of the information reasonably necessary and requested by the MHP to make the determination. (MHSUDS IN No. 19-026.)

DHCS Finding 5.2.8

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 as the beneficiary’s mental health condition requires, and not to exceed five (5) business days from the MHP’s receipt of the information reasonably necessary and requested by the MHP to make the determination.

DHCS reviewed samples of authorizations to verify compliance with regulatory requirements. The service authorization sample verification findings are detailed below:

Requirement	# of Services Authorizations in compliance	# of Service Authorizations out of compliance	Compliance Percentage
Regular Authorization: The MHP makes a decision regarding a provider’s request for prior authorization not to exceed five (5) business days from the MHP’s receipt of the information reasonably necessary and requested by the MHP to make the determination.	23	2	92%

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident the MHP reviews and makes decision regarding a provider’s request for prior authorization as expeditiously as the beneficiary’s mental health condition requires, and not to exceed five (5) business days from the MHP’s receipt of the information reasonably necessary and requested by the MHP to make the determination. Of the 25 Service Authorization Requests (SARs) reviewed, two (2) were not approved within the required timeframe. The MHP stated that due to staff working remotely, the SAR receipt dates are being documented via email as well as date stamp and it would review the SARs in question to submit evidence of compliance. Post review, the MHP submitted a tracking log that included highlighted receipt dates for the SARs in questions; however,



the evidence did not demonstrate that two (2) SARs were completed within five (5) business days of receipt of request.

DHCS deems the MHP in partial compliance with MHSUDS 19-026.

Corrective Action Description

To ensure compliance with MHSUDS 19-026, the Department of Behavioral Health (DBH) Quality Management (QM) Authorizations Unit has developed and implemented a new process to ensure compliance with the authorization timelines. The following steps have been implemented to ensure authorization request receipt dates are recorded and authorizations are reviewed, and decision made within required timelines:

- Clerical staff monitor the Authorizations email inbox throughout the day.
- Upon receipt of a new authorization request, the clerical staff download (or screen shot) the encrypted email and any attachments.
- Clerical staff ensure the essential information such as date and time sent as well as the name and contact of provider are captured.
- Clerical staff check Medi-Cal eligibility and save a copy of the eligibility response.
- The email and additional authorization documentation, Medi-Cal eligibility response and blank Clinician authorization checklist form are then saved in an electronic shared folder by type of authorization.
- Clerical staff then log the following information in the Clerical tracking log:
 - Last name
 - First name
 - Date of Birth
 - Type of authorization
 - Location of Services (County/Program Name)
 - Date Received
 - Processing Clerk's Name
 - Comments
 - Agency/Contact Person
 - Email
- The Clinicians monitor the share folders throughout the day.
- The Clinician retrieves the authorization packet from the share folder.
- The Clinician logs the following information on the Clinician tracking log:
 - Retrieved Date (this shows the number of days from receipt to when Clinician reviews)
 - Beneficiary's Name
 - Authorization Type (Initial, Re-Authorization, Approval, Ineligible, Denied, Pending)
 - TAR, SAR, Discharge
 - Program's Name
 - Stamp Date (this shows the date the authorization was received)



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- Upon review and approval, the Clinician sends the completed authorization form to the provider
- The Clinician then updates the Clinician tracking log with the following information:
 - Notes
 - DBH QM Staff's Name
 - Completed Date
 - Staff's Initial When Completed
- The completed authorization packet is then saved in the corresponding completed folder in the electronic share drive
- Clerical staff update the Clerical tracking log with the following information:
 - Clinician Assigned
 - Date Approved
- Following the Triennial Review, the Clinical Therapist II met with the Authorizations staff to review the new process and ensure staff were following the new steps
- DBH QM Program Manager II and Clinic Supervisor met with Authorizations clerical staff on 1/26/23 to review process and ensure compliance

Proposed Evidence/Documentation of Correction

Proposed evidence includes the following:

- Provided sample of downloaded encrypted email received.
- Provided refresher training agenda.

List of Evidence/Documentation included:

- 5_5.2.8_QM_Authorizations Sample Email
- 5_5.2.8_QM_Authorizations Refresher Training Agenda_1.26.23

Ongoing Monitoring (if included)

DBH QM Clinic Supervisor will continue to have weekly team meeting with the Authorizations staff. DBH QM Clinic Supervisor will continue to monitor tracking logs to ensure compliance with timeframes.

Person Responsible (job title)

DBH QM Clinic Supervisor, Clinical Therapist II, Clinical Therapist I's, Office Assistant III's

Implementation Timeline: DBH QM Authorizations Unit has already implemented this process.



Category 5: Coverage and Authorization of Services

Requirement 5.3.3

If the MHP in the county of original jurisdiction has completed an assessment of needed services for the foster child, the MHP in the county in which the foster child resides shall accept that assessment. (WIC, § 14717.1, subd. (e).)

DHCS Finding 5.3.3

The MHP did not furnish evidence to demonstrate compliance with California Welfare and Institution Code, section 14717, subdivision 1(f). The MHP must ensure the MHP in the county of original jurisdiction has completed an assessment of needed services for the foster child, the MHP in the county in which the foster child resides shall accept that assessment.

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures that when the MHP in the county of original jurisdiction has completed an assessment of needed services for the foster child, the MHP accepts that assessment. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated this is a rare occurrence and it will update the policy with the required language to meet this requirement. No additional evidence was provided post review.

DHCS deems the MHP out of compliance with California Welfare and Institution Code, section 14717, subdivision 1(f).

Corrective Action Description

To ensure compliance with California Welfare and Institution Code, section 14717, subdivision 1(f), the Department of Behavioral Health (DBH) Children and Youth Collaborative Services (CYCS) will update the following procedure CHD0311-1 which is the Services for Children Placed Out-Of-County, Foster, and Probationary Youth Procedure. DBH will include the required language to ensure that San Bernardino County MHP will accept assessment completed by county of jurisdiction of needed services for the foster/probation child.

Proposed Evidence/Documentation of Correction

Proposed evidence includes the following:

- DBH provided revised procedure CHD0311-1 Services for Children Placed Out-Of-County, Foster, and Probationary Youth Procedure (language highlighted on page 3 of 5).

List of Evidence/Documentation included:

- 5_5.3.3_CHD0311-1_Services for Children Placed OOC (Foster)(Probationary)_Final



Ongoing Monitoring (if included)

DBH AB1299 Mental Health Clinic Supervisor will be reviewing with AB1299 case managers to ask county of jurisdiction for completed mental health assessment if Notice of Presumptive Transfer packet indicates that an assessment has been completed to demonstrate that a youth has mental health needs.

Person Responsible (job title)

DBH CYCS AB1299 Mental Health Clinic Supervisor

Implementation Timeline:

CHD0311-1 Services for Children Placed Out-Of-County, Foster, and Probationary Youth Procedure was revised effective 2/16/23.

Category 5: Coverage and Authorization of Services

Requirement 5.3.8

Pursuant to (W&I) Code Section 14717.1(b)(2)(F), the MHP has a procedure for expedited transfers within 48 hours of placement of the foster child or youth outside of the county of original jurisdiction. (MHSUDS IN No. 18-027; see WIC § 14717.1, subd. (b)(2)(F), (g).)

DHCS Finding 5.3.8

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-027, and California Welfare and Institution Code, section 14717, subdivision 1(b). The MHP must have a procedure for expedited transfers within 48-hours of placement of the foster child or youth outside of the county of original jurisdiction.

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a procedure for expedited transfers within 48-hours of placement of the foster child or youth outside of the county of original jurisdiction. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it will update the policy with the required language to meet this requirement. No additional evidence was provided post review.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-027, and California Welfare and Institution Code, section 14717, subdivision 1(b).

Corrective Action Description



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The Department of Behavioral Health (DBH) AB1299 unit receives Notification of Presumptive Transfer (NOPT) when county of jurisdiction provides it to county of residence. Urgent referrals received by AB1299 unit are assigned to a case manager. AB1299 case manager will review information provided on urgent/expedited referrals assigned and within 48 hours, will make contact with client/caregiver/social worker/probation officer to complete screening to assess for reason for urgent/expedited referral. Typical indicators of urgent need are high reports of behavioral or emotional issues on Pediatric Symptom Checklist 35, current danger to self or others behaviors, at risk for losing placement, frequent placement changes due to behavioral problems or have had a recent hospitalization. If a client has any indicators noted above, or any others that are not listed but are urgent needs, an AB1299 clinician will be assigned to the client. It has occurred in the past where urgent/expedited was noted on NOPT. However, after AB1299 case manager completes screening, there are no indicators of urgent/expedited needs.

To ensure compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-027, and California Welfare and Institution Code, section 14717, subdivision 1(b), DBH Children and Youth Collaborative (CYCS) will revise procedure CHD0311-1 which is the Services for Children Placed Out-Of-County, Foster, and Probationary Youth Procedure. DBH CYSC will include the required language to ensure that San Bernardino County MHP has a procedure for expedited transfers within 48 hours of placement of the foster child or youth outside of the county of original jurisdiction.

Proposed Evidence/Documentation of Correction

Proposed evidence includes:

- DBH provided revised procedure CHD0311-1 Services for Children Placed Out-Of-County, Foster, and Probationary Youth Procedure (language highlighted on page 3 of 5).

List of Evidence/Documentation included:

- 5_5.3.8_CHD0311-1_Services for Children Placed OOC (Foster)(Probationary)_Final

Ongoing Monitoring (if included)

DBH AB1299 Mental Health Clinic Supervisor will be reviewing with AB1299 case managers the requirements and indicators for urgent/expedited referrals.

Person Responsible (job title)

DBH CYCS AB1299 Mental Health Clinic Supervisor

Implementation Timeline:



CHD0311-1 Services for Children Placed Out-Of-County, Foster, and Probationary Youth Procedure was revised effective 2/16/23.

Category 5: Coverage and Authorization of Services

Requirement 5.4.1

The MHP must provide beneficiaries with a NOABD under the following circumstances:

- 1) The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of covered benefit. (42 C.F.R. § 438.400(b)(1).)
- 2) The reduction, suspension or termination of a previously authorized service. (42 C.F.R. § 438.400(b)(2).)
- 3) The denial, in whole or in part, of a payment for service. (42 C.F.R. § 438.400(b)(3).)
- 4) The failure to provide services in a timely manner. (42 C.F.R. § 438.400(b)(4).)
- 5) The failure to act within timeframes provided in 42 C.F.R. § 438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals. (42 C.F.R. § 438.400(b)(5).)
- 6) The denial of a beneficiary's request to dispute financial liability, including cost sharing and other beneficiary financial liabilities. (42 C.F.R. § 438.400(b)(7).) (MHSUDS IN No. 18-010E; MHP Contract, Ex. A, Att. 12, sec. 9.)

DHCS Finding 5.4.1

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 400. The MHP must provide beneficiaries with a Notice of Adverse Beneficiary Determination under the circumstances listed below:

1. The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of covered benefit.
2. The reduction, suspension or termination of a previously authorized service.
3. The denial, in whole or in part, of a payment for service.
4. The failure to provide services in a timely manner.
5. The failure to act within timeframes provided in 42 C.F.R. § 438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.
6. The denial of a beneficiary's request to dispute financial liability, including cost sharing and other beneficiary financial liabilities.

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides NOABDs to beneficiaries for the denial or limited authorization of a requested service. Of the 50 TARs reviewed, 17 were modified or



limited. The MHP did not provide evidence that the required NOABDs were provided to the beneficiaries.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 400.

Corrective Action Description

To ensure compliance with Federal Code of Regulations, title 42, section 438, subdivision 400, The Department of Behavioral Health (DBH) Quality Management (QM) Inpatient Utilization division has created a log to track all Inpatient NOABD's sent to beneficiaries. If an NOABD is not able to be sent to a beneficiary, the reason why will be noted in the log.

DBH QM Supervising Office Assistant met with clerical staff on 1/25/23 to review the NOABD tracking procedure. DBH QM clerical staff began implementing this new procedure as of 1/26/23.

DBH QM Inpatient Utilization Review staff completed an internal training 9/13/22 on how to properly complete modification notice NOABD's. Effective 9/14/22, DBH QM began issuing modification notice NOABD's in addition to payment denial NOABDs, when indicated by their clinical utilization review for inpatient psychiatric hospitalizations.

Proposed Evidence/Documentation of Correction

Proposed evidence includes:

- NOABD Tracking Log
- NOABD Training agenda and list of attendees
- Provided correspondence sent to QM staff for Inpatient NOABDs
- Provided agenda, sign in sheet, and procedure included for the training conducted on 9/13/22
- Provided copy of modified NOABD Notice Template Form

List of Evidence/Documentation included:

- 5_5.4.1_NOABD Tracking Log
- 5_5.4.1_QM_Inpatient Utilization_QM Clerical Staff Meeting 1.25.23.pdf
- 5_5.4.1_QM_NOABD Beneficiary Tracking Log Procedure.docx
- 5_5.4.1_QM_Inpatient Utilization_09.07.2022_Correspondance for Inpatient NOABDs
- 5_5.4.1_QM_Inpatient Utilization_09.13.2022_Modification-Notice-NOABD-QM030_E (3)
- 5_5.4.1_QM_Inpatient Utilization_09.13.2022_Training minutes and sign in sheet
- 5_5.4.1_QM_Inpatient Utilization_NOABD Procedure QM6029-4
- 5_5.4.1_QM_MOD NOABD

Ongoing Monitoring (if included)

DBH QM Office Assistant IV will monitor the proper completion of the log.



Person Responsible (job title)

DBH QM Supervising Office Assistant, DBH QM Office Assistant IV

Implementation Timeline:

- DBH QM has already implemented as of 1/26/23.
- DBH QM met with clerical staff on 1/25/23 to review NOABD tracking procedure.
- DBH QM Inpatient Utilization unit implemented sending modification notice NOABDs in addition to payment denial NOABDs as of 9/14/22.

Category 6: Beneficiary Rights and Protections

Requirement 6.1.4

The MHP shall have only one level of appeal for beneficiaries. (MHP Contract, Ex. A, Att. 12, sec. 1(B)(2); 42 C.F.R. § 438.402(b); 42 C.F.R. § 438.228(a).)

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.

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. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it will update the policy with the required language to meet this requirement. No additional evidence was provided post review

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 12, and Federal Code of Regulations, title 42, section 438, subdivision 402(b) and 228(a).

Corrective Action Description

To ensure 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 Department of Behavioral Health (DBH) Quality Management (QM) updated the Grievance and Appeal Policy (QM6029) to include language that there is only one level of appeal for clients and potential clients.

The revised Grievance and Appeal Policy was posted to the DBH website at: [QM6029](#) on 9/19/22. The updated policy was also reviewed with staff/Grievance Coordinators that oversee the grievance and appeal processes on 2/8/23 and 2/9/23.



Proposed Evidence/Documentation of Correction

Proposed evidence includes:

- Provided updated Grievance and Appeal Policy (updated language highlighted on page 6 of 9).
- Provided Grievance and Appeal meeting agenda dated 2/8/23 where updated Grievance and Appeal Policy was reviewed with Grievance Coordinator.
- Provided Grievance and Appeal meeting agenda dated 2/9/23 where updated Grievance and Appeal Policy was reviewed with Grievance Coordinator.
- Provided Grievance Meeting Policy Review sign in sheet for review conducted on 2/8/23.
- Provided Grievance Meeting Policy Review sign in sheet for review conducted on 2/9/23.

List of Evidence/Documentation included:

- 6_6.1.4_QM6029 Grievance and Appeal Policy_Final Signed
- 6_6.1.4_Grievance and Appeal Meeting Agenda_2.8.23
- 6_6.1.4_Grievance and Appeal Meeting Agenda_2.9.23
- 6_6.1.4_Grievance Meeting Policy Review Sign-In_2.8.23
- 6_6.1.4_Grievance Meeting Policy Review Sign-In_2.9.23

Ongoing Monitoring (if included)

DBH QM Clinic Supervisor will continue to have weekly grievance meetings with staff/Grievance Coordinators that oversee and process the grievances and appeals to ensure compliance with requirements.

Person Responsible (job title)

DBH QM Clinic Supervisor

Implementation Timeline: DBH QM has already implemented.

Category 6: Beneficiary Rights and Protections

Requirement 6.1.5

1) The MHP shall acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing. (MHP Contract, Ex. A, Att. 12, sec. 1(B)(5); 42 C.F.R. § 438.406(b)(1).)

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 MHP (MHSUDS IN No. 18-010E.)

3) The written acknowledgement to the beneficiary must be postmarked within five (5) calendar days of receipt of the grievance. (MHSUDS IN 18-010E.)



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, subdivision 406(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 for expedited 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.

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that 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 35 grievances and appeals reviewed, it was not evident that acknowledgement letters were sent upon receipt for each grievance and appeal. Per the discussion during the review, the MHP stated it would research the grievances and appeals in question and provide additional evidence. Post review, the MHP provided additional acknowledgement letters; however, two (2) appeals remained out of compliance.

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

	# OF SAMPLE REVIEWED	ACKNOWLEDGMENT		COMPLIANCE PERCENTAGE
		# IN	# OOC	
GRIEVANCES	27	27	0	100%
APPEALS	8	6	2	75%

DHCS deems the MHP 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.



Corrective Action Description

To ensure 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 Department of Behavioral Health (DBH) Quality Management (QM) Clinic Supervisor and Grievance Coordinators will continue to meet on a weekly basis and monitor grievance and appeal cases to ensure that each grievance, appeal, and expedited appeal is issued an acknowledgement letter within five (5) calendar days. During these meetings, all active grievances and appeals are reviewed, and any issues are addressed.

DBH QM will continue to utilize the grievance and appeal tracking log. This tracking log includes the date the grievance or appeal was received, the date it was entered on the log, the date difference between date received and date entered to ensure compliance with logging within 24 hours.

DBH QM currently tracks the date the acknowledgment letter is sent on the grievance and appeal log. However, this is captured in the notes column. DBH QM updated the grievance and appeal tracking log to include specific columns for date acknowledgment letter sent and date difference. This will allow for the DBH Clinic Supervisor to easily monitor if the acknowledgment letters are being sent within five (5) calendar days.

DBH QM Clinic Supervisor provided refresher training on 11/2/22 to review the importance of completing required acknowledgement letters within the required timeframes, providing the Grievance Coordinator's name and contact information, signing each letter, and saving each letter in the appropriate secure electronic case file.

DBH QM Clinic Supervisor met with Grievance Coordinators on 2/8/23 and 2/9/23 to review the updated Grievance and Appeal Policy (QM6029).

Proposed Evidence/Documentation of Correction

Proposed evidence includes the following:

- Provided copy of updated grievance log
- Provided copy of updated appeal log
- Provided copy of email DBH QM Clinic Supervisor sent to staff regarding updates to logging grievance calls
- Provided agendas and sign in sheets for policy review meetings

List of evidence/documentation included:

- 6_6.1.5_Email Updates Logging Grievances_Avatar
- 6_6.1.5_Grievance and Appeal Meeting Agenda 2.8.23
- 6_6.1.5_Grievance and Appeal Meeting Agenda 2.9.23
- 6_6.1.5_Grievance and Appeal Meeting Agenda_11.2.22
- 6_6.1.5_Grievance Meeting Policy Review Sign-In Sheet 2.8.23



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- 6_6.1.5_Grievance Meeting Policy Review Sign-In Sheet 2.9.23
- 6_6.1.5_Grievance Mtg Sign-In_11.2.22
- 6_6.1.5_Grievance Log Revised
- 6_6.1.5_Appeal Log Revised

Ongoing Monitoring (if included)

The DBH QM Clinic Supervisor to continue to review all letters pertaining to grievances and appeals prior to them being sent out by staff/Grievance Coordinators and check the grievance and appeals logs on a regular basis. DBH QM Clinic Supervisor will also continue to conduct weekly grievance and appeal meeting with Grievance Coordinators. If any issues are discovered, additional trainings will be provided during these weekly meetings.

Person Responsible (job title)

DBH QM Clinic Supervisor

Implementation Timeline: DBH QM has already implemented. DBH QM conducted training on 11/2/22 to review requirement of sending acknowledgement letters within five (5) calendar days. DBH QM conducted trainings on 2/8/23 and 2/9/23 to review updated Grievance and Appeal Policy.



Category 6: Beneficiary Rights and Protections

Requirement 6.1.9

The MHP's procedures for the beneficiary problem resolution processes shall maintain the confidentiality of each beneficiary's information. (MHP Contract, Ex. A, Att. 12, sec. 1(B)(10); CCR, tit. 9, § 1850.205, subd. (c)(6).)

DHCS Finding 6.1.9

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 12, and California Code of Regulations, title 9, section 1850, subdivision 205(c)(6). The MHP must ensure the procedures for the beneficiary problem resolution processes shall maintain the confidentiality of each beneficiary's information.

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures procedures for the beneficiary problem resolution processes maintains the confidentiality of each beneficiary's information. This requirement was not included in any evidence provided by the MHP. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it will update the policy and process with the required language to meet this requirement. No additional evidence was provided post review.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 12, and California Code of Regulations, title 9, section 1850, subdivision 205(c)(6).

Corrective Action Description

To ensure compliance with the MHP contract, exhibit A, attachment 12, and California Code of Regulations, title 9, section 1850, subdivision 205(c)(6), the Department of Behavioral Health (DBH) Quality Management (QM) has updated the Grievance and Appeal Policy (QM6029) to include language that the problem resolution process shall maintain the confidentiality of each client and each potential client's information.

The revised Grievance and Appeal Policy was posted to the DBH website at: [QM6029](#) on 9/19/22. The updated policy was also reviewed with staff/Grievance Coordinators that oversee the grievance and appeal processes on 2/8/23 and 2/9/23.

DBH QM Grievance Coordinators continue to send all correspondence to providers and programs utilizing encrypted emails and sharing the minimum necessary information to ensure that the grievances are investigated fully. If a grievant prefers to remain anonymous, the Grievance Coordinator removes all identifying information (name, DOB, age, EHR #, SSN #, contact number, gender, etc.) to ensure that the client's privacy is protected.



Proposed Evidence/Documentation of Correction

Proposed evidence includes the following:

- Provided updated Grievance and Appeal Policy
- Provided agendas and sign in sheets for policy review meetings

List of evidence/documentation included:

- 6_6.1.9 - QM6029 Grievance and Appeal Policy_Final Signed (updated language highlighted on page 8 of 9)
- 6_6.1.9_Grievance and Appeal Meeting Agenda 2.8.23.
- 6_6.1.9_Grievance and Appeal Meeting Agenda 2.9.23
- 6_6.1.9_Grievance Meeting Policy Review Sign-In Sheet 2.8.23
- 6_6.1.9_Grievance Meeting Policy Review Sign-In Sheet 2.9.23

Ongoing Monitoring (if included)

DBH QM Clinic Supervisor will continue to conduct weekly grievance and appeal meeting with Grievance Coordinators. If any issues are discovered, additional trainings will be provided during these weekly meetings.

Person Responsible (job title)

DBH QM Clinic Supervisor

Implementation Timeline: DBH QM has already implemented. Grievance and Appeal Policy has been revised effective 9/19/2022, posted to website at: [QM6029](#) and reviewed with Grievance Coordinators on 2/8/23 and 2/9/23.

Category 6: Beneficiary Rights and Protections

Requirement 6.5.1

The MHP must continue the beneficiary's benefits if all of the following occur:

- a) The beneficiary files the request of an appeal timely in accordance with 42 C.F.R. § 438.402(c)(1)(ii) and (c)(2)(ii);
- b) The appeal involves the termination, suspension, or reduction of previously authorized services; c) The services were ordered by an authorized provider;
- d) The period covered by the original authorization has not expired; and,
- e) The beneficiary timely files for continuation of benefits. (42 C.F.R. § 438.420(b).)

DHCS Finding 6.5.1

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 420(c). At the beneficiary's request, the MHP must continue or reinstates the beneficiary's benefits while the appeal or State Hearing is pending, the benefits must be continued until all of the below listed occurs:

1. The beneficiary files the request of an appeal timely in accordance with 42 C.F.R. § 438.402(c)(1)(ii) and (c)(2)(ii);



2. The appeal involves the termination, suspension, or reduction of previously authorized services;
3. The services were ordered by an authorized provider;
4. The period covered by the original authorization has not expired; and,
5. The beneficiary timely files for continuation of benefits.

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP continues or reinstates the beneficiary's benefits while the appeal or State Hearing is pending. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it will update the policy with the required language to meet this requirement. No additional evidence was provided post review.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 420(c).

Corrective Action Description

To ensure compliance with Federal Code of Regulations, title 42, section 438, subdivision 420(c), the Department of Behavioral Health (DBH) Quality Management (QM) updated the Grievance and Appeal Policy (QM6029) to include the following language:

- DBH must continue the client or potential client's benefits if all of the following occur:
 - a) The client or potential client files the request of an appeal timely in accordance with 42 CFR §438.402(c)(1)(iii) and (c)(2)(ii);
 - b) The appeal involves the termination, suspension, or reduction of previously authorized services;
 - c) The services were ordered by an authorized provider;
 - d) The period covered by the original authorization has not expired; and,
 - e) The client or potential client timely files for continuation of benefits.

The revised Grievance and Appeal Policy was posted to the DBH website at: [QM6029](#) on 9/19/22. The updated policy was also reviewed with staff/Grievance Coordinators that oversee the grievance and appeal processes on 2/8/23 and 2/9/23.



Proposed Evidence/Documentation of Correction

Proposed evidence includes the following:

- Provided updated Grievance and Appeal Policy
- Provided agendas and sign in sheets for policy review meetings

List of evidence/documentation included:

- 6_6.5.1 - QM6029 Grievance and Appeal Policy_Final Signed (updated language highlighted on pages 5 and 6 of 9)
- 6_6.5.1_Grievance and Appeal Meeting Agenda 2.8.23
- 6_6.5.1_Grievance and Appeal Meeting Agenda 2.9.23
- 6_6.5.1_Grievance Meeting Policy Review Sign-In Sheet 2.8.23
- 6_6.5.1_Grievance Meeting Policy Review Sign-In Sheet 2.9.23

Ongoing Monitoring (if included)

DBH QM Clinic Supervisor will continue to conduct weekly grievance and appeal meeting with Grievance Coordinators. If any issues are discovered, additional trainings will be provided during these weekly meetings.

Person Responsible (job title)

DBH QM Clinic Supervisor

Implementation Timeline: DBH QM has already implemented. Grievance and Appeal Policy has been revised effective 9/19/2022, posted to website at: [QM6029](#) and reviewed with Grievance Coordinators on 2/8/23 and 2/9/23.