Medi-Cal Behavioral Health Corrective Action Plan (CAP)

ALPINE

Compliance Review Date: 11/5/2025

Corrective Action Plan Fiscal Year: 2025-26

SMHS

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
Finding 2.1.1: Compliance with the requirement to implement procedures to coordinate services between settings of care and to utilize the Adult and Youth Screening and Transition of Care Tools.	Develop and implement policies and procedures for coordinating services between settings of care and utilizing the Adult and Youth Screening and Transition of Care Tools.	Had policy in place already, was updated and began using screening tools in August 2025.	Policy AC#142 Adult Screening tool. Youth Screening tool. Transition of Care tool.	
Finding 4.1.1: Plan to ensure alternative formats, including braille, were available to its members.	Revise and implement policies and procedures to ensure alternative formats, including braille, are available to members upon	Revised policy to comply 12/2025	Policy AC #161	

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	request.			
Finding 4.4.1: Plan must ensure all providers explained and documented all required elements listed in BHIN 23-018 when collecting telehealth consents prior to the delivery of telehealth services.	Implement policies and procedures to ensure all providers explain and document all required elements listed in BHIN 23-018 when collecting telehealth consents prior to the delivery of telehealth services.	Updated telehealth consent form and policy to ensure explanation and documentation occur prior to delivery of services . 4/16/26	Policy AC#820 A&B Revised telehealth consent.	
Finding 5.1.1: The Plan's policy did not include the updated requirements for minor consent as outlined in BHIN 24-046.	Revise and implement policy and procedures to reflect the updated requirements for minor consent as outlined in BHIN 24-046.	Updated policy to address additional requirements. 4/16/26	Policy AC#112	
Finding 5.2.1: The Plan did not demonstrate compliance with the requirements for	Implement policy and procedures to ensure the Plan conducts concurrent reviews for inpatient services and authorize administrative	updated policy 7/25/25	Policy AC#422	

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conducting concurrent reviews for inpatient services and authorizing administrative days as indicated in BHIN 22-017.	days as indicated in BHIN 22-016.			
Finding 5.2.2: The Plan did not demonstrate compliance with requirements to utilize referral and/or concurrent review and authorizations for all CRTS and ARTS as indicated in BHIN 22-016.	Develop and implement policies and procedures to ensure concurrent review for authorizations of CRTS and ARTS as indicated in BHIN 22-016.	Updated policy	Policy AC#422 and Letter of explanation regarding client change of care from facility to facility.	
Finding 5.3.1: The Plan did not submit any requested policies and procedures regarding the	Develop and implement policies and procedures to ensure the Plan is compliance with presumptive transfer	Submit requested policy (missing form submission originally)	AC#525	

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presumptive transfer requirements.	requirements as indicated in BHIN 24-025			
Finding 6.1.1: The Plan did not demonstrate compliance with the requirement to have written policies and procedures regarding its grievance and appeal system and procedures for filing grievances and appeals available on the Plan's website.	Develop and implement policies and procedures for handling grievances and appeals.	Updated policy 07/16/25	Policy AC#390 Letter of explanation with website listing how to file grievance/appeals.	

Submitted by: Misty Dee **Date: 5/26/2026**

Title: Angela Slais, HHS Director