CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2022/2023

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE SAN MATEO COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: May 2, 2023 to May 4, 2023

San Mateo County Mental Health Plan
FY 2022/2023 Medi-Cal SMHS Triennial Review
Systems Review Findings Report

TABLE OF CONTENTS

San Mateo County Mental Health Plan
FY 2022/2023 Medi-Cal SMHS Triennial Review
Systems Review Findings Report

EXECUTIVE SUMMARY

The California Department of Health Care Services' (DHCS) mission is to provide Californians with access to affordable, integrated, high-quality health care including medical, dental, mental health, substance use treatment services, and long-term care. Our vision is to preserve and improve the overall health and well-being of all Californians.

DHCS helps provide Californians access to quality health care services that are delivered effectively and efficiently. As the single state Medicaid agency, DHCS administers California's Medicaid program (Medi-Cal). DHCS is responsible for administering the Medi-Cal Specialty Mental Health Services (SMHS) Waiver Program. SMHS are "carved-out" of the broader Medi-Cal program. The SMHS program operates under the authority of a waiver approved by the Centers for Medicare and Medicaid Services (CMS) under Section 1915(b) of the Social Security Act.

Medi-Cal is a federal/state partnership providing comprehensive health care to individuals and families who meet defined eligibility requirements. Medi-Cal coordinates and directs the delivery of important services to approximately 13.2 million Californians.

The SMHS program which provides SMHS to Medi-Cal beneficiaries through county Mental Health Plans (MHPs). The MHPs are required to provide or arrange for the provision of SMHS to beneficiaries in their counties that meet SMHS medical necessity criteria, consistent with the beneficiaries' mental health treatment needs and goals as documented in the beneficiaries' client plan.

In accordance with the California Code of Regulations, title 9, chapter 11, § 1810.380, DHCS conducts monitoring and oversight activities such as the Medi-Cal SMHS Triennial System and Chart Reviews to determine if the county MHPs are in compliance with state and federal laws and regulations and/or the contract between DHCS and the MHP.

DHCS conducted a webinar review of the San Mateo County MHP's Medi-Cal SMHS programs on May 2, 2023 to May 4, 2023. The review consisted of an examination of the MHP's program and system operations, including chart documentation, to verify that medically necessary services are provided to Medi-Cal beneficiaries. DHCS utilized Fiscal Year (FY) 2022/2023 Annual Review Protocol for SMHS and Other Funded Programs (Protocol) to conduct the review.

The Medi-Cal SMHS Triennial System Review evaluated the MHP's performance in the following categories:

- Category 1: Network Adequacy and Availability of Services
- Category 2: Care Coordination and Continuity of Care
- Category 3: Quality Assurance and Performance Improvement

- Category 4: Access and Information Requirements
- Category 5: Coverage and Authorization of Services
- Category 6: Beneficiary Rights and Protections
- Category 7: Program Integrity

This report details the findings from the Medi-Cal SMHS Triennial System Review of the San Mateo County MHP. The report is organized according to the findings from each section of the FY 2022/2023 Protocol deemed out of compliance (OOC), or in partial compliance, with regulations and/or the terms of the contract between the MHP and DHCS.

For informational purposes, this findings report also includes additional information that may be useful for the MHP (e.g., a description of calls testing compliance of the MHP's 24/7 toll-free telephone line).

The MHP will have an opportunity to review the report for accuracy and appeal any of the findings of non-compliance (for both system review and chart review). The appeal must be submitted to DHCS in writing within 15 business days of receipt of the findings report. DHCS will adjudicate any appeals and/or technical corrections (e.g., calculation errors, etc.) submitted by the MHP and, if appropriate, send an amended report.

A Corrective Action Plan (CAP) is required for all items determined to be OOC or in partial compliance. The MHP is required to submit a CAP to DHCS within 60-days of receipt of the findings report for all system and chart review items deemed OOC. The CAP should include the following information:

(1) Description of corrective actions, including milestones;
(2) Timeline for implementation and/or completion of corrective actions;
(3) Proposed (or actual) evidence of correction that will be submitted to DHCS;
(4) Mechanisms for monitoring the effectiveness of corrective actions over time. If the CAP is determined to be ineffective, the MHP should inform their county liaison of any additional corrective actions taken to ensure compliance; and
(5) A description of corrective actions required of the MHP's contracted providers to address findings.

FINDINGS

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

Question 1.2.7

FINDING
The MHP did not furnish evidence to demonstrate compliance with the BHIN No. 21-073 and Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must provide TFC services to all children and youth who meet beneficiary access criteria for SMHS as medically necessary.

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

- 19-05 Medical Necessity SMHS (2019-11 to 2022-1)
- 20-04 Authorization Youth SMHS
- 22-04 Documentation Regs (CalAIM)
- Documentation Manual – BHRS (2021-10 thru 2022-6) (PreCalAIM)
- ICC IHBS TFC – Eligibility Assessment Form
- ICC IHBS TFC – Referral Workflow
- List of Clients-ICC IHBS (2023-3-17)
- MOU-CYSOC (2021)
- Pathways to Wellbeing Eligibility Form (0-5)
- Pathways to wellbeing Eligibility Form (6-21)
- Provider Directory Website
- Report-CANS-Traffic Light-DM
- Report-CANS-Traffic Light—TA
- RFI-ICC-IHBS-TFC (2023-2)
- RFI-ICC-IHBS-TFC (2023-3)

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides TFC services to all children and youth who meet medical necessity criteria for TFC. Per the discussion during the review, the MHP stated that despite its efforts, which includes a request for proposals during the review period, it has been unable to establish a TFC provider.

DHCS deems the MHP out of compliance with the BHIN No. 21-073 and Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care Services (TFC) for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

Repeat deficiency Yes

Question 1.2.8

FINDING
The MHP did not furnish evidence to demonstrate compliance with the BHIN No. 21-073 and Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must have an affirmative responsibility to determine if children and youth who meet beneficiary access criteria for SMHS need TFC.

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

- 19-05 Medical Necessity SMHS (2019-11 to 2022-1)
- 20-04 Authorization Youth SMHS
- 22-04 Documentation Regs (CalAIM)
- Documentation Manual – BHRS (2021-10 thru 2022-6) (PreCalAIM)
- ICC IHBS TFC – Eligibility Assessment Form
- ICC IHBS TFC – Referral Workflow
- List of Clients-ICC IHBS (2023-3-17)
- MOU-CYSOC (2021)
- Pathways to Wellbeing Eligibility Form (0-5)
- Pathways to wellbeing Eligibility Form (6-21)
- Provider Directory Website
- Report-CANS-Traffic Light-DM
- Report-CANS-Traffic Light—TA
- RFI-ICC-IHBS-TFC (2023-2)
- RFI-ICC-IHBS-TFC (2023-3)

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP assesses all children and youth to determine if they meet medical necessity criteria for TFC Services. Per the discussion during the review, the MHP stated it is not currently screening for the need for TFC and is working to identifying a contractor for this service.

DHCS deems the MHP out of compliance with the BHIN No. 21-073 and Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

Repeat deficiency Yes

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

Question 3.5.1

FINDING
The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section 6(A); Code of Federal 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.

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

- 04-08 Attachment – Medication Checklist
- 04-08 Medication Monitoring
- 08-03 Practice Guidelines
- 20-07 Med Monitoring Youth
- 22-04 Document Request (CalAIM)
- 95-07 Charting and Med Guide
- Boilerplate Provider Contract
- Document Manual-BHRS (2021-10 thru 2022-6) (PreCalAIM)

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has practice guidelines which meet the requirements of the MHP Contract. Per the discussion during the review, the MHP stated it has practice guidelines established and would submit this evidence post review. Post review, the MHP submitted a policy defining the process for the development, dissemination, and ongoing evaluation of clinical practice guidelines; however, practice guidelines were not submitted.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, section 6(A); Code of Federal Regulations, title 42, section 438, subdivision 236(b); and California Code of Regulations, title 9, section 1810, subdivision 326.

Question 3.5.2

FINDING
The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section 6(c); Code of Federal Regulations, title 42, section 438, subdivision 236(c); 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.

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

- Training - Schedule - BHRS QM (CalAIM)
- Webinar – Attendees (2022-8-25) – CalAIM (1)
- Webinar – Attendees (2022-9-22) – CalAIM (2)
- Webinar – Attendees (2022-10-27) – CalAIM (3)
- Webinar – Attendees (2022-12-1) – CalAIM (4)
- Webinar – CalAIM (1) (2022-2023)-MH—F1.0
- Webinar – CalAIM (2) (2022-2023)-MH—F1.0
- Webinar – CalAIM (3) (2022-2023)-MH—F1.0
- Webinar – CalAIM (4) (2022-2023)-MH—F1.0
- 08-03 Practice Guidelines

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 it posts its guidelines on its website and meets regularly for practice guideline trainings. Post review, the MHP submitted evidence of webinar trainings for CalAIM implementation; however, no evidence was submitted demonstrating practice guidelines were developed or disseminated during the review period.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, section 6(c); Code of Federal Regulations, title 42, section 438, subdivision 236(c); and California Code of Regulations, title 9, section 1810, subdivision 326.

ACCESS AND INFORMATION REQUIREMENTS

Question 4.2.2

FINDING

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

1. The MHP provides a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county.
2. The toll-free telephone number provides information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met.

3. The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.
4. The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

The seven (7) test calls are summarized below.

TEST CALL #1
Test call was placed on Monday, April 3, 2023, at 2:45 p.m. The call was answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. After selecting the option for English, a recorded greeting provided instructions to dial 911 if experiencing an urgent condition. The caller then heard a second recording stating the county was experiencing a high volume of calls and requested the caller to hold. The caller remained on hold for approximately five (5) minutes before ending the call.

The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met.

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

TEST CALL #2
Test call was placed on Tuesday, April 4, 2023, at 7:47 a.m. The call was answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. After selecting the option for English, a recorded greeting provided instructions to dial 911 if experiencing an urgent condition. The call was then disconnected.

The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

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

TEST CALL #3
Test call was placed on Thursday March 30, 2023, at 4:13 p.m. The call was answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. After selecting the option for English, a recorded greeting provided instructions to dial 911 if experiencing an urgent condition. Once the caller was transferred to a live operator, the caller requested information about mental health services in the county and explained he/she had been providing care for

an elderly parent and had been feeling overwhelmed, isolated, and hopeless. The operator explained a licensed clinician was available to complete screenings and make referrals for treatment. The operator stated that after the screening and assessment was complete, the caller would be able to obtain personalized information for service needs. The operator explained that walk-ins are available and provided the hours of operation and address for the MHP office.

The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

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

TEST CALL #4
Test call was placed on Monday, February 6, 2020, at 3:29 p.m. The call was answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. After selecting the option for English, a recorded greeting provided instructions to dial 911 if experiencing an urgent condition. Once the caller was transferred, the caller requested information about accessing mental health services and how to refill his/her anxiety medication. The operator explained the assessment process for receiving services and provided the caller with the location and hours for a walk-in clinic.

The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

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

TEST CALL #5
Test call was placed on Monday, February 6, 2023, at 9:50 p.m. The call was answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. After selecting the option for English, a recorded greeting provided instructions to dial 911 if experiencing an urgent condition. After reaching the operator, the caller requested assistance with what he/she described as feeling depressed and unable to sleep with bouts of crying. The operator assessed the caller's need for urgent care services, which the caller responded in the negative. The operator explained the screening and assessment process. The operator explained that someone is available 24 hours a day via the after-hours line.

The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

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

TEST CALL #6
Test call was placed on Monday, March 27, 2023, at 1:27 p.m. The call was answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. After selecting the option for English, a recorded greeting provided instructions to dial 911 if experiencing an urgent condition. The caller then heard several options for services and selected the option to file a complaint. The call was transferred to a voicemail.

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

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

TEST CALL #7
Test call was placed on Thursday, March 1, 2023, at 7:28 a.m. The call was answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. After selecting the option for English, a recorded greeting provided instructions to dial 911 if experiencing an urgent condition. The call was then disconnected.

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

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

SUMMARY OF TEST CALL FINDINGS

Required Elements	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
1	IN	IN	IN	IN	IN	N/A	N/A	100%
2	OOC	OOC	IN	IN	IN	N/A	N/A	60%
3	N/A	IN	IN	IN	IN	N/A	N/A	100%
4	N/A	N/A	N/A	N/A	N/A	OOC	OOC	0%

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

Repeat deficiency Yes

Question 4.2.4

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code for Regulations, title 9, 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.

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

- Call Center – Analysis (2016-2022)
- Call Center-Contact Log (FY22-23)
- Call Center- Report – Monthly (2019-2022)
- Test Call – Log (2022-7-31)
- Test Call – Log (2022-9-30)
- Test Call – Log (2022-10-31)
- Test Call – Log (2022-11-15)
- Test Call – Log (2022-12-16)
- Test Call – Log (2022-1-19)
- Test Call – Log (2022-2-21)
- Test Call – Report (2022-11 thru 2022-12)
- Test Call – Scenarios - MH AOD
- Test Call - Worksheet - Template
- Test Call - Worksheet – (2022-7-31)
- Test Call - Worksheet – (2022-9-30)
- Test Call - Worksheet – (2022-10-31)
- Test Call - Worksheet – (2022-11-15)

- Test Call - Worksheet – (2022-12-16)
- Test Call - Worksheet – (2022-1-19)
- Test Call - Worksheet – (2022-2-21)
- Test Call – Guidelines

While the MHP submitted evidence to demonstrate compliance with this requirement, three (3) of the five (5) required DHCS test calls were 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	4/3/2023	2:45 p.m.	OOC	OOC	OOC
2	4/4/2023	7:47 a.m.	OOC	OOC	OOC
3	3/30/2023	4:13 p.m.	OOC	IN	IN
4	2/6/2023	3:29 p.m.	IN	IN	IN
5	2/6/2023	9:50 p.m.	OOC	OOC	OOC
Compliance Percentage			**20%**	**40%**	**40%**

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).

Repeat deficiency Yes

COVERAGE AND AUTHORIZATION OF SERVICES

Question 5.2.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with BHIN No. 22-017; California Code of Regulations, title 9, section 1810, subdivision 440(b); and Code of Federal Regulations, title 42, section 438, subdivision 210(a)(4), (b)(1), (2). The MHPs are required to operate a utilization management (UM) program that ensures beneficiaries have appropriate access to SMHS. The UM program must evaluate medical necessity, appropriateness and efficiency of services provided to Medi-Cal beneficiaries prospectively, such as through prior or concurrent authorization review procedures.

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

- 20-04 Attachment A-TBS Authorization Form
- 20-04 Attachment B-TBS Service Authorization Request Form
- 20-04 Attachment C-TBS Utilization Request
- 20-04 Attachment D-TBS Assessment Extension Authorization
- 20-04 Attachment E-TBS Assessment Authorization
- 20-04 Attachment F-TBS Authorization Request Workflow
- 20-04 Authorization Youth SMHS
- 20-06 Attachment A Acknowledgement Notification Responsible
- 20-06 Attachment B Concurrent document Request
- 20-06 Attachment C Acknowledgement Notification Non-Responsible
- 20-06 UM Impatient Psychiatric Services
- 23-02 UM Audit, Oversight & Recoup SMHS
- 23-02 Attachment A SMHS Utilization Review
- ARTS & CRTS Approver License
- Hospital Reviews FY22-23 log
- Protocol for Redwood House 2-2023
- RWH and Cielo House Tracker
- Sample ARTS Black-Initial Authorization
- Sample CRTS RWH AAM Authorization
- Sample CRTS RWH AL Authorization
- Sample ARTS Dos Santos Re-Authorization
- San Mateo Beneficiary Handbook
- Sample – SAR
- Sample – TAR
- SARs – Approver License
- TAR – Approver Licenses
- TAR Acuity Acute Admin Criteria
- TAR Retro Review Procedure update Facility UM
- TARS Flowchart of Hospital Reviews

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a UM program that evaluates medical necessity, appropriateness, and efficiency of services provided to Medi-Cal beneficiaries prospectively, such as through prior or concurrent authorization review procedures. Per the discussion during the review, the MHP acknowledged it has not implemented a concurrent review process and that it would address this deficiency through a corrective action plan.

DHCS deems the MHP out of compliance with BHIN No. 22-017; California Code of Regulations, title 9, section 1810, subdivision 440(b); and Code of Federal Regulations, title 42, section 438, subdivision 210(a)(4), (b)(1),(2).

Question 5.2.2

FINDING
The MHP did not furnish evidence to demonstrate compliance with BHIN 22-017; Code of Federal Regulations, title 42, section 438, subdivision 210(b)(1); and California Code of Regulations, title 9, section 1810, subdivision 440(b)(2)(i-ii). The MHP must establish and implement written policies and procedures for the authorization of psychiatric inpatient hospital services in accordance with BHIN 22-017 and shall have mechanisms in effect to ensure consistent application of review criteria for authorization decisions and shall consult with the requesting provider when appropriate. Authorization procedures and utilization management criteria shall:

a. Be based on medical necessity and consistent with current evidence- based clinical practice guidelines, principles, and processes;
b. Be developed with involvement from network providers, including, but not limited to, hospitals, organizational providers, and licensed mental health professionals acting within their respective scopes of practice;
c. Be evaluated, and updated as necessary, and at least annually, and be disclosed to the MHP's beneficiaries and network providers.

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

- 20-04 Attachment A-TBS Authorization Form
- 20-04 Attachment B-TBS Service Authorization Request Form
- 20-04 Attachment C-TBS Utilization Request
- 20-04 Attachment D-TBS Assessment Extension Authorization
- 20-04 Attachment E-TBS Assessment Authorization
- 20-04 Attachment F-TBS Authorization Request Workflow
- 20-04 Authorization Youth SMHS
- 20-06 Attachment A Acknowledgement Notification Responsible
- 20-06 Attachment B Concurrent document Request
- 20-06 Attachment C Acknowledgement Notification Non-Responsible
- 20-06 UM Impatient Psychiatric Services
- 23-02 UM Audit, Oversight & Recoup SMHS
- 23-02 Attachment A SMHS Utilization Review
- ARTS & CRTS Approver License
- Hospital Reviews FY22-23 log
- Protocol for Redwood House 2-2023
- RWH and Cielo House Tracker
- Sample ARTS Black-Initial Authorization
- Sample CRTS RWH AAM Authorization
- Sample CRTS RWH AL Authorization
- Sample ARTS Dos Santos Re-Authorization
- San Mateo Beneficiary Handbook
- Sample – SAR

- Sample – TAR
- SARs – Approver License
- TAR – Approver Licenses
- TAR Acuity Acute Admin Criteria
- TAR Retro Review Procedure update Facility UM
- TARS Flowchart of Hospital Reviews

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident the MHP has mechanisms in effect to ensure consistent application of review criteria for authorization decisions and consults with requesting providers when appropriate. Per the discussion during the review, the MHP stated it has had meetings to create policies and procedures that include contract providers and hospital leadership. Post review, the MHP submitted additional evidence, including meeting minutes and agendas demonstrating its efforts to collaborate with stakeholders to implement concurrent review processes; however, it is not evident that a concurrent review authorization process has been established.

DHCS deems the MHP out of compliance with BHIN 22-017; Code of Federal Regulations, title 42, section 438, subdivision 210(b)(1); California Code of Regulations, title 9, section 1810, subdivision 440(b)(2)(i-ii).

Question 5.2.3

FINDING
The MHP did not furnish evidence to demonstrate compliance with BHIN 22-017. The MHP may manage authorizations directly or delegate authorization functions to an administrative entity, consistent with federal law and the MHP's contract for SMHS.

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

- 20-04 Attachment A-TBS Authorization Form
- 20-04 Attachment B-TBS Service Authorization Request Form
- 20-04 Attachment C-TBS Utilization Request
- 20-04 Attachment D-TBS Assessment Extension Authorization
- 20-04 Attachment E-TBS Assessment Authorization
- 20-04 Attachment F-TBS Authorization Request Workflow
- 20-04 Authorization Youth SMHS
- 20-06 Attachment A Acknowledgement Notification Responsible
- 20-06 Attachment B Concurrent document Request
- 20-06 Attachment C Acknowledgement Notification Non-Responsible
- 20-06 UM Impatient Psychiatric Services
- 23-02 UM Audit, Oversight & Recoup SMHS
- 23-02 Attachment A SMHS Utilization Review
- ARTS & CRTS Approver License

- Hospital Reviews FY22-23 log
- Protocol for Redwood House 2-2023
- RWH and Cielo House Tracker
- Sample ARTS Black-Initial Authorization
- Sample CRTS RWH AAM Authorization
- Sample CRTS RWH AL Authorization
- Sample ARTS Dos Santos Re-Authorization
- San Mateo Beneficiary Handbook
- Sample – SAR
- Sample – TAR
- SARs – Approver License
- TAR – Approver Licenses
- TAR Acuity Acute Admin Criteria
- TAR Retro Review Procedure update Facility UM
- TARS Flowchart of Hospital Reviews

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP manages authorizations directly or delegates authorization functions to an administrative entity, consistent with federal law and the MHP's contract for SMHS. Per the discussion during the review, the MHP stated it has not implemented a process for inpatient concurrent review and would address this deficiency through a corrective action plan.

DHCS deems the MHP out of compliance with BHIN 22-017.

Question 5.2.4

FINDING
The MHP did not furnish evidence to demonstrate compliance with BHIN 22-017 and Code of Federal Regulations, title 42, section 438, subdivision 10(g)(2)(iv). The MHP must comply with the following communication requirements:

1. Notify DHCS and contracting providers in writing of all services that require prior or concurrent authorization and ensure that all contracting providers are aware of the procedures and timeframes necessary to obtain authorization for these services;
2. Disclose to DHCS, the MHP's providers, beneficiaries and members of the public, upon request, the UM or utilization review policies and procedures that the MHP, or any entity that the MHP contracts with, uses to authorize, modify, or deny SMHS. The MHP may make the criteria or guidelines available through electronic communication means by posting them online;
3. Ensure the beneficiary handbook includes the procedures for obtaining benefits, including any requirements for service authorizations and/or referrals for SMHS; and,

4. Provide written notification regarding authorization decisions in accordance with the established timeframes for the type of authorization.

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

- 20-04 Attachment A-TBS Authorization Form
- 20-04 Attachment B-TBS Service Authorization Request Form
- 20-04 Attachment C-TBS Utilization Request
- 20-04 Attachment D-TBS Assessment Extension Authorization
- 20-04 Attachment E-TBS Assessment Authorization
- 20-04 Attachment F-TBS Authorization Request Workflow
- 20-04 Authorization Youth SMHS
- 20-06 Attachment A Acknowledgement Notification Responsible
- 20-06 Attachment B Concurrent document Request
- 20-06 Attachment C Acknowledgement Notification Non-Responsible
- 20-06 UM Impatient Psychiatric Services
- 23-02 UM Audit, Oversight & Recoup SMHS
- 23-02 Attachment A SMHS Utilization Review
- ARTS & CRTS Approver License
- Hospital Reviews FY22-23 log
- Protocol for Redwood House 2-2023
- RWH and Cielo House Tracker
- Sample ARTS Black-Initial Authorization
- Sample CRTS RWH AAM Authorization
- Sample CRTS RWH AL Authorization
- Sample ARTS Dos Santos Re-Authorization
- San Mateo Beneficiary Handbook
- Sample – SAR
- Sample – TAR
- SARs – Approver License
- TAR – Approver Licenses
- TAR Acuity Acute Admin Criteria
- TAR Retro Review Procedure upd FUM
- TARS Flowchart of Hospital Reviews

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP complies with all communication requirements outlined in the contract. Per the discussion during the review, the MHP stated it has not implemented a process for inpatient concurrent review or a policy that addresses this requirement. The MHP acknowledged the need to address this deficiency through a corrective action plan.

DHCS deems the MHP out of compliance with BHIN 22-017 and Code of Federal Regulations, title 42, section 438, subdivision 10(g)(2)(iv).

Question 5.2.5

FINDING
The MHP did not furnish evidence to demonstrate compliance with BHIN 22-016. Concurrent Review: In the absence of an MHP referral, MHPs shall conduct concurrent review of treatment authorizations following the first day of admission to a facility through discharge. MHPs may elect to authorize multiple days, based on the beneficiary's mental health condition, for as long as the services are medically necessary.

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

- 20-04 Attachment A-TBS Authorization Form
- 20-04 Attachment B-TBS Service Authorization Request Form
- 20-04 Attachment C-TBS Utilization Request
- 20-04 Attachment D-TBS Assessment Extension Authorization
- 20-04 Attachment E-TBS Assessment Authorization
- 20-04 Attachment F-TBS Authorization Request Workflow
- 20-04 Authorization Youth SMHS
- 20-06 Attachment A Acknowledgement Notification Responsible
- 20-06 Attachment B Concurrent document Request
- 20-06 Attachment C Acknowledgement Notification Non-Responsible
- 20-06 UM Impatient Psychiatric Services
- 23-02 UM Audit, Oversight & Recoup SMHS
- 23-02 Attachment A SMHS Utilization Review
- ARTS & CRTS Approver License
- Hospital Reviews FY22-23 log
- Protocol for Redwood House 2-2023
- RWH and Cielo House Tracker
- Sample ARTS Black-Initial Authorization
- Sample CRTS RWH AAM Authorization
- Sample CRTS RWH AL Authorization
- Sample ARTS Dos Santos Re-Authorization
- San Mateo Beneficiary Handbook
- Sample – SAR
- Sample – TAR
- SARs – Approver License
- TAR – Approver Licenses
- TAR Acuity Acute Admin Criteria
- TAR Retro Review Procedure upd FUM

- TARS Flowchart of Hospital Reviews

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP conducts concurrent review of treatment authorizations following the first day of admission to a facility through discharge. Per the discussion during the review, the MHP stated it has not established a concurrent review process for outpatient services. The MHP acknowledged the need to address this deficiency through a corrective action plan.

DHCS deems the MHP out of compliance with BHIN 22-016.

Question 5.2.6

FINDING
The MHP did not furnish evidence to demonstrate compliance with BHIN 22-017; Welfare and Institution Code, section 14197.1; and Health and Safety Code, section 1367.01(i), 1371.4(a). The MHPs must maintain telephone access to receive Psychiatric Inpatient Hospital or Psychiatric Health Facility (PHF) admission notifications and initial authorization requests 24-hours a day and 7 days a week.

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

- 20-04 Attachment A-TBS Authorization Form
- 20-04 Attachment B-TBS Service Authorization Request Form
- 20-04 Attachment C-TBS Utilization Request
- 20-04 Attachment D-TBS Assessment Extension Authorization
- 20-04 Attachment E-TBS Assessment Authorization
- 20-04 Attachment F-TBS Authorization Request Workflow
- 20-04 Authorization Youth SMHS
- 20-06 Attachment A Acknowledgement Notification Responsible
- 20-06 Attachment B Concurrent document Request
- 20-06 Attachment C Acknowledgement Notification Non-Responsible
- 20-06 UM Impatient Psychiatric Services
- 23-02 UM Audit, Oversight & Recoup SMHS
- 23-02 Attachment A SMHS Utilization Review
- ARTS & CRTS Approver License
- Hospital Reviews FY22-23 log
- Protocol for Redwood House 2-2023
- RWH and Cielo House Tracker
- Sample ARTS Black-Initial Authorization
- Sample CRTS RWH AAM Authorization
- Sample CRTS RWH AL Authorization
- Sample ARTS Dos Santos Re-Authorization
- San Mateo Beneficiary Handbook

- Sample – SAR
- Sample – TAR
- SARs – Approver License
- TAR – Approver Licenses
- TAR Acuity Acute Admin Criteria
- TAR Retro Review Procedure update Facility UM
- TARS Flowchart of Hospital Reviews

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP maintains telephone access to receive Psychiatric Inpatient Hospital or PHF admission notifications and initial authorization requests 24-hours a day and 7 days a week. Per the discussion during the review, the MHP stated it utilizes the 24/7 access line for inpatient notifications. DHCS requested evidence of admission notifications and tracking mechanisms post review; however, no additional evidence was provided to demonstrate compliance with this requirement.

DHCS deems the MHP out of compliance with BHIN 22-017; Welfare and Institution Code, section 14197.1; and Health and Safety Code, section 1367.01(i), 1371.4(a).

Question 5.2.7

FINDING
The MHP did not furnish evidence to demonstrate compliance with BHIN 22-017. The MHP must decide whether to grant, modify or deny the hospital or PHFs initial treatment authorization request and communicate the decision to the requesting hospital or PHF per managed care requirements for expedited authorizations following receipt of all information specified in I.a. of BHIN 22-017. The MHP must make an expedited authorization decision and provide notice as expeditiously as the member's health condition requires and not later than 72 hours after receipt of the request for services.

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

- 20-04 Attachment A-TBS Authorization Form
- 20-04 Attachment B-TBS Service Authorization Request Form
- 20-04 Attachment C-TBS Utilization Request
- 20-04 Attachment D-TBS Assessment Extension Authorization
- 20-04 Attachment E-TBS Assessment Authorization
- 20-04 Attachment F-TBS Authorization Request Workflow
- 20-04 Authorization Youth SMHS
- 20-06 Attachment A Acknowledgement Notification Responsible
- 20-06 Attachment B Concurrent document Request
- 20-06 Attachment C Acknowledgement Notification Non-Responsible
- 20-06 UM Impatient Psychiatric Services
- 23-02 UM Audit, Oversight & Recoup SMHS

- 23-02 Attachment A SMHS Utilization Review
- ARTS & CRTS Approver License
- Hospital Reviews FY22-23 log
- Protocol for Redwood House 2-2023
- RWH and Cielo House Tracker
- Sample ARTS Black-Initial Authorization
- Sample CRTS RWH AAM Authorization
- Sample CRTS RWH AL Authorization
- Sample ARTS Dos Santos Re-Authorization
- San Mateo Beneficiary Handbook
- Sample – SAR
- Sample – TAR
- SARs – Approver License
- TAR – Approver Licenses
- TAR Acuity Acute Admin Criteria
- TAR Retro Review Procedure update Facility UM
- TARS Flowchart of Hospital Reviews

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP makes expedited authorization decisions and provides notice as expeditiously as the member's health condition requires, and not later than 72 hours after receipt of the request for services. Per the discussion during the review, the MHP stated it has not implemented a process for inpatient concurrent review or a policy that addresses this requirement. The MHP acknowledged the need to address this deficiency through a corrective action plan.

DHCS deems the MHP out of compliance with BHIN 22-017.

Question 5.2.8

FINDING
The MHP did not furnish evidence to demonstrate compliance with BHIN 22-017; Welfare and Institution Code, section 14197.1; Health and Safety Code, section 1367.01(h)(2). When medically necessary for the beneficiary, before the end of the initial authorization period, or a subsequent authorization period, the hospital or PHF shall submit a continued-stay- authorization request for a specified number of days to the responsible county MHP. The responsible county MHP shall issue a decision on a hospital or PHF's continued-stay-authorization request within 24-hours of receipt of the request and all information reasonably necessary to make a determination.

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

- 20-04 Attachment A-TBS Authorization Form
- 20-04 Attachment B-TBS Service Authorization Request Form

- 20-04 Attachment C-TBS Utilization Request
- 20-04 Attachment D-TBS Assessment Extension Authorization
- 20-04 Attachment E-TBS Assessment Authorization
- 20-04 Attachment F-TBS Authorization Request Workflow
- 20-04 Authorization Youth SMHS
- 20-06 Attachment A Acknowledgement Notification Responsible
- 20-06 Attachment B Concurrent document Request
- 20-06 Attachment C Acknowledgement Notification Non-Responsible
- 20-06 UM Impatient Psychiatric Services
- 23-02 UM Audit, Oversight & Recoup SMHS
- 23-02 Attachment A SMHS Utilization Review
- ARTS & CRTS Approver License
- Hospital Reviews FY22-23 log
- Protocol for Redwood House 2-2023
- RWH and Cielo House Tracker
- Sample ARTS Black-Initial Authorization
- Sample CRTS RWH AAM Authorization
- Sample CRTS RWH AL Authorization
- Sample ARTS Dos Santos Re-Authorization
- San Mateo Beneficiary Handbook
- Sample – SAR
- Sample – TAR
- SARs – Approver License
- TAR – Approver Licenses
- TAR Acuity Acute Admin Criteria
- TAR Retro Review Procedure update Facility UM
- TARS Flowchart of Hospital Reviews

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP issues a decision on a hospital or PHF's continued-stay-authorization request within 24-hours of receipt of the request and all information reasonably necessary to make a determination. Per the discussion during the review, the MHP stated it has not implemented a process for inpatient concurrent review or a policy that addresses this requirement. The MHP acknowledged the need to address this deficiency through a corrective action plan.

DHCS deems the MHP out of compliance with BHIN 22-017; Welfare and Institution Code, section 14197.1; and Health and Safety Code, section 1367.01(h)(2).

Question 5.2.9

FINDING

The MHP did not furnish evidence to demonstrate compliance with BHIN 22-017; Welfare and Institution Code 14197.1; Health and Safety Code 1367.01(e) & (h)(3-4); Code of Federal Regulations, title 42, section 431, subdivision 213(c); section 438, subdivision 404, section 438, subdivision 210(b)(3) & (c), section 431, subdivision 213(c), and MHSUDS IN 18-010E.

1. While LMHPs/LPHAs may review authorization requests and issue approvals within their scope of practice, all MHP decisions to modify or deny a treatment request shall be made by a physician or psychologist who has appropriate expertise in addressing the beneficiary's behavioral health needs. A psychologist may modify or deny a request for authorization for treatment for a patient only if a psychologist admitted the patient to the hospital. A psychologist may modify or deny a request for authorization for treatment consistent with the psychologist's scope of practice.
2. A decision to modify an authorization request shall be provided to the treating provider(s), initially by telephone or facsimile, and then in writing, and shall include a clear and concise explanation of the reasons for the MHP's decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity.
3. The decision shall also include the name and direct telephone number of the professional who made the authorization decision and offer the treating provider the opportunity to consult with the professional who made the authorization decision.
4. If a MHP modifies or denies an authorization request, the MHP shall notify the beneficiary in writing of the adverse benefit determination before the hospital discontinues inpatient psychiatric hospital services. The notice to the beneficiary shall meet the requirements pertaining to notices of adverse benefit determinations.
5. If a MHP denies a hospital's authorization request, the MHP must work with the treating provider to develop a plan of care. Services shall not be discontinued until the beneficiary's treating provider(s) has been notified of the MHP's decision and a care plan has been agreed upon by the treating provider that is appropriate for the medical, including behavioral health, needs of the beneficiary.
6. If the MHP and treating hospital provider do not agree on a plan of care, the provider, may, on behalf of the beneficiary and with the beneficiary's written consent, appeal the denial to the MHP, as provided for in the notice of adverse benefit determination. The hospital may provide the adverse benefit determination to the beneficiary after receiving notice from the MHP.

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

- 20-04 Attachment A-TBS Authorization Form
- 20-04 Attachment B-TBS Service Authorization Request Form
- 20-04 Attachment C-TBS Utilization Request
- 20-04 Attachment D-TBS Assessment Extension Authorization
- 20-04 Attachment E-TBS Assessment Authorization

- 20-04 Attachment F-TBS Authorization Request Workflow
- 20-04 Authorization Youth SMHS
- 20-06 Attachment A Acknowledgement Notification Responsible
- 20-06 Attachment B Concurrent document Request
- 20-06 Attachment C Acknowledgement Notification Non-Responsible
- 20-06 UM Impatient Psychiatric Services
- 23-02 UM Audit, Oversight & Recoup SMHS
- 23-02 Attachment A SMHS Utilization Review
- ARTS & CRTS Approver License
- Hospital Reviews FY22-23 log
- Protocol for Redwood House 2-2023
- RWH and Cielo House Tracker
- Sample ARTS Black-Initial Authorization
- Sample CRTS RWH AAM Authorization
- Sample CRTS RWH AL Authorization
- Sample ARTS Dos Santos Re-Authorization
- San Mateo Beneficiary Handbook
- Sample – SAR
- Sample – TAR
- SARs – Approver License
- TAR – Approver Licenses
- TAR Acuity Acute Admin Criteria
- TAR Retro Review Procedure update Facility UM
- TARS Flowchart of Hospital Reviews

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP will work with a hospital treating provider to develop a treatment plan for a beneficiary if there is a disagreement with a modification or denial of an authorization as required per the regulation. Per the discussion during the review, the MHP stated denials are processed retrospectively and have not experienced working with a hospital regarding a treatment plan for a denied authorization; however, the MHP acknowledged that it has not implemented an inpatient concurrent review process or a policy to address this specific requirement. The MHP stated it would address this deficiency through a corrective action plan.

DHCS deems the MHP out of compliance with BHIN 22-017; Welfare and Institution Code 14197.1; Health and Safety Code 1367.01(e) & (h)(3-4); Code of Federal Regulations, title 42, section 431, subdivision 213(c); section 438, subdivision 404, section 438, subdivision 210(b)(3) & (c), section 431, subdivision 213(c); and MHSUDS IN 18-010E.

Question 5.2.10

FINDING
The MHP did not furnish evidence to demonstrate compliance with BHIN 22-017; California Code of Regulations, title 9, section 1820, subdivision 230; and Welfare and Institution Code 14184.402, 14184.102 and 14184.400. Authorizing Administrative Days:

1. In order to conduct concurrent review and authorization for administrative day service claims, the MHP shall review that the hospital has documented having made at least one contact to a non-acute residential treatment facility per day (except weekends and holidays), starting with the day the beneficiary is placed on administrative day status.
2. Once five contacts have been made and documented, any remaining days within the seven-consecutive-day period from the day the beneficiary is placed on administrative day status can be authorized.
3. A hospital may make more than one contact on any given day within the seven-consecutive-day period; however, the hospital will not receive authorization for the days in which a contact has not been made until and unless all five required contacts are completed and documented.
4. Once the five-contact requirement is met, any remaining days within the seven-day period can be authorized without a contact having been made and documented.
5. MHPs may waive the requirements of five contacts per week if there are fewer than five appropriate, non-acute residential treatment facilities available as placement options for the beneficiary. The lack of appropriate, non-acute treatment facilities and the contacts made at appropriate facilities shall be documented to include the status of the placement, date of the contact, and the signature of the person making the contact. (If an MHP has been granted an exemption to 9 CCR § 1820.220, then the review of the MHP will be based upon the alternate procedure agreed to in the MHP contract.)

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

- 20-04 Attachment A-TBS Authorization Form
- 20-04 Attachment B-TBS Service Authorization Request Form
- 20-04 Attachment C-TBS Utilization Request
- 20-04 Attachment D-TBS Assessment Extension Authorization
- 20-04 Attachment E-TBS Assessment Authorization
- 20-04 Attachment F-TBS Authorization Request Workflow
- 20-04 Authorization Youth SMHS
- 20-06 Attachment A Acknowledgement Notification Responsible
- 20-06 Attachment B Concurrent document Request
- 20-06 Attachment C Acknowledgement Notification Non-Responsible
- 20-06 UM Impatient Psychiatric Services

- 23-02 UM Audit, Oversight & Recoup SMHS
- 23-02 Attachment A SMHS Utilization Review
- ARTS & CRTS Approver License
- Hospital Reviews FY22-23 log
- Protocol for Redwood House 2-2023
- RWH and Cielo House Tracker
- Sample ARTS Black-Initial Authorization
- Sample CRTS RWH AAM Authorization
- Sample CRTS RWH AL Authorization
- Sample ARTS Dos Santos Re-Authorization
- San Mateo Beneficiary Handbook
- Sample – SAR
- Sample – TAR
- SARs – Approver License
- TAR – Approver Licenses
- TAR Acuity Acute Admin Criteria
- TAR Retro Review Procedure update Facility UM
- TARS Flowchart of Hospital Reviews

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP conducts concurrent review and authorizes administrative days. Per the discussion during the review, the MHP stated it does not have a process to conduct concurrent review or authorize administrative day services. The MHP acknowledged the need to address this deficiency through a corrective action plan.

DHCS deems the MHP out of compliance with BHIN 22-017; California Code of Regulations, title 9, section 1820, subdivision 230; and Welfare and Institution Code 14184.402, 14184.102 and 14184.400.

Question 5.2.11

FINDING
The MHP did not furnish evidence to demonstrate compliance with BHIN 22-016. The MHP must utilize referral and/or concurrent review and authorization for all Crisis Residential Treatment Services (CRTS) and Adult Residential Treatment Services (ARTS). MHPs may not require prior authorization.

1. If the MHP refers a beneficiary to a facility for CRTS or ARTS, the referral may serve as the initial authorization as long as the MHP specifies the parameters (e.g., number of days authorized) of the authorization.
2. The MHP must then re-authorize medically necessary CRTS and ARTS services, as appropriate, concurrently with the beneficiary's stay and based on beneficiary's continued need for services.

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

- 20-04 Attachment A-TBS Authorization Form
- 20-04 Attachment B-TBS Service Authorization Request Form
- 20-04 Attachment C-TBS Utilization Request
- 20-04 Attachment D-TBS Assessment Extension Authorization
- 20-04 Attachment E-TBS Assessment Authorization
- 20-04 Attachment F-TBS Authorization Request Workflow
- 20-04 Authorization Youth SMHS
- 20-06 Attachment A Acknowledgement Notification Responsible
- 20-06 Attachment B Concurrent document Request
- 20-06 Attachment C Acknowledgement Notification Non-Responsible
- 20-06 UM Impatient Psychiatric Services
- 23-02 UM Audit, Oversight & Recoup SMHS
- 23-02 Attachment A SMHS Utilization Review
- ARTS & CRTS Approver License
- Hospital Reviews FY22-23 log
- Protocol for Redwood House 2-2023
- RWH and Cielo House Tracker
- Sample ARTS Black-Initial Authorization
- Sample CRTS RWH AAM Authorization
- Sample CRTS RWH AL Authorization
- Sample ARTS Dos Santos Re-Authorization
- San Mateo Beneficiary Handbook
- Sample – SAR
- Sample – TAR
- SARs – Approver License
- TAR – Approver Licenses
- TAR Acuity Acute Admin Criteria
- TAR Retro Review Procedure upd FUM
- TARS Flowchart of Hospital Reviews

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP utilizes referrals and/or concurrent review and authorization for all Crisis Residential Treatment Services (CRTS) and Adult Residential Treatment Services (ARTS). Per the discussion during the review, the MHP explained its outpatient authorization process but stated it does not have a concurrent review process for outpatient services. The MHP acknowledged the need to address this deficiency through a corrective action plan.

DHCS deems the MHP out of compliance with BHIN 22-016.

Question 5.2.12

FINDING
The MHP did not furnish evidence to demonstrate compliance with BHIN 22-016. The MHP may extend the timeframe for making an authorization decision for up to 14 additional calendar days, if the following conditions are met:

1. The beneficiary, or the provider, requests an extension; or,
2. The MHP justifies (to the State upon request), and documents, a need for additional information and how the extension is in the beneficiary's interest.

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

- 20-04 Attachment A-TBS Authorization Form
- 20-04 Attachment B-TBS Service Authorization Request Form
- 20-04 Attachment C-TBS Utilization Request
- 20-04 Attachment D-TBS Assessment Extension Authorization
- 20-04 Attachment E-TBS Assessment Authorization
- 20-04 Attachment F-TBS Authorization Request Workflow
- 20-04 Authorization Youth SMHS
- 20-06 Attachment A Acknowledgement Notification Responsible
- 20-06 Attachment B Concurrent document Request
- 20-06 Attachment C Acknowledgement Notification Non-Responsible
- 20-06 UM Impatient Psychiatric Services
- 23-02 UM Audit, Oversight & Recoup SMHS
- 23-02 Attachment A SMHS Utilization Review
- ARTS & CRTS Approver License
- Hospital Reviews FY22-23 log
- Protocol for Redwood House 2-2023
- RWH and Cielo House Tracker
- Sample ARTS Black-Initial Authorization
- Sample CRTS RWH AAM Authorization
- Sample CRTS RWH AL Authorization
- Sample ARTS Dos Santos Re-Authorization
- San Mateo Beneficiary Handbook
- Sample – SAR
- Sample – TAR
- SARs – Approver License
- TAR – Approver Licenses
- TAR Acuity Acute Admin Criteria
- TAR Retro Review Procedure update Facility UM
- TARS Flowchart of Hospital Reviews

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP extends the timeframe for making an authorization decision for up to 14 additional calendar days. Per the discussion during the review, the MHP explained its outpatient authorization process but stated it does not have a concurrent review process for outpatient services. The MHP acknowledged the need to address this deficiency through a corrective action plan.

DHCS deems the MHP out of compliance with BHIN 22-016.

Question 5.2.13

FINDING
The MHP did not furnish evidence to demonstrate compliance with BHIN 22-016. The MHPs must establish and implement policies regarding prior authorization and/or MHP referral requirements for outpatient SMHS.

a. MHPs may not require prior authorization for the following services/service activities:
    i. Crisis Intervention;
    ii. Crisis Stabilization;
    iii. Mental Health Services, including initial assessment;
    iv. Targeted Case Management;
    v. Intensive Care Coordination; and,
    vi. Medication Support Services.

b. Prior authorization or MHP referral is required for the following services:
    i. Intensive Home-Based Services
    ii. Day Treatment Intensive
    iii. Day Rehabilitation
    iv. Therapeutic Behavioral Services
    v. Therapeutic Foster Care

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

- 20-04 Attachment A-TBS Authorization Form
- 20-04 Attachment B-TBS Service Authorization Request Form
- 20-04 Attachment C-TBS Utilization Request
- 20-04 Attachment D-TBS Assessment Extension Authorization
- 20-04 Attachment E-TBS Assessment Authorization
- 20-04 Attachment F-TBS Authorization Request Workflow
- 20-04 Authorization Youth SMHS
- 20-06 Attachment A Acknowledgement Notification Responsible
- 20-06 Attachment B Concurrent document Request
- 20-06 Attachment C Acknowledgement Notification Non-Responsible
- 20-06 UM Impatient Psychiatric Services
- 23-02 UM Audit, Oversight & Recoup SMHS
- 23-02 Attachment A SMHS Utilization Review

- ARTS & CRTS Approver License
- Hospital Reviews FY22-23 log
- Protocol for Redwood House 2-2023
- RWH and Cielo House Tracker
- Sample ARTS Black-Initial Authorization
- Sample CRTS RWH AAM Authorization
- Sample CRTS RWH AL Authorization
- Sample ARTS Dos Santos Re-Authorization
- San Mateo Beneficiary Handbook
- Sample – SAR
- Sample – TAR
- SARs – Approver License
- TAR – Approver Licenses
- TAR Acuity Acute Admin Criteria
- TAR Retro Review Procedure update Facility UM
- TARS Flowchart of Hospital Reviews

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP established and implements policies regarding prior authorization and/or MHP referral requirements for outpatient SMHS. Per the discussion during the review, the MHP stated it has a policy that outlines authorization requirements, which it would submit post review. Post review, no additional evidence was provided.

DHCS deems the MHP out of compliance with BHIN 22-016.

Question 5.2.14

FINDING
The MHP did not furnish evidence to demonstrate compliance with BHIN 22-016. The 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.

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

- 20-04 Attachment A-TBS Authorization Form
- 20-04 Attachment B-TBS Service Authorization Request Form
- 20-04 Attachment C-TBS Utilization Request
- 20-04 Attachment D-TBS Assessment Extension Authorization
- 20-04 Attachment E-TBS Assessment Authorization
- 20-04 Attachment F-TBS Authorization Request Workflow
- 20-04 Authorization Youth SMHS

- 20-06 Attachment A Acknowledgement Notification Responsible
- 20-06 Attachment B Concurrent document Request
- 20-06 Attachment C Acknowledgement Notification Non-Responsible
- 20-06 UM Impatient Psychiatric Services
- 23-02 UM Audit, Oversight & Recoup SMHS
- 23-02 Attachment A SMHS Utilization Review
- ARTS & CRTS Approver License
- Hospital Reviews FY22-23 log
- Protocol for Redwood House 2-2023
- RWH and Cielo House Tracker
- Sample ARTS Black-Initial Authorization
- Sample CRTS RWH AAM Authorization
- Sample CRTS RWH AL Authorization
- Sample ARTS Dos Santos Re-Authorization
- San Mateo Beneficiary Handbook
- Sample – SAR
- Sample – TAR
- SARs – Approver License
- TAR – Approver Licenses
- TAR Acuity Acute Admin Criteria
- TAR Retro Review Procedure upd FUM
- TARS Flowchart of Hospital Reviews

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

Authorization	# of Service Authorization In Compliance	# of Service Authorization 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.	8	2	80%

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP reviews and makes 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. Of the 10 Service Authorization Requests (SAR) reviewed by DHCS, two (2) were not completed within the required timeframe. Per the discussion during the review, the MHP stated it would submit supporting documentation for the SARs in question. Post review additional evidence was provided; however, the two (2) authorizations remained out of compliance.

DHCS deems the MHP partial compliance with BHIN 22-016.

Question 5.2.15

FINDING
The MHP did not furnish evidence to demonstrate compliance with BHIN 22-016 and Code of Federal Regulations, title 42, section 438, subdivision 210(d)(2)(i). For cases in which a provider indicates, or the MHP determines, that following the standard timeframe could jeopardize the beneficiary's life or health or ability to attain, maintain, or regain maximum function, 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 after receipt of the request for service.

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

- 20-04 Attachment A-TBS Authorization Form
- 20-04 Attachment B-TBS Service Authorization Request Form
- 20-04 Attachment C-TBS Utilization Request
- 20-04 Attachment D-TBS Assessment Extension Authorization
- 20-04 Attachment E-TBS Assessment Authorization
- 20-04 Attachment F-TBS Authorization Request Workflow
- 20-04 Authorization Youth SMHS
- 20-06 Attachment A Acknowledgement Notification Responsible
- 20-06 Attachment B Concurrent document Request
- 20-06 Attachment C Acknowledgement Notification Non-Responsible
- 20-06 UM Impatient Psychiatric Services
- 23-02 UM Audit, Oversight & Recoup SMHS
- 23-02 Attachment A SMHS Utilization Review
- ARTS & CRTS Approver License
- Hospital Reviews FY22-23 log
- Protocol for Redwood House 2-2023
- RWH and Cielo House Tracker
- Sample ARTS Black-Initial Authorization
- Sample CRTS RWH AAM Authorization
- Sample CRTS RWH AL Authorization

- Sample ARTS Dos Santos Re-Authorization
- San Mateo Beneficiary Handbook
- Sample – SAR
- Sample – TAR
- SARs – Approver License
- TAR – Approver Licenses
- TAR Acuity Acute Admin Criteria
- TAR Retro Review Procedure update Facility UM
- TARS Flowchart of Hospital Reviews

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP makes an expedited authorization decision and provides notice as expeditiously as the beneficiary's health condition requires and no later than 72 hours after receipt of the request for service. Per the discussion during the review, the MHP stated it would update its policy to reflect this requirement. The MHP was provided the opportunity to submit an updated policy; however, no additional evidence was provided to demonstrate compliance.

DHCS deems the MHP out of compliance with BHIN 22-016 and Code of Federal Regulations, title 42, section 438, subdivision 210(d)(2)(i).

BENEFICIARY RIGHTS AND PROTECTIONS

Question 6.1.14

FINDING
The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 11, section 3(F)(3)(a-b) and Welfare and Institution Code, section 14727(a)(4) and (5). The MHP shall provide information to all beneficiaries, prospective beneficiaries, and members of the public on how to file a Discrimination Grievance with:

a) The MHP and the Department if there is a concern of discrimination based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.
b) The United States Department of Health and Human Services Office for Civil Rights if there is a concern of discrimination based on race, color, national origin, sex, age, or disability.

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

- Beneficiary Handbook
- Grievance Acknowledgement Letter Templates
- Letter - Templates
- Grievance Brochure

- Grievance Presentation
- Log - Training - Grievance (2021-2022)
- 19-01 Attachment C - NOABD – Templates
- 19-01 Attachment A – Manual-Amended
- 19-01 Attachment B - Quick Guide
- 19-01 Attachment S – Poster
- 19-01 Grievance and Appeals
- Work Plan - Year End Review (FY20-21)
- Work Plan - Year End Review (FY21-22)

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides information to all beneficiaries, prospective beneficiaries, and members of the public on how to file a Discrimination Grievance. Per the discussion during the review, the MHP stated that it would update its policy to meet the contract requirements. Post review, the MHP submitted an updated policy with the required language that it will implement moving forward.

DHCS deems the MHP out of compliance with MHP contract, exhibit A, attachment 11, section 3(F)(3)(a-b) and Welfare and Institution Code, section 14727(a)(4) and (5).

Question 6.1.15

FINDING
The MHP did not furnish evidence to demonstrate compliance with the Welfare and Institution Code, section 14727(a)(4); Code of Federal Regulations, title 45, section 84.7; Code of Federal Regulations, title 34, section 106.8; Code of Federal Regulations, title 28, section 35.107; 42 United States Code, section 18116(a); California's Medicaid State Plan, Section 7, Attachments 7.2-A and 7.2-B; and MHP Contract, exhibit A, Attachment 12, section 4(A)(1). The MHP must designate a Discrimination Grievance Coordinator who is responsible for ensuring compliance with federal and state nondiscrimination requirements, and investigating Discrimination Grievances related to any action that would be prohibited by, or out of compliance with, federal or state nondiscrimination law.

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

- Beneficiary Handbook
- Grievance Acknowledgement Letter Templates
- Letter - Templates
- Grievance Brochure
- Grievance Presentation
- Log - Training - Grievance (2021-2022)
- 19-01 Attachment C - NOABD – Templates
- 19-01 Attachment A – Manual

- 19-01 Attachment B - Quick Guide
- 19-01 Attachment S – Poster
- 19-01 Grievance and Appeals
- Work Plan - Year End Review (FY20-21)
- Work Plan - Year End Review (FY21-22)

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has designated a Discrimination Grievance Coordinator who is responsible for ensuring compliance with federal and state nondiscrimination requirements, and investigating Discrimination Grievances related to any action that would be prohibited by, or out of compliance with, federal or state nondiscrimination law. Per the discussion during the review, the MHP stated that it would update its policy to meet the contract requirements. Post review, the MHP submitted an updated policy with the required language that it will implement moving forward.

DHCS deems the MHP out of compliance with the Welfare and Institution Code, section 14727(a)(4); Code of Federal Regulations, title 45, section 84.7; Code of Federal Regulations, title 34, section 106.8; Code of Federal Regulations, title 28, section 35.107; 42 United States Code, section 18116(a); California's Medicaid State Plan, Section 7, Attachments 7.2-A and 7.2-B; and MHP Contract, exhibit A, Attachment 12, section 4(A)(1).

Question 6.1.16

FINDING
The MHP did not furnish evidence to demonstrate compliance with the Welfare and Institution Code, section 14727(a)(4); Code of Federal Regulations, title 45, section 84.7; Code of Federal Regulations, title 34, section 106.8; Code of Federal Regulations, title 28, section 35.107; 42 United States Code, section 18116(a); California's Medicaid State Plan, Section 7, Attachments 7.2-A and 7.2-B; and MHP Contract, exhibit A, Attachment 12, section 4(A)(2). The MHP shall adopt procedures to ensure the prompt and equitable resolution of discrimination-related complaints. The MHP shall not require a beneficiary to file a Discrimination Grievance with the MHP before filing the complaint directly with the DHCS Office of Civil Rights and the U.S. Health and Human Services Office for Civil Rights.

The MHP submitted the following documentation as evidence of compliance with this requirement:
- Beneficiary Handbook
- Grievance Acknowledgement Letter Templates
- Letter - Templates
- Grievance Brochure
- Grievance Presentation
- Log - Training - Grievance (2021-2022)

- 19-01 Attachment C - NOABD – Templates
- 19-01 Attachment A – Manual
- 19-01 Attachment B - Quick Guide
- 19-01 Attachment S – Poster
- 19-01 Grievance and Appeals
- Work Plan - Year End Review (FY20-21)
- Work Plan - Year End Review (FY21-22)

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has adopted procedures to ensure the prompt and equitable resolution of discrimination-related complaints. Per the discussion during the review, the MHP stated that it would update its policy to meet the contract requirements. Post review, the MHP submitted an updated policy with the required language that it will implement moving forward.

DHCS deems the MHP out of compliance with the Welfare and Institution Code, section 14727(a)(4); Code of Federal Regulations, title 45, section 84.7; Code of Federal Regulations, title 34, section 106.8; Code of Federal Regulations, title 28, section 35.107; 42 United States Code, section 18116(a); California's Medicaid State Plan, Section 7, Attachments 7.2-A and 7.2-B; and MHP Contract, exhibit A, Attachment 12, section 4(A)(2).

Question 6.1.17

FINDING
The MHP did not furnish evidence to demonstrate compliance with MHP Contract, exhibit A, Attachment 12, section 4(A)(3) and California Medicaid State Plan, section 7, attachments 7.2-A and 7.2-B. Within ten calendar days of mailing a Discrimination Grievance resolution letter to a beneficiary, the MHP must submit the following information regarding the complaint to the DHCS Office of Civil Rights:

a) The original complaint.
b) The provider's or other accused party's response to the complaint.
c) Contact information for the personnel primarily responsible for investigating and responding to the complaint on behalf of the MHP.
d) Contact information for the beneficiary filing the complaint, and for the provider or other accused party that is the subject of the complaint.
e) All correspondence with the beneficiary regarding the complaint, including, but not limited to, the Discrimination Grievance acknowledgment letter and resolution letter sent to the beneficiary.
f) The results of the MHPs investigation, copies of any corrective action taken, and any other information that is relevant to the allegation(s) of discrimination.

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

- Beneficiary Handbook

- Grievance Acknowledgement Letter Templates
- Letter - Templates
- Grievance Brochure
- Grievance Presentation
- Log - Training - Grievance (2021-2022)
- 19-01 Attachment C - NOABD – Templates
- 19-01 Attachment A – Manual
- 19-01 Attachment B - Quick Guide
- 19-01 Attachment S – Poster
- 19-01 Grievance and Appeals
- Work Plan - Year End Review (FY20-21)
- Work Plan - Year End Review (FY21-22)

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP submits required information regarding a complaint to the DHCS Office of Civil Rights within ten calendar days of mailing a Discrimination Grievance resolution letter to a beneficiary. Per the discussion during the review, the MHP stated that it would update its policy to meet the contract requirements. Post review, the MHP submitted an updated policy with the required language that it will implement moving forward.

DHCS deems the MHP out of compliance with MHP Contract, exhibit A, Attachment 12, section 4(A)(3) and California Medicaid State Plan, section 7, attachments 7.2-A and 7.2-B.