



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2019/2020

**MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW
OF THE ALAMEDA COUNTY MENTAL HEALTH PLAN**

SYSTEM FINDINGS REPORT

Review Dates: 01/28/2020 - 01/30/2020

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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 an onsite review of the Alameda County MHP's Medi-Cal SMHS programs on 01/28/2020 to 10/30/2020. 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) 2019/2020 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:

- Section A: Network Adequacy and Availability of Services
- Section B: Care Coordination and Continuity of Care
- Section C: Quality Assurance and Performance Improvement

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- Section D: Access and Information Requirements
- Section E: Coverage and Authorization of Services
- Section F: Beneficiary Rights and Protections
- Section G: Program Integrity
- Section H: Other Regulatory and Contractual Requirement

This report details the findings from the Medi-Cal SMHS Triennial System Review of the Alameda County MHP. The report is organized according to the findings from each section of the FY 2019/2020 Protocol and the Attestation 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 out of 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 out of compliance. 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.

Review Findings Overview

- During the DHCS review, the Alameda County MHP demonstrated numerous strengths, including but not limited to the following examples:
 - Internal and external collaborations
 - Telehealth in the jails
 - Strong Cultural Competency Committee
 - Compliance process improvements
 - Implementation of warm hand off for the transitional age youth

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- Data usage for improvements
- Youth forensic programs
- Focusing on High-Risk individuals

- DHCS identified opportunities for improvement in various areas, including:
 - 24/7 Access Line
 - Streamline Child Family Team process
 - Therapeutic Foster Care development

Questions about this report may be directed to DHCS via email to MCBHDMonitoring@dhcs.ca.gov.

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FINDINGS

ATTESTATION

| REQUIREMENT |
|--|
| The MHP shall comply with the conflict of interest safeguards described in Title 42 Code of Federal Regulations (C.F.R.) part 438.58 and the prohibitions described in section 1902(a)(4)(C) of the Act. (42 C.F.R. § 438.3(f)(2)) |

FINDING

The MHP did not attest to the above requirement. The MHP must complete a CAP addressing this finding of non-compliance.

| REQUIREMENT |
|--|
| The MHP's officers and employees shall not have a financial interest in this Contract or a subcontract of this Contract made by them in their official capacity, or by any body or board of which they are members unless the interest is remote (Gov. Code §§ 1090, 1091; 42 C.F.R. §438.3 (f)(2).) |

FINDING

The MHP did not attest to the above requirement. The MHP must complete a CAP addressing this finding of non-compliance.

| REQUIREMENT |
|--|
| The MHP shall not utilize in the performance of this Contract any State officer or employee in the State civil service or other appointed State official unless the employment, activity, or enterprise is required as a condition of the officer's or employee's regular State employment. (Pub. Con. Code §10410; 42 C.F.R. §438.3 (f)(2).) The MHP shall submit documentation to the Department of employees (Current and former State employees) who may present a conflict of interest (MHP Contract, Ex. A, Att.1) |

FINDING

The MHP did not attest to the above requirement. The MHP must complete a CAP addressing this finding of non-compliance.

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

| REQUIREMENT |
|--|
| The MHP shall 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 (42 C.F.R. § 438.206(c)(1)(i).) |

FINDING

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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.

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

- #51 Data Reports
- #51 New Clients
- #52 Timely Access Monitoring Tool Policy 6/19/19,
- #52 Timely Access Monitoring Jan-March
- #52 Timely Access Monitoring New & Returning Clients
- #52 2019 Q4 Timely Access Report
- #53 Timely Access - Corrective Action Plan
- #53 Timely Assessment Records Monitoring Jan-March
- #53 “ “New & Returning Client
- #53 Q4 Timely Access Report
- #53 Alameda CAP Tool DHCS Response 11/26/19
- #53 Overview Scope of Work 24/7 Subcontractors Binder

In addition, DHCS reviewed the internal compliance data regarding Network Adequacy. The Network Adequacy data indicated that the MHP has a conditional pass on the timeliness standard requirements.

DHCS deems the MHP out of compliance with the Federal Code of Regulations, title 42, section, 438, subsection 206(c)(1)(i). The MHP must comply with the CAP requirements per Network Adequacy Findings Report addressing this finding of non-compliance.

| REQUIREMENT |
|---|
| The MHP must provide Therapeutic Foster Care (TFC) services to all children and youth who meet medical necessity criteria for TFC. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3 rd Edition, January 2018) |

FINDING

The MHP did not furnish evidence to demonstrate compliance with the 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 have an affirmative responsibility to determine if children and youth meet medical necessity criteria need TFC.

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

- #78 TFC Approval Form

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- #78 TFC Referral 2019
- #78 Probation Dept

Alameda County Behavioral Health informed DHCS that they are not providing Therapeutic Foster Care at this time.

DHCS deems the MHP out of compliance with the Medi-Cal Manual for ICC, IHBS, and TFC for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must complete a CAP addressing this finding of non-compliance.

ACCESS AND INFORMATION REQUIREMENTS

| REQUIREMENT |
|---|
| The MHP provider directory must contain the following required elements: (Fed. Code Regs., tit. 42, § 438, subd.10(h)(1)(v), Cal Code Regs., tit. 9, chap. 11, § 1810, subd. 410, MHSUDS, IN, No. 18-020). |
| An indication of whether the provider has completed cultural competence training. |

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(h)(1)(v), California Code of Regulations, title 9, chapter 11, section 1810, subdivision 410, and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-020. The MHP provider directory must contain all the elements required above.

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

- #275 Provider Directory
- #275 Informing Material
- #275 11-1 MHS org (Provider Directory)
- #275 Evidence of Provider Directory Mock-up online PD
- #275 Mailing Insert

The provider directory indicated that the majority of the providers have not completed cultural competence training. During the on-site review, the MHP stated that providers have completed training, but the data has not been reflected into the current provider directory. MHP is currently updating the provider directory to reflect cultural competence training data.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(h)(1)(v), California Code of Regulations, title 9, chapter 11, section 1810, subdivision 410, and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-020. The MHP must complete a CAP addressing this finding of non-compliance.

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| REQUIREMENT |
|--|
| Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number: (Cal. Code Regs., tit. 9, chap. 11, § 1810, subd. 405(d) and 410(e)(1).) |
| 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. |
| The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition. |
| The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes. |

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). Each MHP must provide 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, that will provide information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met and services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearing processes. The seven (7) test calls are summarized below.

TEST CALL #1

Test call #1 was placed on Friday, September 27, 2019, at 12:35 a.m. The call was initially answered after two (2) rings via a live operator. The operator assessed the DHCS test caller's current condition by asking if immediate services were required and advising caller that they were speaking to a trained counselor. The caller replied in the negative. The caller requested information about accessing mental health services in the county. The counselor shared the assessment process for children screening and advised that the parent must be present for the assessment as a child under the age of 12 requires parental consent. The counselor provided hours-of-operation and advised caller to call during business hours for screening and referral to applicable facility. The operator advised the caller that the 24/7 access line is available for a crisis or urgent services. The caller was provided information about how to access SMHS and 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 #2

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Test call #2 was placed on Monday, October 21, 2019, at 12:19 p.m. The call was initially answered after two (2) rings via a live operator. The caller requested information about accessing mental health services in the county. The operator informed caller they were being transferred to a clinician. The caller was on hold for seven (7) minutes. Therefore, the call was terminated. No information about SMHS was provided to the caller. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, nor was the caller provided information about services needed to treat a beneficiary's urgent condition.

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 #3

Test call #3 was placed on Thursday, October 24, 2019, at 2:28 p.m. The call was initially 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, the DHCS test caller then heard a recorded greeting and instructions to dial 911 in an emergency. After selecting the option for the operator, the operator transferred the caller to a clinician. The caller requested information about accessing mental health services in the county. The operator explained the intake and referral process and that it would take between 15 and 20 minutes. The caller informed the operator they did not have the time at the moment. The operator provided the days and hours of operation: Monday through Friday, from 8:30 a.m. to 5:00 p.m., and instructed the caller to call back. The caller was provided information about how to access SMHS and 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 #4 was placed on Monday, October 28, 2019, at 7:31 a.m. The call was initially answered after one (1) ring via a live operator. The operator informed the caller that the call had rolled over to the crisis line; therefore, the operator asked the caller if they were in crisis now. The caller replied in the negative. The caller requested information about how to file a complaint in the county. The operator explained that they have a grievance process and provided their Consumer Assistance Office information and informed the caller they could request a grievance form verbally or in writing. The operator also provided the website to obtain a grievance form or have it mailed. The caller was

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provided information about how to file a grievance, information about how to access SMHS and 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 #5 was placed on Thursday, October 31, 2019, at 2:28 p.m. The call was initially 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, the DHCS test caller then heard a recorded greeting and instructions to call 911 in an emergency. The caller was then placed on brief hold while the caller was transferred to a live operator. The caller asked how to file a grievance. The caller was then transferred to a clinician after another brief hold. After reaching the second operator, the caller was asked to provide their name and given instructions to contact the consumer complaint line to file their complaint. The caller was not provided information on beneficiary rights or how to file a grievance by obtaining the forms from either mail, lobby, or from the MHP website.

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 #6

Test call #6 was placed on Friday, November 1, 2019, at 7:23 a.m. The call was initially answered after three (3) rings via a live operator. The caller requested information about accessing mental health services in the county. The operator interrupted the caller by stating that access was closed, and if this is an immediate crisis, they could transfer the caller to the crisis support. The operator also informed the caller they would have to call back after 8:30 a.m. to reach access, because they are the call center. The caller reiterated what was explained and the operator stated affirmative; therefore, the call was terminated. No additional information about SMHS was provided to the caller. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, nor was the caller provided information about services needed to treat a beneficiary's urgent condition.

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 #7 was placed on Tuesday, November 5, 2019, at 9:28 a.m. The call was initially 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, the DHCS test caller then heard a recorded greeting

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and instructions to call 911 in an emergency. The caller was then placed on hold for five (5) minutes while waiting for a live operator, after which time, the call was terminated. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, nor was the caller provided information about services needed to treat a beneficiary's urgent condition.

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 | | | | | | | | 100% |
| 2 | IN | OUT | IN | | | OUT | OUT | 40% |
| 3 | IN | OUT | IN | | | OUT | OUT | 40% |
| 4 | | | | IN | OUT | | | 50% |

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). The MHP must complete a CAP addressing this finding of partial compliance. This is a repeated deficiency identified in the previous triennial review.

| REQUIREMENT |
|--|
| The MHP must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing. (Cal. Code Regs., tit. 9, chap. 11, §1810, subd.405(f)). The written log(s) contain the following required elements: |
| Name of the beneficiary. |
| Date of the request. |
| Initial disposition of the request. |

FINDING

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.

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

- Access Test Calls 09/27/2019 to 12/24/2019

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- DHCS Test Call Summary
- 24/7 Test Call Quarterly Report
- Medi-Cal Behavioral Health Division's County Monitoring Quarterly Report

While the MHP submitted evidence to demonstrate compliance with this requirement, four of five 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 | 09/27/19 | 12:35 a.m. | OUT | OUT | OUT |
| 2 | 10/12/19 | 12:19 p.m. | OUT | OUT | OUT |
| 3 | 12/24/19 | 2:28 p.m. | IN | IN | IN |
| 6 | 11/01/19 | 7:23 a.m. | OUT | OUT | OUT |
| 7 | 11/18/19 | 9:28 a.m. | OUT | OUT | OUT |
| Compliance Percentage | | | 20% | 20% | 20% |

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). The MHP must complete a CAP addressing this finding of partial compliance.

PROGRAM INTEGRITY

| REQUIREMENT |
|---|
| The MHP Compliance program includes: |
| A system for training and education for the CO, the organization's senior management, and the organization's employees for the federal and state standards and requirements under the contract. (MHP contract, Ex. A, Att. 13; Fed. Code Regs., tit. 42, §438, subd.608(a)(1).) |

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attached 13, and Federal Code of Regulations, title 42, section 438, subdivision 608(a)(1). The MHP Compliance program must include all requirements listed above.

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

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- #403 Compliance Program
- #404 Standard of Conduct
- #409-410 Completed Comp Train
- #412 Compliance Training Curriculum
- #414 Compliance Signage
- #415 Employee Acknowledgement of Dis Guidelines
- #416 Monitoring Log
- #417 Corrective action
- P&P Ethical Conduct

The MHP did not have evidence of tracking and monitoring compliance training for the subcontracted providers.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attached 13, and Federal Code of Regulations, title 42, section 438, subdivision 608(a)(1). The MHP must complete a CAP addressing this finding of non-compliance.

OTHER REGULATORY AND CONTRACTUAL REQUIREMENTS

| REQUIREMENT |
|---|
| The MHP shall allow such inspection, evaluation and audit of its records, documents and facilities, and those of its subcontractors, for 10 years from the term end date of this Contract or in the event the Contractor has been notified that an audit or investigation of this Contract has been commenced, until such time as the matter under audit or investigation has been resolved, including the exhaustion of all legal remedies, whichever is later. (MHP contract, Ex. E; Fed. Code Regs., tit. 42, § 438, subd. 3(h) and 230(c)(3)(i-iii).) |

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit E, and Federal Code of Regulations title 42, section 438, subdivision 3(h) and 230(c)(3)(i-iii). The MHP, and subcontractors, must allow the Department, CMS, the Office of the Inspector General, the Comptroller General of the United States, and other authorized federal and state agencies, or their duly authorized designees, to evaluate Contractor’s, and subcontractors’, performance under this contract, including the quality, appropriateness, and timeliness of services provided, and to inspect, evaluate, and audit any and all records, documents, and the premises, equipment and facilities maintained by the Contractor and its subcontractors pertaining to such services at any time. Also the MHP must allow such inspection, evaluation and audit of its records, documents and facilities, and those of its subcontractors, for 10 years from the term end date of this Contract or in the event the Contractor has been notified that an audit or investigation of this Contract has been commenced, until such time as the matter under audit or investigation has been resolved, including the exhaustion of all legal remedies, whichever is later

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

- Alameda County Behavioral Health Boilerplate for FY 2018-2019 language addresses the 10 years; however, current contract with ACBH was not amended nor was there an Addendum to address the 3 to 10 years change
- #459 Inspection
- #460 Record Retention

Alameda County Behavioral Health Boilerplate for FY 2018-2019 addresses the 10 years. However, the MHP did not submit an amendment or addendum to correct the required timeframe from three (3) years to 10 years for three contracts executed in 2016 (MSI System Corp, Power Personnel, Inc., Locum Tenens.com).

DHCS deems the MHP out of compliance with the MHP contract, exhibit E, and Federal Code of Regulations title 42, section 438, subdivision 3(h) and 230(c)(3)(i-iii). The MHP must complete a CAP addressing this finding of non-compliance.

SURVEY ONLY FINDINGS

AUTHORIZATION REQUIREMENTS FOR CONCURRENT REVIEW AND PRIOR AUTHORIZATION

| REQUIREMENT |
|--|
| 2) 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. |

FINDING

The MHP did not furnish evidence to demonstrate compliance with this survey item requirement.

SUGGESTED ACTION

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 |
|--------------------|---|--|------------------------------|
| | | | |

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| | | | |
|---|----|---|------|
| <p>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.</p> | 49 | 1 | 98% |
| <p>Expedited Authorization: The MHP makes 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</p> | 0 | 0 | 100% |

DHCS recommends, at a minimum, the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements, or to strengthen current processes in this area to ensure compliance in future reviews:

- DHCS recommends that the MHP revisit the timeframe requirements to ensure that Services Authorization Requests do not exceed the five (5) day requirement for beneficiary determinations.