



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2019/2020

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

SYSTEM FINDINGS REPORT

Review Dates: September 9, 2020 through September 10, 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 San Benito County MHP's Medi-Cal SMHS programs on September 9, 2020, through September 10, 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 San Benito 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 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.

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

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FINDINGS

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

QUESTION A.I.B

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulation, title 24, section 438, subdivision 207(b)(1). The MHP must offer an appropriate range of SMHS that is adequate for the number of beneficiaries in the county.

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

- NACT Remediation Tool
- NACT Submission Tool
- Service Maps
- San Benito FY 2019-2020 Implementation Plan
- Policies & Procedures ADM 00:15 Network Adequacy
- Performance Outcomes System Data – Spring & Fall 2019 POQI Survey Results
- Penetration Reports FY18/19 and FY19/20

Internal documentation reviewed:

- Network Adequacy Internal Compliance Data

While the MHP submitted evidence to demonstrate compliance with this requirement, the Network Adequacy Internal Compliance data revealed that the MHP is out of compliance and has received a conditional pass for Outpatient Specialty Mental Health Services (SMHS) Provider Capacity for Children/Youth. Therefore, it is not evident that the MHP offers an appropriate range of SMHS that is adequate for the number of beneficiaries in the county.

DHCS deems the MHP out of compliance with Federal Code of Regulation, Title 42, Section 438, subdivision 207(b)(1). The MHP must comply with CAP requirement per the Network Adequacy Findings Report addressing this finding of non-compliance.

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ACCESS AND INFORMATION REQUIREMENTS

QUESTION D.VI.B1-4

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 about 1) how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met; 2) services needed to treat a beneficiary's urgent condition; and 3) 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 Friday, December 27, 2019, at 12:45 p.m. The call was answered after one (1) ring via phone tree directing the caller to select a language option, which included the MHP's threshold language (Spanish). After selecting the option for English, the caller was transferred to a live operator. The caller requested information about accessing mental health services in the county. The operator explained that the office and clinics were closed for the holidays, but regular daytime staff could provide additional information and assistance when they were open and provided the caller with the hours of operation and office location. The caller was not provided information about how to access SMHS 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 #2

Test call was placed on Friday, December 27, 2019, at 3:00 p.m. The call was answered before an audible ring via a phone tree directing the caller to select a language option, which included the MHP's threshold language (Spanish). After selecting the option for English, the test caller then heard a recorded greeting and instructions to call 911 in an emergency. The caller was then placed on a brief hold while the call was transferred to a live operator. The caller requested information about accessing mental health services in the county in order to refill a prescription for anxiety medication. The operator explained that he/she was an after-hours operator and would like to transfer the caller to the clinic since it was during regular business hours. The operator explained that someone in the clinic would be able to help him/her immediately. The caller told the operator that the recording said the offices and clinic were closed for the week. The operator provided the Medi-Cal helpline telephone number, asked the caller if they were in a safe place, or if they were in danger of hurting

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him/herself. The caller responded he/she was safe and would not hurt him/herself. The caller was not provided information about how to access SMHS but was provided information on 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 Monday, January 13, 2020, at 7:22 a.m. The call was answered after one (1) ring via live operator. The caller requested information on how to schedule an appointment with a county provider in order to refill a prescription. The operator informed the caller that he/she reached the after-hours staff and they could not help with medication. The operator suggested the caller try to call back after 8 a.m. to speak with the daytime staff. The caller thanked the operator and ended the call. 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 CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1).

TEST CALL #4

Test call was placed on Thursday, January 16, 2020, at 7:37 a.m. The call was answered after one (1) ring via live operator. The caller requested information about accessing mental health services in the county for his/her young son. The operator was welcoming and asked some clarifying questions to try to figure out what type of help the caller needed. The caller stated he/she was not sure, but wanted to know what services were available. The operator wanted to assist, but then ended up giving the caller the option to either leave information for someone to call him/her back or for the caller to call back at 8:00 a.m. during business hours. The caller ended up stating he/she would call back. 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 #5

Test call was placed on Tuesday, March 10, 2020, at 9:04 a.m. The call was answered after one (1) ring via live operator. The caller requested information about accessing mental health services in the county. The operator asked for the caller's name and the caller responded with his/her name. The operator informed the caller there are three

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categories conducted for the assessment: psychological, therapy, and substance abuse. The operator informed the caller about the MHP's hours of operation and how long it takes to conduct an assessment. The operator asked the caller if he/she would like to complete the registration and provide their contact information. The caller asked if they could walk-in. The operator replied in the affirmative. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met.

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 Wednesday, December 11, 2019, at 2:02 p.m. A live operator answered the call after three (3) rings. The caller asked for information on how to file a complaint. The operator stated that they were covering the line and did not know the answer. The operator advised the caller to call back later. The caller was not provided information about how to use the beneficiary problem resolution and fair hearing processes.

FINDING

The call is deemed out of compliance with the regulatory requirements with CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1).

TEST CALL #7

Test call was placed on Thursday, April 9, 2020, at 2:44 p.m. The call was answered after two (2) rings via live operator. The DHCS test caller requested information about obtaining information regarding the grievance process. The operator provided the caller with information regarding the grievance and appeal process. The operator inquired if the caller wanted the call transferred to a grievance representative and the caller declined. The operator advised the caller that the complaint forms were available in the lobby. The operator advised the caller of the MHP's hours of operation. The operator inquired if the caller would like to share information regarding the complaint and the caller declined to share. The caller was provided information about how to use the beneficiary resolution and fair hearing process.

FINDING

The call is deemed in compliance with the regulatory requirements with CCR, title 9, chapter 11, sections 1810.405.

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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	IN	IN	100%
2	OOC	IN	OOC	OOC	N/A	N/A	N/A	25%
3	N/A	OOC	OOC	OOC	N/A	N/A	N/A	0%
4	N/A	N/A	N/A	N/A	N/A	OOC	IN	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.

Repeat deficiency Yes

QUESTION D.VI.C1-2a-c

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:

- Policies & Procedures CLN 1715
- Access Line and Log 24-7 Services

While the MHP submitted evidence to demonstrate compliance with this requirement, two 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:

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Test Call #	Date of Call	Time of Call	Log Results		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
1	12/27/2019	12:45 p.m.	OOC	OCC	OOC
2	12/27/19	3:00 p.m.	OOC	IN	IN
3	1/13/220	7:22 p.m.	IN	IN	IN
4	1/16/2020	7:37 a.m.	OOC	IN	IN
5	3/10/2020	9:04 a.m.	OOC	OOC	OCC
Compliance Percentage			20%	60%	60%

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.

Repeat deficiency Yes

COVERAGE AND AUTHORIZATION OF SERVICES

QUESTION E.IV.A1-6

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 400(b)(1), (2), (4), and (5). The MHP must provide beneficiaries with a Notice of Adverse Beneficiary Determination (NOABD) under the circumstances listed in E.IV.A1-6.

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

- Policies & Procedures CLN 16:30 Notice of Adverse Benefit Determination for Medi-Cal Services
- Policies & Procedures CLN 03:10 Client Problem Resolution Process
- Timeliness Report
- 400 Service Request Samples
- TAR samples
- MASTER FILE Mental Health Access Log Oct-Dec
- MASTER FILE Mental Health Access Log July-Sept
- MASTER FILE Mental Health Access Log Jan-Mar 2020
- SBCBH FY 19-20 QI Work Plan
- SBCBH Grievances FY 16-17

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- SBCBH Grievances FY 17-18
- SBCBH Grievances FY 18-19
- Grievance Tracking List FY 19-20
- Grievance Detailed Log
- NOABD-3 Denial of Delivery System
- NOABD-4-Modification Notice
- NOABD-7 Timely Access
- NOABD-8 Financial Liability Notice
- NOABD samples

While the MHP submitted evidence to demonstrate compliance with these requirements, the MHP did not provide documentation necessary to support that it had issued NOABDs for two (2) TARS it authorized under the condition of modified treatment; that it had issued NOABDs when it failed to provide services in a timely manner; or, that it had issued NOABDs to beneficiaries and forwarded copies to providers for untimely resolution of five (5) grievances and one (1) appeal.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 400(b)(1), (2), (4), and (5). The MHP must complete a CAP addressing these findings of non-compliance.

BENEFICIARY RIGHTS AND PROTECTIONS

QUESTION F.I.E1-3

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 12, Federal Code of Regulations, title 42, section 438, subdivision 406(b)(1), and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-010E. The MHP must acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing meeting above listed standards.

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

- Policies & Procedures CLN 0310 Client Problem Resolution Process
- Policies & Procedures CLN 0310 Client Problem Resolution Process 2020 Update
- Grievance Detailed Log
- Grievance Tracking Log FY 19-20
- SBCBH Grievances FY 16-17
- SBCBH Grievances FY 17-18
- SBCBH Grievances FY 18-19

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

	# OF SAMPLE REVIEWED	ACKNOWLEDGMENT		COMPLIANCE PERCENTAGE
		# IN	# OOC	
GRIEVANCES	9	2	7	22%
APPEALS	1	0	1	0%
EXPEDITED APPEALS	0	N/A	N/A	N/A

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the written acknowledgment to the beneficiary was postmarked within five calendar days of receipt of the grievance. Specifically, the MHP did not mail seven grievance acknowledgement letters within the five-calendar day timeframe. For clarification, nine (9) of the total 18 grievances took place in FY 16-17, prior to the All Plan Letter 17-006, issued in FY 17-18, and Information Notice 18-010E, issued March 27, 2018 (FY 18-19), and as such were not required to send the grievance acknowledgement letter within five-calendar days. Therefore, these nine (9) FY 16-17 grievances were removed from the above analysis.

The findings for the nine (9) grievance acknowledgement letters from the FY 16-17 verification sample are as detailed below.

	# OF SAMPLE REVIEWED	ACKNOWLEDGMENT		COMPLIANCE PERCENTAGE
		# IN	# OOC	
GRIEVANCES	9	9	0	100%
APPEALS	0	N/A	N/A	N/A
EXPEDITED APPEALS	0	N/A	N/A	N/A

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 12, Federal Code of Regulations, title 42, section 438, subdivision 406(b)(1), and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-010E. The MHP must complete a CAP addressing this finding of non-compliance.

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QUESTION F.II.A1-6

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 416 and California Code of Regulations, title 9, section 1850, subdivision 205. The MHP must adhere to the record keeping, monitoring, and review requirements as listed above.

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

- Policies & Procedures CLN 0310 Client Problem Resolution Process
- Policies & Procedures CLN 0310 Client Problem Resolution Process 2020 Update
- Grievance Detailed Log
- Grievance Tracking Log FY 19-20
- SBCBH Grievances FY 16-17
- SBCBH Grievances FY 17-18
- SBCBH Grievances FY 18-19

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP consistently maintained its grievance and appeal logs for the entire triennial review period. For example, in the MHP's grievance and appeal log for FY 19-20, quarter one, contained one entry. Upon further review of the MHP's submitted grievance and appeal log, DHCS found it was missing the following required elements:

- Verification that grievances and appeals are logged within one working day of receipt.
- The date of each review or review meeting.
- Resolution information for each level of the appeal or grievance.
- The date of resolution at each level.
- The final disposition and date the decision is sent to the beneficiary
- Or if there has not been final disposition of the grievance, appeal, or expedited appeal, the reason(s) must be included in the log.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 416 and California Code of Regulations, title 9, section 1850, subdivision 205. The MHP must complete a CAP addressing this finding of non-compliance.

QUESTION F.III.B

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(a)-(b)(1). The MHP must resolve

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each grievance as expeditiously as the beneficiary’s health condition requires not to exceed 90 calendar days from the day the Contractor receives the grievance

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

- Policies & Procedures CLN 0310-Client Problem Resolution Process
- Policies & Procedures CLN 0310-Client Problem Resolution 2020 Update
- SBCBH Grievance Samples FY 16-17
- SBCBH Grievance Samples FY 17-18
- SBCBH Grievance Samples FY 18-19
- FY 16-17 ABGAR
- FY 17-18 ABGAR
- FY 18-19 ABGAR

In addition, DHCS reviews grievances, appeals, and expedited appeal samples to verify compliance with standards. Results of the sample verifications are detailed below:

	RESOLVED WITHIN TIMEFRAMES			REQUIRED NOTICE OF EXTENSION EVIDENT	COMPLIANCE PERCENTAGE
	# OF SAMPLE REVIEWED	# IN COMPLIANCE	# OOC		
GRIEVANCES	18	13	5	0	72%
APPEALS	1	0	0	0	0%
EXPEDITED APPEALS	0	N/A	N/A	N/A	N/A

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP resolves each grievance as expeditiously as the beneficiary’s health condition requires, not to exceed 90 calendar days from the day the Contractor receives the grievance. Specifically, the MHP was beyond the 90-day timeline in resolving five (5) out of 18 of its grievances and its one (1) appeal during the triennial review period. In addition, the MHP did not provide evidence that it issued NOABDs to beneficiaries when failing to act within timeframes in resolving grievances and appeals.

DHCS deems the MHP in partial compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(a)-(b)(1). The MHP must complete a CAP addressing this finding of partial compliance.

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QUESTION F.III.C

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1850, subdivision 206(c). The MHP must provide written notification to the beneficiary or the appropriate representative of the resolution of a grievance and documentation of the notification or efforts to notify the beneficiary, if he or she could not be contacted.

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

- Policies & Procedures CLN 0310-Client Problem Resolution Process
- Policies & Procedures CLN 0310-Client Problem Resolution 2020 Update
- SBCBH Grievance Samples FY 16-17
- SBCBH Grievance Samples FY 17-18
- SBCBH Grievance Samples FY 18-19
- FY 16-17 ABGAR
- FY 17-18 ABGAR
- FY 18-19 ABGAR
- SBCBH Grievance Samples FY 19-20 (not included in analysis)

In addition, DHCS reviews grievances, appeals, and expedited appeal samples to verify compliance with standards. Results of the sample verifications are detailed below:

	# OF SAMPLE REVIEWED	RESOLUTION NOTICE		COMPLIANCE PERCENTAGE
		# IN	# OOC	
GRIEVANCES	18	2	16	11%
APPEALS	1	0	1	0%
EXPEDITED APPEALS	0	N/A	N/A	N/A

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP notifies the beneficiary and each appropriate representative of the grievance or appeal outcome. Specifically, the MHP's grievance verification sample was missing 16 of the 18 grievance resolution letters and the one (1) appeal resolution notification letter from the triennial review period.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1850, subdivision 206(c). The MHP must complete a CAP addressing this finding of non-compliance.