DEPARTMENT OF MANAGED HEALTH CARE OFFICE OF PLAN MONITORING DIVISION OF PLAN SURVEYS

TECHNICAL ASSISTANCE GUIDE

BEHAVIORIAL HEALTH INVESTIGATION

This Technical Assistance Guide (TAG) serves as a guide for the Behavioral Health Investigations (BHI) which are being conducted under the Department's authority provided for in Health and Safety Code section 1346. This TAG may be revised as appropriate, to incorporate new or updated relevant legal requirements as they impact the BHIs, or for any other reason as determined by the Department. The content and scope of the Department's BHI is not limited to the areas of assessment or questions in this TAG. The Department may investigate and/or refer for prosecution any violation of the Knox-Keene Act, Title 28 of the California Code of Regulations, and other applicable laws and regulations, by the subject plan or its delegates.

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1. Access and Availability of MH/SUD Services Investigator:

Asse	essment Questions	Yes	No	N/A
1.1	Are the Plan/Delegate access and availability policies and			
	procedures designed to ensure provision of BH services in a			
	timely manner appropriate for the nature of the enrollee's			
	condition consistent with good professional practice?			
	Section 1367(d) & (e), Rule 1300.67.2.2(c)(1) & 1300.74.72(f)			
1.1 (Comments			
1.2	Are the Plan/Delegate's documented timely access standards			
1.2	for BH services consistent with the requirements of Section			
	1367.03(a)(5) and Rule 1300.67.2.2(c)(5) for urgent, non-			
	urgent appointments, and nonurgent follow-up appointments?			
1.2 (Comments			
1.3	Does the Plan/Delegate have a methodology to monitor each			
1.0	of the items listed below?			
	a) Appointment accessibility to BH services.			
	b) Telephone accessibility to ensure enrollees have			
	appropriate access to Plan services.			
	c) Delayed appointment dates			
	d) Interpreter services requests for and provision of services			
	at the time of the appointment.			
	Rule 1300.51(d)(I)(5), 1300.67.04(c)(2)(G)(iv)			
1.3 (Comments	<u> </u>		
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Asse	essment Questions	Yes	No	N/A
1.4	Does the Plan/Delegate Provider Appointment Availability			
	Survey (PAAS) report include the following types of providers?			
	 Psychiatrists, 			
	 Non-physician mental health care providers (which 			
	include the following combined types):			
	 Psychologist (PhD/Psy.DLevel), 			
	APCC/LPCC,			
	AMFT/Licensed MFT and			
	ASW/Master of Social Work/ LCSW			
4.4.0	(Required by the MY 2019 PAAS Methodology)			
1.5	Do the Plan/Delegate PAAS results for BH providers			
	demonstrate adequate appointment availability for BH providers?			
1.5 C	comments			
1.6	Do Plan/Delegate audits, reports and/or other documents			
	demonstrate that in operation, Plan/Delegate processes are			
	completed in a manner that ensures provision of covered BH			
	services in a timely manner appropriate for the enrollee's			
	condition, including all inpatient, outpatient and pharmacy BH services?			
	Section 1367.03(a)(2), Rule 1300.67.2.2(c)(2)			
1.6 C	comments			
L				

Asse	ssment Questions	Yes	No	N/A
1.7	Do Plan/Delegate documents demonstrate appropriate and effective monitoring of appointment accessibility to ensure enrollees have access to appropriate BH services?			
	Section 1367.03(d) & Rules 1300.67.2(f), 1300.67.2.2(d)(2)(E), 1300.68(e)(2)			
1.7 C	omments			
1.8	Does the Plan/Delegate permit enrollees to select any licensed psychologist contracted with the Plan, or, upon referral, any Marriage and Family Therapist (MFT), Licensed Clinical Social Worker (LCSW), masters prepared psychiatricmental health RN or clinical nurse specialist, or any Licensed Professional Clinical Counselor (LPCC)?			
	Section 1373(h)(2)			
1.8 C	omments			
1.9	For enrollees covered by individual and small group products, does the Plan/Delegate appropriately cover (i) nonemergency ambulance and psychiatric transport services, (ii) chemical dependency services, and (iii) mental health services, as described and required by Rule 1300.67.005(d)(2), (3) and (6)?			
1.9 C	comments			
L				

Assessment Questions	Yes	No	N/A
1.10 Do Plan/Delegate documents demonstrate appropriate and			
effective monitoring of all points of <u>enrollee</u> telephone access			
to the Plan/Delegate?			
Ex: • Customer Service			
Triage			
Crisis line			
Telemedicine visits			
Section 1367.03(a)(8); Rule 1300.67.2.2(c)(8)			
1.10 Comments		<u> </u>	<u> </u>
1.11 Do Plan documents demonstrate the Plan appropriately and			
effectively monitors all points of <u>provider</u> telephone access to			
the Plan? Ex:			
Customer Service			
UM/ service request calls			
Peer-to-peer			
Provider complaints			
1.11 Comments	-	•	
		,	1
1.12 Do Plan/Delegate audits, reports and/or files demonstrate			
consistent and timely provision of interpreter services, when			
requested, at the time of the appointment?			
Rule 1300.67.2.2(c)(4)			
1.12 Comments			
1.13 Do Plan/Delegate policies and procedures, grievance data			
and other documents indicate the Plan/Delegate makes			
language services available for enrollees who use triage and			
screening services?			
<u> </u>			

Asse	ssment Questions	Yes	No	N/A
	Rules 1300.67.2.2(c)(8), 1300.67.04(c)(2)(G)(v)			
1.13	Comments			
1.14	If the Dian and/or Delegate has a report that tracks whether an			
1.14	If the Plan and/or Delegate has a report that tracks whether an enrollee calls on more than one occasion regarding			
	assistance for the same issue (repeat caller report), does this			
	report (repeat caller report) indicate that the Plan and/or			
	Delegate fails to adequately respond to enrollee calls? Do the			
	reports demonstrate patterns of inadequately handled issues?			
1.14 (Comments			
1.15	a. Do Plan call statistics show the wait time for an enrollee to			
	speak by telephone with a Plan customer service			
	representative knowledgeable and competent regarding the			
	enrollee's questions does not exceed 10 minutes?			
	Section 1267 02(a)(10): Dula 1200 67 2 2(a)(10)			
	Section 1367.03(a)(10); Rule 1300.67.2.2(c)(10)			
	b. Do Plan call statistics and reports demonstrate the Plan's			
	telephone answer and response system is adequate and			
	accessible to enrollees who telephone the Plan?			
1.15	Comments			
1.16	Do Plan telephone triage and screening wait times for			
	enrollees seeking BH services exceed a wait time of 30			
	minutes?			
	Rule 1300.67.2.2(c)(8)(A)			
			·	

Asse	ssment Questions	Yes	No	N/A
	Comments	•		
1.17	Do Delegate telephone triage and screening wait times for enrollees seeking BH services exceed a wait time of 30 minutes?			
	Rule 1300.67.2.2(c)(8)(A)			
1.17	Comments			
1.18	a. If the Plan delegates BH services, do the Delegate's call statistics show the wait time for an enrollee to speak by telephone with a Delegate customer service representative knowledgeable and competent regarding the enrollee's questions does not exceed 10 minutes? Rule 1300.67.2.2(c)(10)			
	b. <u>If the Plan delegates BH services</u> , do the Delegate's call statistics and reports demonstrate the Delegate's telephone answer and response system is adequate and accessible to enrollees who telephone the Delegate?			
1.18	Comments			
1.19	Does the Plan have staff available after hours and on weekends and holidays to communicate with hospital staff regarding care coordination and referrals post-discharge?			
1.19	Comments	•		

Asse	ssment Questions	Yes	No	N/A
1.20	If the Plan delegates BH services, does the Delegate have staff available after hours and on weekends and holidays to communicate with hospital staff regarding care coordination and referrals post-discharge?			
1.20	Comments			
1.21	 Does the Plan/Delegate have procedures for monitoring and evaluating accessibility of care and for addressing problems that develop, including, but not limited to, the following? a) Appointment waiting time as defined in Rule 1300.67.2.2(b)(2) b) Triage or screening wait times as defined in Rule 1300.67.2.2(b)(6) c) Location of contracted facilities within reasonable proximity of the business or personal residences of enrollees (Rule 1300.67.2(a)) d) Enrollee-to-staff ratios, including health professionals, administrative and other supporting staff (Rule 1300.67.2(d)) e) Ensuring Plan/Delegate and provider processes necessary to obtain BH services are completed in a manner that assures services are timely and appropriate for the enrollee's condition 			
	Rule1300.67.2.2(c)(2)			
1.21	Comments			
1.22	 a. Do Plan/Delegate wait time reports for <u>urgent</u> BH appointments demonstrate compliance with wait time standards? Urgent care appointments for services that do not require prior authorization: within 48 hours of the request for appointment Urgent care appointments for services that require prior authorization: within 96 hours of the request for appointment 			

Assessment Questions	Yes	No	N/A
However, the applicable waiting time for a particular appointment may be extended if the referring or treating licensed health care provider, or the health professional providing triage or screening services, as applicable, acting within the scope of his or her practice and consistent with professionally recognized standards of practice, has determined and noted in the relevant record that a longer waiting time will not have a detrimental impact on the health of the enrollee.			
Rule 1300.67.2.2(c)(5)(A), (B), (G)			
b. Do the reports under (a) above demonstrate compliance for crisis intervention and post-stabilization services?			
	_		
 1.23 Do Plan/Delegate wait time reports for non-urgent MH/SUD appointments demonstrate compliance with wait time standards? Non-urgent specialist physicians within 15 business days of the request for appointment Non-urgent non-mental health care provider within 10 business days of the request for appointment Non-urgent follow-up appointments within 10 business days Non-urgent ancillary services within 15 business days of the request for appointment Section 1367.03(a)(5); Rule 1300.67.2.2(c)(5)(D)-(F) 1.23 Comments 			
1.24 Do Plan member ID cards include a telephone number enrollees can use to access BH triage and screening services?			
Section 1367.29(a), 1300.67.2.2(e)(2)			

Asse	ssment Questions	Yes	No	N/A
1.24 (Comments			
1.25	Does the Plan/Delegate provide information and documents to			
	enrollees informing them how to obtain BH services, including			
	preventative, routine, after hours, urgent and emergent BH			
	services, as well as BH prescription drugs?			
1.25 (Comments			
1.26	Does the Plan have behavioral health specific preventive			
	health education services that include information regarding			
	personal health behavior and optimal use of preventive			
	services provided under the Plan?			
	Section 1300.67(f)(8)			
1.26 (Comments			
1.27	Are Plan/Delegate policies and procedures designed to			
	ensure provision of MH/SUD services meet geographic			
	access standards?			
	Rules 1300.67.2(a), 1300.51(d)(H)			
1.27 (Comments		ļ	
1 20	De reporte qualita grievenes reserves and other decuments			
1.28	Do reports, audits, grievance records and other documents demonstrate the Plan/Delegate consistently complies with its			
	geographic access standards when providing BH services?			
	goog.ap.no access standards when providing bit services:			
	Rule 1300.51(d)(H)(i)-(iv)			
1.28 (Comments			

Asse	ssment Questions	Yes	No	N/A
1.29	Do policies, procedures and documents demonstrate the Plan/Delegate continually evaluates its network to ensure delivery of readily available and accessible services (both geographic and timely access), using contracted or employed network of providers?			
	Rules 1300.51(d)(H), 1300.51(d)(I)(5) and 1300.67.3			
	Comments			
1.30	Do interviews with Plan enrollees indicate there are barriers pertaining to access and availability issues when attempting to obtain BH services?			
1.30 (Comments			
1.31	Do interviews with providers indicate providers are reluctant to contract with the Plan and/or face barriers in providing services to Plan enrollees, due to access and availability issues?			
1.31 (Comments			
1.32	Do requests for single case agreements (SCAs) delay enrollees from receiving care in compliance with timely access standards for BH services?			
1.32 (Comments			
1.33	Do Plan/Delegate data and information demonstrate SCAs for a particular service or provider type were needed more frequently than others?			

Asse	ssment Questions	Yes	No	N/A
1.33	Comments			
1.34	If a requested SCA is delayed or not executed, does			
	Plan/Delegate data indicate enrollees receive timely,			
1 2 1	appropriate services from in-network providers? Comments			
1.34	Comments			
		_		
1.35	Do Plan/Delegate SCA log data and documents demonstrate			
	the Plan/Delegate SCA process hinders or poses barriers to			
	an enrollee's ability to access, obtain and continue to obtain appropriate and medically necessary BH services?			
	appropriate and medically necessary bit services:			
	Do Plan/Delegate data and information demonstrate the			
	process for requesting, obtaining and implementing SCAs			
	create barriers for enrollees?			
1.35	Comments			
1.36	When BH services were not available in network within			
	geographic and timely access standards, did the			
	Plan/Delegate appropriately arrange coverage to ensure			
	delivery of medically necessary out-of-network BH services			
	and necessary follow up services to meet geographic and timely access standards for the following levels of care:			
	a. Outpatient BH services			
	b. Residential services			
	c. Inpatient services			
	d. Transition from one level of care to another			
	Section 1367 03(a)(7)(C) 1374 72(d): Pulo			
	Section 1367.03(a)(7)(C), 1374.72(d); Rule 1300.67.2.2(c)(7)(B)-(C), 1300.74.72(c).			
1.36	Comments	<u> </u>		

Asse	ssment Questions	Yes	No	N/A
1.37	Does the Plan monitor whether it appropriately arranged coverage to ensure delivery of medically necessary out-of-network BH services (both inpatient and outpatient) and necessary follow up services to meet geographic and timely access standards, as required by SB 855 Section 1374.72(d) and Rule 1300.74.72(c).			
1.37	Comments			

2. Challenges Finding In-Network (INN) Providers Investigator:

Asse	essment Questions	Yes	No	N/A
2.1	Does the Plan/Delegate have a procedure for referring enrollees to appropriate out-of-network BH providers when the Plan/Delegate does not have available contracted BH providers available within geographic and timely access, for both inpatient and outpatient services?			
	Section 1374.72(d), Rule 1300.67.2.2(c)(7)(B)-(C) & 1300.74.72(c).			
2.1 0	Comments			
2.2	Do documents demonstrate the Plan/Delegate appropriately refers enrollees to BH providers in neighboring service areas consistent with the Plan and any Delegate's policy and process, and in compliance with Section 1367.03(a)(7)(B); Rule 1300.67.2.2(c)(7)(B)?			
2.2 0	Comments			
2.3	Does the Plan monitor phone call inquiries for BH specific questions, specifically, does the Plan monitor and track whether enrollees are having difficulties finding an INN BH provider?			
2.3 0	Comments			
2.4	With respect to Pervasive Developmental Disorder (PDD) and autism services, does the Plan/Delegate have a process for determining and monitoring provider network adequacy, including how geographic accessibility and timely access are being met?			
	Rule 1300.74.73(a)(3)(C)			

Asses	ssment Questions	Yes	No	N/A
2.4 C	omments			
2.5	Do Plan/Delegate documents, including grievance data, call			
	inquiries, enrollee interviews, annual enrollee surveys and			
	other Plan information indicate a high rate of enrollee			
	dissatisfaction with Plan providers?			
2.5 C	omments			
2.6	Do Plan/Delegate documents, including logs, grievance data,			
	call inquiries, enrollee interviews, annual enrollee surveys,			
	provider directory inaccuracies and other Plan information			
	indicate there are barriers to enrollees in obtaining a			
	contracted provider for BH services?			
2.6 Cd	omments			
2.7	Do interviews with Plan enrollees indicate there are barriers to			
	obtaining BH services from contracted providers?			
2.7 C	omments			
2.8	Do interviews with providers indicate providers are reluctant to			
	contract with the Plan and/or face barriers in providing			
	services to Plan enrollees?			
2.8 C	omments			
2.9	Do Plan/Delegate documents demonstrate patterns or trends			
	of enrollee difficulty in obtaining in network BH services?			

Asse	ssment Questions	Yes	No	N/A
2.9 C	omments			
2.10	Do grievances, provider availability data, call inquiries and			
	other documents and information indicate the Plan/Delegate			
	has, and provides to enrollees, inaccurate contracted BH provider information?			
2.10	Comments			
2.11	Do grievances, enrollee satisfaction surveys, call inquiries,			
	and other documents and information indicate contracted BH			
	providers do not answer the phone or return enrollee			
	telephone calls left on voice mail within a reasonable period			
2 44	of time? Comments			
2.11	Comments			
2.12	Do provider appointment availability survey reports indicate			
2.12	there are barriers to enrollees' ability to obtain services from a			
	contracted BH provider within timely and geographic access			
	standards?			
2.12	Comments			
2.13	Does the Plan/Delegate train its CSR's to report/investigate			
	any provider directory inaccuracies reported to them in calls			
0.40	with enrollees?			
2.13	Comments			
2.14	Does provider complaint data indicate providers face barriers			
	that result in enrollee challenges in obtaining contracted BH			
	provider appointments?			
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Asse	ssment Questions	Yes	No	N/A
2.14	Comments	'		
2.15	Do call inquiry data, grievances, the SB 855 Regulations Data			
	Request, enrollee interviews, and other documents,			
	demonstrate that the Plan provides and arrange coverage for			
	out-of-network BH services when in-network services are not			
	available within geographic and timely access standards?			
	Section 1374.72(d); Rule 1300.74.72(c)			
2.15	Comments			
				ı
2.16	When in-network BH services are not available within			
	geography and timely access standards, do call inquiry data,			
	grievances, the SB 855 Regulations Data Request, enrollee interviews, provider interviews, and other documents,			
	demonstrate that the Plan provides written notice to the			
	enrollees, their authorized representative (if any) and			
	requesting provider within five (5) calendar days of the initial			
	request for in-network BH services?			
	0 (
2.46.4	Section 1374.72(d); Rule 1300.74.72(c)(1) Comments			
2.16	Comments			
2.17	When in-network BH services are not available within			
	geography and timely access standards, do call inquiry data,			
	grievances, the SB 855 Regulations Data Request, enrollee interviews, provider interviews, and other documents,			
	demonstrate that the Plan is actively selecting and contacting			
	out-of-network providers qualified and available to meet the			
	enrollee's needs?			
	Section 1374.72(d); Rule 1300.74.72(c)(2)			

Asse	ssment Questions	Yes	No	N/A
2.17	Comments			
2.18	When in-network BH services are not available within geography and timely access standards, do call inquiry data, grievances, the SB 855 Regulations Data Request, enrollee interviews, provider interviews, and other documents, demonstrate that the Plan is scheduling out-of-network appointments for enrollees or arranging for inpatient admission within timely access standards?			
	Section 1374.72(d); Rule 1300.74.72(c)(3); Rule 1300.67.2.2(c)			
2.18	Comments			
2.19	When in-network BH services are not available within geography and timely access standards and the enrollee is unable to attend the out-of-network appointment/admission offered by the Plan, do call inquiry data, grievances, the SB 855 Regulations Data Request, enrollee interviews, provider interviews, and other documents, demonstrate that the Plan is continuing to attempt to arrange and schedule out-of-network appointments for the enrollee?			
2.19	Section 1374.72(d); Rule 1300.74.72(c)(3) Comments			
2.20	When in-network BH services are not available within geography and timely access standards, do call inquiry data, grievances, the SB 855 Regulations Data Request, enrollee interviews, provider interviews, and other documents, demonstrate that within 24 hours of scheduling the out-of-network appointment/admission, the Plan is communicating			

	Yes	No	N/A
the following information to the enrollee, authorized			
representative or the enrollee's provider:			
(A) That the health plan has scheduled the appointment or admission;			
(B) The name of the provider			
(C)The date and time of the appointment or admission; and, (D)The location and contact information for the provider.			
Section 1374.72(d); Rule 1300.74.72(c)(4)			
2.20 Comments			
2.21 When in-network BH services are not available within geography and timely access standards and the enrollee accesses out-of-network BH services, do claims data, grievances, the SB 855 Regulations Data Request, enrollee interviews, LOAs, and other documents, demonstrate that the			
enrollee is only being charged their in-network cost share for the out-of-network BH services?			

3. Utilization Management Investigator:

Assessment Questions	Yes	No	N/A
3.1 Do UM case files demonstrate the Plan/Delegate: (a) utilized appropriate non-profit association (NPA) criteria, or other approved criteria when NPA criteria are not applicable, consistent with SB 855, and			
(b) conducted UM on requests for BH services submitted by enrollees or their authorized representatives consistent with SB 855?			
c) sent UM communications to enrollees and providers delaying, denying, or modifying requested BH services timely with all notification requirements?			
Sections 1374.72-1374.721; Rule 1300.72.721			
3.2 When applicable, does the Plan/Delegate use the most recent versions of clinical guidelines developed by the NPAs for each relevant clinical specialty?			
Section 1374.721(b); Rule 1300.72.721(c), (h)			
3.2 Comments			
3.3 Do the Plan's/Delegate's documents demonstrate that the Plan/Delegate has a process to identify enrollee/authorized representative requests for BH services in order to conduct UM as required by SB 855? Section 1374.721(f)(3)(A); Rule 1300.74.721(k)			
3.3 Comments			<u> </u>

Assessment Questions	Yes	No	N/A
3.4 (a) Do Plan/Delegate UM files demonstrate the Plan correctly applies NPA and approved non-NPA criteria or guidelines wher evaluating the medical necessity of a request for MH/SUD services? (b) Do documents demonstrate the Plan/Delegate tracks, identifies and analyzes how the clinical review criteria are used to certify care, deny care, and support the appeals process?	1		
Section 1374.721(b), (c), (e)(4); Rule 1300.74.721(c)-(d), (h).			
3.4 Comments			
3.5 Is the Plan/Delegate able to demonstrate that when using UM criteria and/or guidelines outside of non-profit criteria, the criteria are either: (1) developed in accordance with generally accepted standards of mental health and substance use disorder; or (2) relate to advancements in technology or types care that are not covered in the most recent versions of the clinical criteria developed by NPAs and were developed in accordance with generally accepted standards of MH/SUD. Section 1374.721(a), (c)(1)-(2), (d); Rule 1300.74.721(a), (c)-(d)			
3.5 Comments	7 1		
3.6 Did the Plan/Delegate provide evidence that it sponsored a formal education program by the NPAs to educate the Plan's/Delegate's UM staff, including any third parties contracted to conduct UM review?			
Section 1374.721(e)(1); Rule 1300.74.721(o)(1)-(2) 3.6 Comments			
3.7 Did the Plan/Delegate provide evidence that it made its NPA education program available to other stakeholders, including contracted providers?			
Section 1374.721(e)(2); Rule 1300.74.721(o)(3)			

Asse	ssment Questions	Yes	No	N/A
3.7 C	omments			•
3.8	Does the Plan/Delegate conduct interrater reliability (IRR)			
	testing to ensure consistency in utilization review decision			
	making covering how medical necessity decisions are made.			
	Section 1374.721(e)(5)			
3.8 C	omments	<u> </u>		
3.9	Do the Plan's/Delegate's IRR results indicate a pass rate of at			
	least 90%?			
	Section 1374.721(e)(7)			
3.9 C	omments			
0.0				
3.10	If the Plan/Delegate's IRR results did not indicate a pass rate			
0.10	of 90%, did the Plan/Delegate provide for remediation of poor			
	IRR, and conduct IRR testing for all new staff before such staff			
	reviewed BH UM decisions?			
	Section 1274 721(a)(7)			
3 10	Section 1374.721(e)(7) Comments			
0.10				
3.11	If the Plan/Delegate had any DMHC IMR overturns, did the			
3.11	overturn results indicate improper application of NPA criteria			
	by the Plan/Delegate?			
3.11	Comments	•	•	•
3.12	When the Plan/Delegate requests additional clinical			
	information to make a UM determination, does the			
	Plan/Delegate request only the information reasonably			
	necessary to make the determination?			
				<u> </u>

Asse	ssment Questions	Yes	No	N/A
	Section 1367.01(g)			
3.12	Comments			
3.13	Do the fields in the Plan's/Delegate's system used to capture			
	or log information pertaining to prospective, concurrent, or retrospective requests for services indicate the Plan			
	documents appropriate, necessary information for making a			
2.42	UM determination?			
3.13	Comments			
3.14	Does the Plan/Delegate apply clinical criteria and/or			
0.14	guidelines, when making MH/SUD UM determinations, in a			
	way that poses barriers to care?			
3.14	Comments			
3.15	a. Does the Plan/Delegate utilize personnel with appropriate			
5.15	qualifications, training, and licensure to conduct each aspect			
	of UM review and decision-making? (Section 1367.01(e))			
	b. Do UM files demonstrate that UM reviewers consider			
	cultural competency when making UM decisions.			
3.15	Comments			
3.16	Is the Plan/Delegate UM process designed to ensure UM			
	decisions are made timely for the enrollee's needs?			
3.16	Comments			
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Asse	ssment Questions	Yes	No	N/A
3.17	Do Plan/ Delegate UM policies and procedures indicate that UM operations (including, but not limited to the processes, operations, requirements, or structure of the UM operations) impose barriers to an enrollee's ability to access timely,			
	appropriate inpatient, outpatient or pharmacy MH/SUD services?			
3.17 (Comments		L	I
3.18	If the Plan provides BH services, and does not delegate or contract for this responsibility, does the Plan have a process to regularly monitor and evaluate its UM processes and operations to identify problems and issues and take			
	appropriate corrective action?			
	Comments			
3.19	If the Plan delegates BH, do the contracts between the Plan (or its Affiliate) and each UM Delegate include provisions for the Plan's oversight of the Delegate?			
3.19	Comments			
3.20	(a) Do Plan oversight reports of UM Delegate(s) demonstrate the Plan regularly, accurately, and thoroughly monitors and evaluates the Delegate's UM processes and operations to identify problems and issues and take appropriate corrective action?			
	(b) Do oversight audit reports demonstrate the Plan's oversight is sufficient to ensure quality care and adherence to non-profit criteria?			

Asse	ssment Questions	Yes	No	N/A
3.20	Comments			
		Г	Г	1
3.21	(a) Does the Plan/Delegate have a policy and procedure			
	addressing the identification, monitoring and handling of under- and over-utilization of BH services?			
	under- and over-unization of bit services:			
	(b) If "yes" to (a), is the Plan/Delegate able to demonstrate UM			
	reviewers are trained on and adhere to the policy?			
3.21	Comments			
3.22	Do Plan/Delegate utilization reports demonstrate the			
	Plan/Delegate has a process that accurately and appropriately			
	monitors, documents and results in taking effective action in			
	response to under- and over- utilization of MH/SUD services			
	(including inpatient, outpatient, and pharmacy services)?			
	Section 1370; Rule 1300.70(a)(3)			
3.22	Comments			
3.23	Do Plan/Delegate utilization reports demonstrate the			
	Plan/Delegate is providing appropriate MH/SUD services to			
	enrollees (including inpatient, outpatient, and pharmacy services)?			
3 23 (Comments			
0.20				
2 24	Do Dian/Dologata degumente demonstrate that the			Ī
3.24	Do Plan/Delegate documents demonstrate that the Plan/Delegate appropriately considers, evaluates and			
	incorporates emerging treatments or technologies in its			
	covered services?			

Asse	ssment Questions	Yes	No	N/A
3.24	Comments			
		Г		1
3.25	Does the Plan/Delegate monitor, review and incorporate			
	evidence-based and/or community-based practices in managing MH/SUD services?			
	managing ivii i/ 002 colvided.			
	nunity-based practices are those health care related practices			
	nvolve community members (e.g., layperson health care			
	ers), the delivery of services in community settings (e.g., homes nools) and care provided in coordination with community			
	ces (e.g., support and education programs).			
	Comments			
0.00	D. Di. (D. L. (LIM. III)	1		Π
3.26	Do Plan/Delegate UM policies, processes, documents,			
	reports, case files, interviews, etc., demonstrate the Plan/Delegate UM process hinders or poses barriers to an			
	enrollee's ability to access, obtain and continue to obtain			
	timely, covered, appropriate and medically necessary BH			
	services?			
3.26	Comments			
3.27	a. Do Plan/Delegate UM policies, processes, documents,			
	reports, case files, interviews, etc., demonstrate the			
	Plan/Delegate UM process hinders or poses barriers to a BH			
	<u>provider's</u> ability to render timely, covered, appropriate and medically necessary BH services to enrollees?			
	medically necessary Dri services to enfonces!			
	b. Do Plan/Delegate data and UM case file information			
	demonstrate the Plan/Delegate requires UM concurrent review			
	more frequently for BH services than the enrollee's clinical			
	data indicates is necessary?			
				l

Asse	ssment Questions	Yes	No	N/A
	c. Do the Plan/Delegate policies and practices restrict			
	concurrent review for inpatient or residential services to the			
	final day of previously authorized services?			
3.27	Comments			
3.28	Do data and information for BH inpatient, residential and			
	partial hospitalization indicate there are barriers to an			
	enrollee's ability to obtain timely, covered, medically			
	necessary MH/SUD services?			
3.28	Comments			
0.00	- D- Dl/D-lt	<u> </u>		I
3.29	a. Do Plan/Delegate data or case files indicate enrollees			
	experience barriers to care when trying to obtain or continue MH/SUD services?			
	WIT/SUD Services?			
	b. Do Plan UM files indicate providers experience barriers			
	when seeking prior or concurrent authorization for MH/SUD			
	services?			
3.29	Comments	•		
2.20	De data information and ages files demonstrate appellace			1
3.30	Do data, information and case files demonstrate enrollees			
	experience delays in transferring from emergency departments to appropriate levels of care?			
3 30 (Comments			
3.30				

Asse	ssment Questions	Yes	No	N/A
3.31	Do Plan/Delegate Post-Stabilization documents indicate that the processes, operations, requirements, or structure of the UM operations impose barriers to an enrollee's ability to access timely, appropriate post-stabilization MH/SUD services?			
3.31 (Comments			
3.32	Do Plan/Delegate Post-Stabilization documents indicate that			
	the processes, operations, requirements, or structures ensure UM staff have behavioral health expertise needed to evaluate post-stabilizations levels of care?			
3.32	Comments			
0.00		ı		ı
3.33	Does the Plan/Delegate listing of all inpatient and outpatient MH/SUD services for which a prior authorization is required and/or concurrent review is applied appear to be unreasonable or create onerous requirements resulting in barriers for			
3 33 (enrollees when obtaining BH services? Comments			
3.34	Do interviews with Plan enrollees indicate enrollees face barriers when attempting to obtain BH services as a result of Plan/Delegate UM operations?			
3.34	Comments			
3.35	Do interviews with providers indicate providers are reluctant to contract with the Plan and/or face barriers arising from Plan/Delegate UM operations when providing BH services to Plan enrollees?			

Asse	ssment Questions	Yes	No	N/A
3.35	Comments			
3.36	If the Plan/Delegate uses automated UM processes, do			
	Plan/Delegate reports indicate that automated UM results in			
2 26 (appropriate UM determinations? Comments			
3.30	Comments			
		ı		ı
3.37	Do Plan/Delegate documents demonstrate the decision to			
	apply UM requirements to specific BH services is based on consideration of factual, relevant, actual data, information and			
	factors?			
3.37	Comments			
3.38	Do Plan/Delegate log data, policies and procedures,			
	documents, case files and other information demonstrate that			
	UM decisions pertaining to requests for Psychological Testing are based on generally accepted clinical practices?			
3 38 (Comments			
0.00				
2 20	Door the Diam/Delegate magniture trook and trond LIM	ı		
3.39	Does the Plan/Delegate monitor, track and trend UM determinations to evaluate disparate impact on enrollees with			
	respect to race, ethnicity, gender, sexual orientation,			
	language, age, income, and disability?			
3.39	Comments			
3.40	Do Plan/Delegate data, documents and information			
	demonstrate that for concurrent review, sufficient time is			
	permitted between requests for services and UM			
	determinations, so as to ensure no gap in enrollee care? If there was a gap in coverage, did the Plan/Delegate cover			
	services appropriately?			

Assessment Questions	Yes	No	N/A
3.40 Comments			
3.41 Do Plan/Delegate concurrent review practices create			T
unreasonable barriers for enrollees?			
3.41 Comments	•	•	

4. Grievances & Appeals Investigator:

Asse	essment Questions	Yes	No	N/A
4.1	Do the Plan/Delegate G&A policies and procedures provide			
	for written acknowledgement of receipt of the grievance?			
	Section 1368(a)(4) and Rule 1300.68(d)			
4.1 0	Comments	<u> </u>		
4.2	Are the Plan/Delegate G&A policies and procedures designed			
	to ensure grievances, including BH grievances, are resolved			
	in a timely manner?			
	Section 1368.01(a)-(c)			
4.2 (Comments			
4.3	Are the Plan/Delegate G&A policies and procedures designed			
	to ensure grievances, including BH grievances, are			
	adequately considered and rectified?			
	0 - 4: 4000(-)(4)			
120	Section 1368(a)(1)			
4.5	oninients			
4.4	Do data, information and file review demonstrate the			
	Plan/Delegate:			
	 provided written acknowledgement; and 			
	 timely and adequately considered and resolved 			
	enrollee grievances involving BH issues?			
	Sections 1368(a)(1), (a)(4), 1368.01(a)-(c), Rules 1300.68(d),			
	1300.68.01(a)(2)			
4.4 C	Comments			·

Asse	essment Questions	Yes	No	N/A			
4.5	Is the Plan/Delegate able to demonstrate it tracks, monitors, discusses and addresses emerging patterns of BH						
	grievances?						
	Sections 1300.68(b)(1)						
4.5 C	Comments						
4.6	Do Plan documents demonstrate the Plan has a method for evaluating BH grievances as part of its assessment of enrollee satisfaction?						
	See Rule 1300.67.2.2(c), 1300.67.2.2(d)(2)(B)						
4.6 0	Comments						
4.7	Do the fields in the Plan's system used to capture or log information pertaining to enrollee grievances indicate the Plan documents appropriate, sufficient, and necessary information in connection with its grievance intake process?						
4.7 (Comments						
4.8	Do Plan documents demonstrate the Plan/Delegate has a process for informing enrollees of the G&A process, how to submit a grievance, the Department's review process and the Department's telephone number and website?						
	Section 1368(a)(2); Rule 1300.68(b)(2)						
4.8 0	4.8 Comments						

Asse	ssment Questions	Yes	No	N/A
4.9	Does the Plan/Delegate have a process to ensure grievances are promptly reviewed by the management or supervisory staff responsible for the services or operations which are the subject of the grievance?			
	Rule 1300.68(d)(2)			
4.9 C	omments			
				ı
4.10	Do Plan/Delegate documents demonstrate the Plan/Delegate appropriately tracks and monitors grievances, including BH			
	grievances, including number of grievances received, pending and resolved and category of grievance issue(s) (coverage			
	dispute, medical necessity, quality of care, access, quality of			
	service or other)?			
	Rule 1300.68(e)(1)-(2)			
4.10	Comments			
				1
4.11	Do Plan/Delegate committee meeting minutes, reports, survey results and other documents demonstrate the Plan/Delegate			
	appropriately identifies and takes steps to address barriers to			
	care when grievance trends indicate such barriers?			
4.11	Comments			
4.12	Do Plan/Delegate documents demonstrate the Plan/Delegate			
	continually reviews the grievance system and takes			
	appropriate action in response to identified BH grievances?			
	Rule 1300.68(b)(1)			
4.12	Comments	1		1

A55E	ssment Questions	Yes	No	N/A
4.13	Does the Plan/Delegate have a process to ensure appropriate action is taken regarding grievances about a provider's lack of cultural competency, including corrective action that is evaluated to ensure improved cultural competency for that provider?			
4.13 (Comments			
4.14	Does the Plan/Delegate have a process to review and identify			
	access-related BH grievances, including grievances based, in			
	part, on a complaint that the enrollee cannot schedule a timely BH appointment, and to report those grievances in the Plan's			
	annual network reporting?			
4.14 (Comments			•
4.15	(a) Does the Plan/BH Delegate website have a telephone number an enrollee or provider can call, during normal business hours, for assistance obtaining mental health benefits coverage information, the extent to which benefits have been exhausted, in-network provider access information, and claims processing information?			
	(b) Does the Plan/BH Delegate public-facing website have lists of providers or instructions on how to obtain the provider list?			
	(c) If the Plan delegates behavioral health, and does not comply with (a) and (b) above, does the Plan have a link on its website to the Delegate's website, and does the Delegate comply with (a) and (b) above?			
	Sections 1368.016(a)(1), (a)(4)			
	200tion 1000.010(a)(1), (a)(1)			

Asse	ssment Questions	Yes	No	N/A
4.16	Do data, information and file review indicate that enrollees who file complaints related to appointment requests for BH services receive appointments consistent with timely access standards separate from the time that it takes G&A to be resolved?			
	Section 1367.03, Rule 1300.67.2.2(b)(2), Rule 1300.67.2.2(c)			
4.16 (Comments			l
4.17	Does the Plan/Delegate have a process for directing enrollee grievances about delays or difficulties in obtaining a behavioral health appointment to Plan or Delegate staff who is responsible for ensuring an appointment is offered to the enrollee within timely access standards?			
	Section 1367.03(a)(5)			
4.17	Comments			
4.18	Does the Plan/Delegate have a process to identify enrollee grievances regarding a delay or difficulty in obtaining a behavioral health appointment as an initial request for an appointment, and follow through in offering the enrollee an appointment consistent with timely access standards?			
	Sections 1367.03(a)(5), 1368; Rule 1300.67.2.2(c)(5)			
4.18 (Comments	l		
4.19	Do data, reports and documents indicate the Plan/Delegate initially denies one or more specific, covered BH services disproportionately, as compared to denial rates for other BH services?			
4.19	Comments			

Asse	ssment Questions	Yes	No	N/A
4.20	If appeals files indicate the Plan/Delegate initially denies one			
	or more specific, covered BH services disproportionately, as			
	compared to denial rates for other BH services, is there a			
	legitimate reason for the disproportionate denial rate?			
4.20	Comments			
4.21	Do Plan/Delegate G&A documents demonstrate the			
	Plan/Delegate G&A process hinders or poses barriers to an			
	enrollee's ability to access, obtain and continue to obtain			
4.04	appropriate and medically necessary BH services?			
4.21	Comments			
4.22	Do Plan/Delegate G&A documents demonstrate the			
4.22	Plan/Delegate G&A documents demonstrate the Plan/Delegate G&A process hinders or poses barriers to a BH			
	provider's ability to render timely and appropriate BH services			
	to enrollees?			
4 22 (Comments			
7.22	Somments			
4.23	Do interviews with Plan enrollees indicate enrollees face			
7.20	barriers when attempting to obtain BH services as a result of			
	Plan/Delegate G&A operations?			
4.23	Comments	l		
0				
4.24	Do interviews with providers indicate providers are reluctant to			
	contract with the Plan and/or face barriers arising from			
	Plan/Delegate G&A operations when providing BH			
	services to Plan enrollees?			
4.24	Comments	1	<u> </u>	1
·				

5. Customer Service Investigator:

5.1 Does the Planelegate have customer service center policies and procedures for standardizing customer service operations? 5.2 Are the customer service policies and procedures designed to ensure proficient, effective, and appropriate customer service for enrollees by customer service staff who are knowledgeable and competent regarding enrollee questions and concerns? See Section 1367.03(a)(10) 5.2 Comments 5.3 Does the Plan/Delegate have an adequate and effective process to monitor customer service operations to identify problems involving the quality of services provided by customer service center staff? 5.3 Comments 5.4 Does the Plan/Delegate have adequate standards or benchmarks against which it measures customer service staff performance? 5.4 Comments 5.5 Does the Plan/Delegate document, track and review the quality of services provided by customer service staff, and the performance receives action when personance?	r	ment Questions	Yes	No	N/A
5.1 Comments 5.2 Are the customer service policies and procedures designed to ensure proficient, effective, and appropriate customer service for enrollees by customer service staff who are knowledgeable and competent regarding enrollee questions and concerns? See Section 1367.03(a)(10) 5.2 Comments 5.3 Does the Plan/Delegate have an adequate and effective process to monitor customer service operations to identify problems involving the quality of services provided by customer service center staff? 5.3 Comments 5.4 Does the Plan/Delegate have adequate standards or benchmarks against which it measures customer service staff performance? 5.4 Comments 5.5 Does the Plan/Delegate document, track and review the quality of services provided by customer service staff, and	n	nd procedures for standardizing customer service			
ensure proficient, effective, and appropriate customer service for enrollees by customer service staff who are knowledgeable and competent regarding enrollee questions and concerns? See Section 1367.03(a)(10) 5.2 Comments 5.3 Does the Plan/Delegate have an adequate and effective process to monitor customer service operations to identify problems involving the quality of services provided by customer service center staff? 5.3 Comments 5.4 Does the Plan/Delegate have adequate standards or benchmarks against which it measures customer service staff performance? 5.4 Comments 5.5 Does the Plan/Delegate document, track and review the quality of services provided by customer service staff, and	_		1		1
ensure proficient, effective, and appropriate customer service for enrollees by customer service staff who are knowledgeable and competent regarding enrollee questions and concerns? See Section 1367.03(a)(10) 5.2 Comments 5.3 Does the Plan/Delegate have an adequate and effective process to monitor customer service operations to identify problems involving the quality of services provided by customer service center staff? 5.3 Comments 5.4 Does the Plan/Delegate have adequate standards or benchmarks against which it measures customer service staff performance? 5.4 Comments 5.5 Does the Plan/Delegate document, track and review the quality of services provided by customer service staff, and					
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5.3 Does the Plan/Delegate have an adequate and effective process to monitor customer service operations to identify problems involving the quality of services provided by customer service center staff? 5.3 Comments 5.4 Does the Plan/Delegate have adequate standards or benchmarks against which it measures customer service staff performance? 5.4 Comments 5.5 Does the Plan/Delegate document, track and review the quality of services provided by customer service staff, and					
process to monitor customer service operations to identify problems involving the quality of services provided by customer service center staff? 5.3 Comments 5.4 Does the Plan/Delegate have adequate standards or benchmarks against which it measures customer service staff performance? 5.4 Comments 5.5 Does the Plan/Delegate document, track and review the quality of services provided by customer service staff, and	•				
5.4 Does the Plan/Delegate have adequate standards or benchmarks against which it measures customer service staff performance? 5.4 Comments 5.5 Does the Plan/Delegate document, track and review the quality of services provided by customer service staff, and	ro	ocess to monitor customer service operations to identify oblems involving the quality of services provided by			
benchmarks against which it measures customer service staff performance? 5.4 Comments 5.5 Does the Plan/Delegate document, track and review the quality of services provided by customer service staff, and	n	ments		I	1
5.5 Does the Plan/Delegate document, track and review the quality of services provided by customer service staff, and	е	enchmarks against which it measures customer service staff			
quality of services provided by customer service staff, and	n	iments			
take corrective action when necessary?	u				
5.5 Comments		•			•

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Asse	ssment Questions	Yes	No	N/A
5.6	Does the Plan/Delegate have a process to ensure calls			
	received by customer service staff are appropriately and			
	timely referred for evaluation by quality assurance staff, G&A			
	staff, or other staff, as needed?			
5.6 C	omments			
5.7	Does the Plan/Delegate have sufficient number of customer service staff to handle the average number of daily telephone			
	calls?			
5.7 C	omments	1		
5.8	(a) Do call statistics demonstrate the Plan/Delegate provides			Γ
	effective, timely, efficient customer service?			
	(b) Do Inquiry Files demonstrate customer service staff are knowledgeable and competent regarding enrollee questions and concerns?			
	See Section 1367.03(a)(10)			
5.8 C	omments			<u> </u>
5 0	De Diam/Delegate de comente indicate a nattern et ineffective	1		I
5.9	Do Plan/Delegate documents indicate a pattern of ineffective customer service for enrollees who call on more than one occasion with the same request for assistance?			
5.9 C	omments			
5.10	Does the Plan/Delegate have written protocols used by			
	customer service staff for responding to requests for assistance in making appointments with BH providers?			
5.10	Comments			

Asse	ssment Questions	Yes	No	N/A
5.11	Are the protocols, scripts and other resources available to customer service staff sufficient to ensure customer service staff are able to assist enrollees in obtaining timely appointments with BH staff appropriate for the enrollee's needs?			
5.11	Comments			
5.12	Are written protocols, scripts and other written resources used by customer service staff routinely reviewed, and updated as needed? Sections 1367-37, 1367-37(o)(1), 1367-37(d)(2)			
5 12 (Sections 1367.27, 1367.27(c)(1), 1367.27(d)(2) Comments			
5.13	Does the Plan/Delegate have policies and procedures for ensuring customer service staff have access to BH provider listings and directories that are current and updated as required?			
5.13 (Comments			
5.14	Does the Plan/Delegate have policies and procedures regarding the training of the customer service representatives on BH services?			
F 4 4 /	Rule 1300.67.2.2(c)(10)			
5.14	Comments			
5.15	Do customer service training materials include instruction on identifying available BH providers, making appointments for enrollees when appropriate, and verifying provider availability?			

Assessment Questions		Yes	No	N/A
5.15 Comments				
5.16 Does the Plan's/Delegate's customer service high rate of staff turnover?	e center have a			
5.16 Comments				
 5.17 Does the Plan/Delegate have a customer se handling enrollee requests for assistance in available BH provider when there are no co providers available for any of the following reproviders available for any of the following reprovider available for any of the following reprovider available provider type requested therapist, provider with a specific culturate. Lack of provider with specialty experient therapist experienced in specific treatmer. Lack of ability to secure timely appoint the Lack of available provider in geographic. 	identifying an intracted BH easons: I (e.g., child al background) ce (e.g., child ent modality) nent			
Section 1374.72(d); Rules 1300.51(d)(H), 1 1300.67.2.2(c)(1) and (c)(5), 1300.67.2.2(c) 1300.74.72(c)	` '			
5.17 Comments	<u>'</u>	1		
5.18 Does the system used by customer service enrollee telephone calls require sufficient does ensure both customer service staff and other the call may be referred (e.g., staff in the question of the call may be accurate and sufficient adequately consider the issue raised by the	er staff to whom ality department or ent information to			
Section 1368(a)(1) 5.18 Comments				
5. 10 Comments				

5.19	Door the Plan/Delegate have a present to anours quetomer		
	Does the Plan/Delegate have a process to ensure customer service staff accurately identify the call as an inquiry or grievance?		
5.19	Comments		
5.20	Do Plan/Delegate audits of customer service staff accurately evaluate and conclude whether customer service staff correctly identify calls as inquiries or grievances?		
5.20	Comments		
5.21	Do Plan/Delegate inquiry case files demonstrate customer service staff accurately identify calls as inquiries or grievances?		
5.21	Comments		l .
5.22	Does the Plan/Delegate customer service process hinder or		
	pose barriers to a BH <u>provider's</u> ability to render timely, covered, appropriate and medically necessary BH services to enrollees?		
5.22	Comments		I
5.23	Does the Plan/Delegate customer service process hinder or pose barriers to an <u>enrollee's</u> ability to access, obtain or continue to obtain timely, covered, appropriate and medically necessary BH services?		
5.23	Comments		

Asse	ssment Questions	Yes	No	N/A
5.24	Do interviews with Plan enrollees indicate enrollees face barriers to obtaining BH services as a result of Plan/Delegate customer service operations?			
5.24	Comments			
5.25	Do interviews with providers indicate there are barriers to providing BH services as a result of Plan/Delegate customer service operations?			
5.25	Comments			·

6. Provider Referral Practices Investigator:

Asse	essment Questions	Yes	No	N/A
6.1	Does the Plan have a documented referral system designed to ensure timely access and ready referral to BH services, in a manner consistent with good professional practice, for diagnosing and treating BH conditions?			
	Section 1367(d), (e), Rule 1300.74.72(f)			
6.1 C	Comments			
6.2	 a. Does the Plan/Delegate have written policies and procedures or documented standards for reviewing/authorizing referral requests for BH Services? b. If the Plan/Delegate requires enrollees to obtain a referral to access BH services, whether from their PCP, another provider, 			
	or the plan, is the process clearly articulated in the EOC or in any other enrollee-centered communications? Section 1363(a).			
6.2 C	Comments			
6.3	If the Plan allows enrollees to self-refer, does the Plan/Delegate have any methodology and/or policy and procedure to measure whether the Plan is providing timely access to BH services given that enrollees are not required to request access to BH services from the Plan?			
6.3 C	Comments			

Asse	essment Questions	Yes	No	N/A
6.4	Does the Plan/Delegate have a documented Maternal Mental Health Program that is consistent with sound clinical principles and processes that includes quality measures to encourage screening, diagnosis, treatment and referral?			
	Section 1367.625(a).			
6.4 0	Comments			
6.5	Do Plan/Delegate documents, data and information indicate providers are referring to, and enrollees are benefitting from, the Maternal Mental Health program?			
6.0	Do Dian/Dalamata da suma ente in dia ata tha Diam/Dalamata	T		T
6.6	Do Plan/Delegate documents indicate the Plan/Delegate includes timely and geographic access and availability considerations in making UM and G&A determinations for out-of-network requests and appeals?			
6.6 (Comments			,
6.7	If a request for an out-of-network referral is denied, does the Plan/Delegate provide effective assistance to ensure the enrollee obtains timely, medically necessary BH services from an appropriate in-network provider, for both inpatient and outpatient services?			
6.7 (Comments			

6.8	Are policies and procedures that address continuity and			
	coordination of care among medical and BH providers			
	designed to ensure consistent and appropriate coordination of			
	care between and among medical and BH providers for the			
	following types of services?			
	a. Outpatient BH services			
	b. Inpatient BH services, including Residential			
	c. Urgent and Emergent and Crisis BH services			
	d. Post-stabilization services			
6.8 C	omments			
6.9	Does the Plan/Delegate have studies, reports, assessments or	<u> </u>		
5.0	evaluations of continuity and coordination of care among			
	contracted medical and BH providers, for both inpatient and			
	outpatient services?			
6 9 C	omments			
6.10	Do Plan/Delegate documents demonstrate there is an effective	<u> </u>		
0.10	process for collaboration and coordination of care between contracted medical and BH providers?			
6.10 (Comments			
6.11	Does the Plan/Delegate have a written requirement for			
	standardized screening of BH conditions in primary care settings?			
6.11 (Comments			
6.12	Do the Plan reimbursement policies for behavioral health			
	screening, including reimbursement for use of tools such as Patient Health Questionnaire (PHQ 9), Screening Brief Intervention and Referral to Treatment (SBIRT), etc.			
	demonstrate a barrier for enrollees in obtaining BH		1	

Asse	ssment Questions	Yes	No	N/A
6.12	Comments			
		_		
6.13	Do interviews with Plan enrollees indicate enrollees face			
	barriers to obtaining BH services as a result of			
	Plan/Delegate provider referral practices?			
6.13	Comments			
<u> </u>	De intermieure with musuidene indicate musuidene en	1		
6.14	Do interviews with providers indicate providers are reluctant to contract with the Plan and/or face barriers to			
	providing services to Plan enrollees as a result of			
	Plan/Delegate provider referral practices?			
6.14	Comments		I	
 I				

7. Quality Assurance Investigator:

Asse	essment Questions	Yes	No	N/A
7.1	Do the Plan/Delegate QA policies and procedures include standards for provision of timely health care services,			
	including BH services?			
	Rule 1300.67.2.2(d)(1)			
7.1 C	Comments			
7.2	Does the Plan/Delegate have compliance monitoring policies			
	and procedures designed to accurately measure the			
	accessibility and availability of contracted providers, including BH providers (both MH and SUD)?			
	Section 1367.03(a)(1), (a)(5); Rule 1300.67.2.2(d)(2)(A)-(F)			
7.2 C	Comments	•		•
7.3	Do Plan/Delegate documents and information demonstrate			
	the Plan/Delegate was in compliance at all times during the			
	BHI Review period with timely access standards for BH services?			
7.3 C	Comments			
7.4	Do the Plan/Delegate QA policies and procedures address			
	service elements, including accessibility, availability and			
	continuity of care?			
	Rule 1300.70(a)(3)			
7.4 C	Comments	-1		

Assessment Questions	Yes	No	N/A
7.5 (a) Does the Plan/Delegate evaluate timely access to			
nonurgent appointments for ancillary services within 15			
business days of the request for appointment?			
Section 1367.03(a)(5)(G)			
(b) Does the Plan/Delegate monitor and track whether			
nonurgent follow-up appointments with a nonphysician			
MH/SUD provider are offered within 10 business days of the			
prior appointment for those undergoing a course of treatment?			
Section 1367.03(a)(5)(F)			
7.5 Comments			
7.6 Do Plan/Delegate documents demonstrate the Plan/Delegate			
accurately and consistently identifies, tracks, monitors, and			
takes action to address <u>quality of care</u> issues pertaining to			
inpatient, outpatient and pharmacy BH providers and services,			
including quality issues involving cultural competency? 7.6 Comments			
7.7 Do Plan/Delegate documents demonstrate the Plan/Delegate			
accurately and consistently identifies, tracks, monitors, and			
takes action to address <u>quality of service</u> issues pertaining to			
inpatient, outpatient and pharmacy BH providers and services,			
including quality issues involving cultural competency?			
7.7 Comments			
7.8 Does the Plan/Delegate routinely review, discuss, address and			
document data and potential issues pertaining to:			
 quality of BH services, 			
access to BH services,			
 enrollee and provider complaints about BH services, 			
whether BH services meet cultural and health equity needs of enrollees			
7.8 Comments	1		•

Assessment Questions	Yes	No	N/A
7.9 If any contracted BH provider is or was on a corrective a	action		
plan during the review period, is there evidence the			
Plan/Delegate appropriately implemented and monitored	d the		
corrective action and re-evaluated compliance?			
7.9 Comments	·		
7.10 De Dien contracte with Delegates (or other entities con	tracted		
7.10 Do Plan contracts with Delegates (or other entities con			
to perform functions on behalf of the Plan) include prov			
for Plan oversight and assessment of the performance	Of		
delegated/contracted functions?			
7.10 Comments			
7.11 Do Plan/Delegate documents demonstrate the Plan/De			
regularly monitors enrollee-to-BH provider ratios and to	akes		
action when indicated?			
7.11 Comments	•		•
7.12 Do Plan/Delegate documents and information demons	trate the		
Plan/Delegate regularly monitors geographic access to	BH		
services and was in compliance at all times during the	BHI		
Review period with geographic access standards?			
7.12 Comments			
7.13 If the Plan delegates any QA functions as they pertain			
services, does the Plan have procedures designed to	ensure		
consistent, effective, and appropriate oversight of all			
delegated QA functions?			
7.13 Comments			•

Asse	ssment Questions	Yes	No	N/A
7.14	If the Plan delegates any QA functions as they pertain to BH			
	services, do Plan documents demonstrate the Plan actually,			
	consistently, effectively, and appropriately oversees all			
	delegated QA functions?			
7.14	Comments			
7.45	If the Direction of the Control of t			1
7.15	If the Plan delegates any UM functions as they pertain to BH			
	services, does the Plan have procedures designed to ensure			
	consistent, effective, and appropriate oversight of all			
7 15 4	delegated UM functions? Comments			
7.15	Comments			
				1
7.16	If the Plan delegates any UM functions as they pertain to BH			
	services, do Plan documents demonstrate the Plan			
	consistently, effectively, and appropriately oversees all			
	delegated UM functions?			
7.16	Comments			
7.17	If the Plan delegates any griovance and appeals functions as			
7.17	If the Plan delegates any grievance and appeals functions as they pertain to BH services, does the Plan have procedures			
	•			
	designed to ensure consistent, effective, and appropriate oversight of all delegated grievance and appeals functions?			
7.17	Comments			<u> </u>
\				
7.18	If the Plan delegates any grievance and appeals functions as			
	they pertain to BH services, do Plan documents demonstrate			
	the Plan consistently, effectively, and appropriately oversees			
	all delegated grievance and appeals functions?			
7.18	Comments			

<u>Asse</u>	ssment Questions	Yes	No	N/A
7.19	Does the Plan/Delegate have a process for monitoring and		-	
	evaluating the accuracy and effectiveness of its BH triage and			
	screening services related to the following types of services?			
	a. Non-urgent services			
	b. Urgent services			
	Sections 1367.03(a)(8)(A), 1367.03(e)(4)			
7.19 (Comments			
7.20	In evaluating potential quality issues (PQIs), does the			
	Plan/Delegate use an appropriate severity leveling system that			
	includes required corrective action consistent with the			
	assigned severity level?			
7.20	Comments			
7.21	Does the Plan/Delegate consistently and accurately level PQIs			
	in accordance with its written severity leveling system?			
7.21 (Comments			
7.22	Does the Plan/Delegate consistently and accurately			
	implement and follow up on required corrective action in			
	accordance with its severity leveling system and written QA policies and procedures?			
7.22 (Comments			
7.23	Does the Plan/Delegate timely investigate, document, take			
	required action, and conclude PQI cases involving BH issues?			
	Rule 1300.70(a)(1)			
7.23 (Comments			

Asse	ssment Questions	Yes	No	N/A
7.24	Do provider satisfaction survey reports indicate there are			
	barriers to providers' ability to timely and effectively provide			
	BH services to enrollees?			
	Rule 1300.67.2.2(d)(2)(C)			
7.24	Comments			
7.25	Do enrollee satisfaction survey reports and other documents			
	indicate there are barriers to enrollees' ability to timely obtain			
	and continue to receive appropriate and medically necessary BH services?			
	Rule 1300.67.2.2(d)(2)(B)			
7.25	Comments			•
7.26	Do Plan/Delegate reports of quarterly review of accessibility,			
	availability, and continuity of BH care, indicate there are			
	barriers to enrollees' ability to timely obtain and continue to			
	receive appropriate and medically necessary BH services?			
	Rule 1300.67.2.2(d)(2)(D)			
7.26	Comments			
				1
7.27	If available, do Consumer Assessment of Healthcare			
	Providers and Systems (CAHPS) surveys indicate enrollees			
7 27	face barriers when obtaining or trying to obtain BH services? Comments			
1.21	Comments			
7.28	Do the National Committee for Quality Assurance (NCQA) and			
	Utilization Review Accreditation Commission (URAC) reports,			
	as applicable, indicate there are quality of care issues in the			
	Plan/Delegate's provision of BH services?			

Asse	ssment Questions	Yes	No	N/A
	Comments	ı		ı
		1		1
7.29	Does the Plan/Delegate have specific procedures or			
	processes to evaluate quality of BH services in traditionally underserved areas and traditionally underserved populations?			
7.29	Comments			
0				
		1		1
7.30	From and after January 1, 2023, does the Plan have a			
	process designed to ensure it assesses and verifies the qualifications of a BH provider within 60 days after receiving a			
	completed provider credentialing application?			
7.00	Section 1374.197			
7.30	Comments			
7.31	Do Plan documents and information demonstrate that, from			
1.31	and after January 1, 2023, the Plan verifies the qualifications			
	of a BH provider within 60 days after receiving a completed			
	provider credentialing application?			
	Section 1374.197			
7.31	Comments			
7.32	From and after January 1, 2023, does the Plan have a			
	process designed to ensure that upon receipt of a			
	credentialing application from a BH provider, the Plan notifies			
	the applicant within seven business days, verifying receipt and			
	stating whether the application is complete?			
	Section 1374.197			

Asse	ssment Questions	Yes	No	N/A
7.32 (Comments			
7.33	Do Plan documents and information demonstrate the Plan notifies BH provider applicants within seven business days of receipt of a credentialing application that the application was received and whether the application is complete?			
	Section 1374.197			
7.33 (Comments			<u> </u>
7.34	Do interviews with Plan enrollees indicate enrollees face barriers to obtaining BH services as a result of Plan/Delegate quality assurance operations?			
7.34 (Comments			
7.35	Do interviews with providers indicate providers are reluctant to contract with the Plan and/or face barriers to providing services to Plan enrollees as a result of Plan/Delegate quality assurance practices?			
7.35	Comments			

8. Network Adequacy Investigator:

Asse	essment Questions	Yes	No	N/A
8.1	Do Plan/Delegate documents demonstrate BH services, including specialty, institutional and ancillary services, are readily available at reasonable times to all enrollees throughout the Plan's geographic service area?			
8.1 C	Section 1367(e)(1); Rules 1300.51(d)(H), 1300.51(d)(I)(5)			
8.2	Does the Plan/Delegate have a process to accurately measure whether a network BH provider is accepting new patients for each plan product?			
8.2 C	Comments	•		,
8.3	Does the Plan/Delegate have a process to monitor the practice locations of contracted BH providers? Section 1367.27(h)(1); Rule 1300.67.2(a)			
8.3 C	Comments			
8.4	If indicated, did the Plan/Delegate take appropriate corrective action in response to any findings received from the Department's review of its Annual Network Review submission made pursuant Rule 1300.67.2.2(g)(2), and evaluate the effectiveness of such corrective actions?			
8.4 C	Comments			<u> </u>
J. T C				

Asse	essment Questions	Yes	No	N/A
8.5	If indicated, did the Plan/Delegate take appropriate corrective action in response to internal monitoring of timely access, geographic access, and grievances involving BH services, and evaluate the effectiveness of such corrective actions?			14/71
8.5 C	Comments			
8.6	Do Plan/Delegate documents demonstrate the contracted provider network has adequate capacity and availability of licensed BH providers to meet appointment timeliness standards? Rule 1300.67.2.2(c)(5), (7)			
8.6 C	comments			
8.7	a. Is there evidence the Plan/Delegate conducted periodic internal network monitoring to evaluate for a 10 percent or greater change in the names of providers listed in the Plan's Exhibits I-1, I-2, or I-3?			
	b. Is there evidence the Plan/Delegate submitted an amendment to its license via the Department's eFiling web portal when a change was identified?			
8.7 C	Rules 1300.51(d)(l)(1)-(3), 1300.52(f)			
8.8	Do the number of requests for inpatient and/or outpatient out- of-network services indicate the Plan/Delegate has an insufficient contracted network of BH providers?			

Asse	ssment Questions	Yes	No	N/A
8.8 C	omments			
8.9	Do inaccuracies about the Plan's/Delegate's provider directory			
	indicate the Plan/Delegate has an insufficient contracted			
	network of BH providers?			
8.9 C	omments			
8.10	Do PAAS reports and provider complaint data indicate the			
0.10	Plan/Delegate has an insufficient contracted network of BH			
	providers?			
8 10 (Comments			
0.10				
8.11	Do interviews with Plan enrollees indicate enrollees face			
	barriers in obtaining BH services due to the Plan's/Delegate's			
	provider network or network operations?			
8.11 (Comments			
8.12	Do interviews with providers indicate providers are reluctant to			
0.12	contract with the Plan and/or face barriers when providing BH			
	services to Plan enrollees due to the Plan's/Delegate's			
	provider network or network operations?			
0 40 (Comments			
0.12	Comments			
0.40	a Da Dian/Dalagata da sumanta indicata annella sa na suitifica			
8.13	a. Do Plan/Delegate documents indicate enrollees requiring			
	BH emergency services stayed in the Emergency Department			
	in excess of eight hours per episode, or beyond the time			
	required to stabilize the emergency condition?			

Assessment Questions	Yes	No	N/A
 b. Do Plan/Delegate documents demonstrate the Plan/Delegate actively coordinated the enrollee's transfer or discharge from the emergency department? 			
c. Do Plan/Delegate documents demonstrate the Plan/Delegate actively coordinated post-discharge BH appointments for the enrollee?			
8.13 Comments			

9. Provider Reimbursement Investigator:

Asse	essment Questions	Yes	No	N/A
9.1D	o policies and procedures pertaining to claims submission by providers and enrollees, and the Plan's/Delegate's process for handling the claims, demonstrate a timely, equitable and appropriate process?			
	Section 1371, Rule 1300.71			
9.1 C	comments			
9.2	Does the Plan/Delegate timely and accurately pay non- contracted BH providers for services rendered to enrollees, consistent with the Plan's policies and procedures?			
9.2 C	comments			
9.3	Are provider claim submission requirements reasonable for BH service claims?			
	Section 1371, Rule 1300.71			
9.3 C	comments			
9.4	Are provider claim submission requirements for providers who render ongoing BH services to an enrollee on multiple occasions reasonable?			
	Section 1371, Rule 1300.71			
9.4 C	comments			

Asse	essment Questions	Yes	No	N/A
9.5	Are the Plan/Delegate procedures and processes for			
	reviewing BH claims, including timeframes, reviewers			
	involved, standards of review, turn-around times, requests for			
	additional information, etc., reasonable?			
	Section 1371, Rule 1300.71			
9.5 C	Comments			
9.6	Do claims payment reports demonstrate the Plan/Delegate			
0.0	consistently pays BH claims timely and accurately for the			
	following types of services?			
	Inpatient services			
	Residential			
	• PHP			
	• IOP			
	Psychiatry			
	 Outpatient services other than psychiatry 			
	Emergency services			
	Post-stabilization services			
	1 Ost-Stabilization Scrvides			
	Section 1371, Rule 1300.71			
9.6 C	Comments			
0.7				T
9.7	Does claims data and information demonstrate the			
	Plan/Delegate consistently pays claims appropriately?			
	Section 1371, Rule 1300.71			
9.7 C	Comments			
9.8	Do interviews with Plan enrollees indicate enrollees face			
	barriers in obtaining BH services due to the Plan's/Delegate's			
	provider reimbursement practices or operations?			
9.8 C	Comments			
		Page		

Asse	ssment Questions	Yes	No	N/A
9.9	Do interviews with providers indicate providers are reluctant to contract with the Plan and/or face barriers when providing BH services to Plan enrollees due to the Plan's/Delegate's provider reimbursement practices or operations?			
9.9 C	omments	I		1
9.10	Do the Plan's policies and procedures demonstrate how single			
	case provider agreements are determined, including reimbursement rates for these agreements?			
9.10	Comments	Į.		
9.11	Do provider contracts terms incentivize and encourage providers to participate in the Plan/Delegate network?			
9.11	Comments			

10. Pharmacy Investigator:

Asse	ssment Questions	Yes	No	N/A
10.1	Are pharmacy benefits related to BH effectively communicated to enrollees?			
	Sections 1363(a)(1), (b)(1), (4), (c)(1)(H), 1363.01; Rule 1300.63.1			
10.1	Comments			
10.2	Does the Plan, upon request, have a process to provide enrollees with a written statement that describes how the Plan maintains the confidentiality of medical information obtained and possessed by the Plan?			
	Sections 1364.5, 1386(b)(15)			
10.2	Comments			
10.3	In addition to written documentation, do enrollees have access to user-friendly online portals and/or mobile apps to manage their BH prescriptions and communicate with pharmacists?			
10.3	Comments			
10.4	Does the Plan effectively utilize telehealth or other technologies to facilitate enrollee access to pharmacists and medication consultations for BH drugs?			
10.4 (Comments			
10.5	Do the Plan/Delegate's policies and procedures demonstrate that the health plan has adequate procedures in place to enable an enrollee to timely request and gain access to clinically appropriate drugs not covered by the Plan's formulary (i.e., a request for exception)?			

Asse	ssment Questions	Yes	No	N/A
	Section 1367.24			
10.5	Comments			
10.5	Comments			
10.6	Do reports pertaining to external exception request reviews			
	demonstrate the Plan/Delegate makes its determination and notifies the enrollee and provider timely (72 hours following			
	receipt of request for standard and 24 hours following receipt			
	of request for expedited)?			
	Sections 1367.24(k), 1367.241(b); 45 CFR 156.122(c)(3)(ii)			
10.6	Comments	ı		1
		T		1
10.7	a. Do the Plan's formulary coverage and benefit design			
	features create barriers to care by omitting coverage for certain categories or classes of drugs; or, by placing			
	unreasonable restrictions (e.g., cost sharing, prior			
	authorization, step therapy, and quantity or dosage limits) to			
	BH drugs?			
	b. Does the Plan/Delegate exclude Long Acting Injectable			
	drugs from inclusion in the negotiated daily rate?			
	c. Does the Plan's external exception review request process			
	create barriers to care?			
10.7	Comments			
10.8	Do the Plan/Delegate's medical and related policies which			
	relate to Office Based Opioid Treatment (OBOT) and Opioid Treatment Program (OTP) therapy present barriers for			
	enrollees to access therapy?			
•				

Asse	ssment Questions	Yes	No	N/A
10.8	Comments			•
10.9	Does the Plan's/Delegate's use of utilization review and			
	coverage exclusion practices, pose barriers to medically			
	necessary prescription drug therapies for BH conditions?			
10.9	Comments			ı
10.10	Do policies and procedures include limitations (e.g., physical			
	examination requirement, time and dosage limitations, urine			
	testing requirements, etc.) that are inconsistent with generally			
	accepted professional practices and UM clinical criteria or			
10 10	guidelines? Comments			
10.10	Comments			
		1		1
10.11	Do policies and procedures include a comprehensive			
	transition process to promote continuity of care and avoid			
	interruptions to medication stability for enrollees who lose			
	access to medically necessary BH drugs?			
	See Section 1367.22			
10.11	Comments			
40.40		1 1		1
10.12	Do policies and procedures include a comprehensive process			
	to promote continuity of care and avoid interruptions to			
	medication stability for enrollees to receive medication when there is a shortage of a particular drug?			
10 12	Comments			
10.12	. Comments			

Assessment Questions	Yes	No	N/A
10.13 Do policies and procedures pertaining to use and coverage of			
BH drugs required to be administered by a provider and used to treat BH conditions (e.g., long acting injectables or infusions			
such as Brexanolone) create barriers for enrollees?			
eden de Brekanelene) eredte samere fer emellede.			
Sections 1367.206 and 1367.21			
10.13 Comments			
10.14 Do policies and procedures pertaining to brand prescription	<u> </u>		
drugs that received initial FDA approval in the past two years			
and are used to treat BH conditions pose barriers for enrollees			
to receive medically necessary prescription drugs for BH			
conditions?			
10.14 Comments	1		•
10.15 Do policies and procedures pertaining to pharmacotherapy for			
drug dependency (e.g., naltrexone, buprenorphine) pose			
barriers for enrollees to receive medically necessary			
prescription drugs for SUD conditions?			
10.15 Comments			
10.16 Do policies and procedures pertaining to use and coverage of			
BH drugs and services in an in-patient setting create barriers for enrollees?			
10.16 Comments			
10.17 Do policies and procedures pertaining to enrollee access to BH drugs and services create barriers for enrollees?			
10.17 Comments			
10.10 Do data and information indicate that appellage are imported.			
10.18 Do data and information indicate that enrollees are impeded			
from obtaining culturally appropriate prescription drugs?			

Assessment Questions	Yes	No	N/A
10.18 Comments			
10.19 Are Plan/Delegate policies, processes and plans that address			
cultural competence in the delivery of BH medications by pharmacists designed to ensure the Plan/Delegate and			
contracted pharmacists deliver BH services in a culturally			
competent manner?			
10.19 Comments			•
10.20 Do data and information indicate enrollees face barriers in			
obtaining medically necessary prescription drugs for treatment			
of BH conditions as a result of pharmacy coverage issues or			
any Plan/Delegate pharmacy practices? 10.20 Comments			<u> </u>
10.20 Comments			
10.04 De internieure with Dien envelleer indicate envelleer fore			T
10.21 Do interviews with Plan enrollees indicate enrollees face barriers in obtaining medically necessary prescription drugs			
for treatment of BH conditions as a result of pharmacy			
coverage issues or any Plan/Delegate pharmacy practices?			
10.21 Comments			
10.22 Do interviews with providers indicate providers are reluctant to			
contract with the Plan and/or face barriers when providing BH			
services to Plan enrollees because of pharmacy coverage			
issues or any Plan/Delegate pharmacy practices?			
10.22 Comments			

Assessment Questions 10.23 If the Plan/Rx Delegate provides mail order prescription drugs, does the Plan/Rx delegate: (a) have policies and procedures that include standards for timely delivery and a mechanism for providing the drug if delivery standards are not met? (b) have a process to monitor and track timeliness and accuracy of prescription drug mail order requests and deliveries? (c) have reports documenting timeliness and accuracy of prescription drug mail order requests and deliveries, and corrective action in the event standards are not met? Rule 1300.67.24(b)(4) 10.23 Comments

11. Health Equity and Cultural Competence Investigator:

Asse	essment Questions	Yes	No	N/A
11.1	Are Plan/Delegate policies, processes and plans that			
	address cultural competence in the delivery of BH services			
	designed to ensure the Plan/Delegate and contracted			
	providers deliver BH services in a culturally competent manner?			
11.1 (Comments			
• • • • •				
11.2	a. Does the Plan/Delegate provide for cultural competence			
	trainings with accountability and evaluative measures in			
	place to be conducted for Plan/Delegate staff?			
	b. Does the Plan/Delegate provide for cultural competence			
	trainings with accountability and evaluative measures in			
	place to be conducted for contracted providers?			
	Rule 1300.67.04(c)(3)(D)			
	· / · / ·			
	* At a minimum, trainings should include the following			
	demographic areas:			
	AgeRace			
	Culture			
	Religion			
	Primary Written Language			
	Primary Spoken Language			
	Disability Status			
	 Ethnicity 			
	Gender Identity			
	Sexual Orientation			
	Enrollee's Sex Classification Finally 2's Conditional District Continues			
	Enrollee's Sex Listed on Original Birth Certificate Income Loyal			
	Income Level Education/Literacy Level			
	Education/Literacy LevelGeographic Location (urban vs. rural)			
	• Ocographic Location (urban vs. rural)	1		

Assessment Questions	Yes	No	N/A
11.2 Comments			
44.2. Dono the Diam/Delegrate have policies and ordinary and	T		
11.3 Does the Plan/Delegate have policies, procedures, or processes that are directed at identifying and collecting			
enrollee demographic data to ensure that BH services are			
delivered in a culturally competent manner?			
11.3 Comments			
11.4 Does the Plan/Delegate have a process to identify and			
address disparities across its enrollee population for the			
following:			
AgeRace			
Culture			
Religion			
Primary Written Language			
Primary Spoken Language			
Disability Status			
Ethnicity			
Gender Identity			
Sexual Orientation			
Enrollee's Sex Classification Formula a's Sex Listed on Original Birth Contificate			
Enrollee's Sex Listed on Original Birth CertificateIncome Level			
Education/Literacy Level			
Geographic Location (urban vs. rural)?			
11.4 Comments	1	<u> </u>	

Assessment Questions	Yes	No	N/A
11.5 Is the Plan/Delegate able to demonstrate its measures and monitors the activities and strategies used to address disparities across its enrollee population for the following:			
11.6 Does the Plan/Delegate have policies and procedures to identify, monitor, and track requests from enrollees to address their BH needs in accordance with their linguistic or cultural needs or their demographic?			
11.6 Comments			
11.7 Does the Plan/Delegate have reports, data reports, and/or trend summaries used to improve or address the barriers enrollees face in accessing behavioral health services due to a lack of culturally competent services?			

Assessment Questions	Yes	No	N/A
11.7 Comments			
		Γ	Γ
11.8 Does the Plan/Delegate oversee and monitor its contracted			
provider networks across all BH service types, BH provider types, and enrollee access points, for cultural competency,			
linguistic capacity, gender inclusivity, and disability access			
to ensure providers in Plan networks meet the needs and			
preferences of its membership?			
11.8 Comments			
11.9 Does the Plan/Delegate have a process for enrollees to			
request demographic information about a provider and			
areas of specialty for a provider?			
11.9 Comments			
44.40 D	<u> </u>		
11.10 Does the Plan/Delegate have policies and procedures that			
describe practices and activities that demonstrate community outreach and engagement with identified racial,			
cultural, linguistic and smaller populated cultural			
communities such as the tribal/Native American population,			
as they pertain to any such groups identified by the Plan?			
11.10 Comments			
11.11 Do Plan/Delegate documents or any other information shout			
11.11 Do Plan/Delegate documents or any other information about the Plan/Delegate demonstrate there are cultural, ethnic,			
racial, gender, age, physical disability, mental disability,			
linguistic or other equity barriers to enrollees' ability to			
obtain medically necessary BH services?			

Assessment Questions	Yes	No	N/A
11.11 Comments			
11.12 Do interviews with Plan enrollees indicate enrollees face			
barriers in obtaining BH services due to Plan/Delegate			
health equity or cultural competence issues?			
11.12 Comments			
11.13 Do interviews with providers indicate providers are reluctant			Γ
to contract with the Plan and/or face barriers when providing			
BH services to Plan enrollees due to Plan/Delegate health			
equity or cultural competence issues?			
11.13 Comments	I	1	1