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.

Rev. 02/2025

BEHAVIORAL HEALTH INVESTIGATION (BHI) TAG

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

Assessment 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 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 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			

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Assessment 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.D.-Level), • APCC/LPCC, • AMFT/Licensed MFT and • ASW/Master of Social Work/ LCSW (Required by the MY 2019 PAAS Methodology)			
1.4 Comments			
1.5 Do the Plan/Delegate PAAS results for BH providers demonstrate adequate appointment availability for BH providers?			
1.5 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 Comments			

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Assessment 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 Comments				
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 psychiatric-mental health RN or clinical nurse specialist, or any Licensed Professional Clinical Counselor (LPCC)? Section 1373(h)(2)			
1.8 Comments				
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 Comments				

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Assessment Questions	Yes	No	N/A
1.10 Do Plan/Delegate documents demonstrate appropriate and effective monitoring of all points of enrollee 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			
1.11 Do Plan documents demonstrate the Plan appropriately and effectively monitors all points of provider telephone access to the Plan? Ex: • Customer Service • UM/ service request calls • Peer-to-peer • Provider complaints			
1.11 Comments			
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			

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Assessment Questions	Yes	No	N/A
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? Rules 1300.67.2.2(c)(8), 1300.67.04(c)(2)(G)(v)			
1.13 Comments			
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 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)			

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Assessment Questions	Yes	No	N/A
1.16 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. If the Plan delegates BH services, 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			

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Assessment 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 urgent 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			

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Assessment Questions	Yes	No	N/A
• Urgent care appointments for services that require prior authorization: within 96 hours of the request for appointment 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?			
1.22 Comments			
1.23 Do Plan/Delegate wait time reports for <u>non-urgent</u> 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)			

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Assessment 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			
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? Rule 1300.51(d)(H)(i)-(iv)			
1.28 Comments			

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Assessment 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			
1.29 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?			

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Assessment 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, appropriate services from in-network providers?			
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? 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); Rule 1300.67.2.2(c)(7)(B)-(C), 1300.74.72(c).			
1.36 Comments			

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Assessment 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			

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

Assessment 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 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 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 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?			

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Assessment Questions	Yes	No	N/A
Rule 1300.74.73(a)(3)(C)			
2.4 Comments			
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 Comments			
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 Comments			
2.7 Do interviews with Plan enrollees indicate there are barriers to obtaining BH services from contracted providers?			
2.7 Comments			
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?			

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Assessment Questions	Yes	No	N/A
2.8 Comments			
2.9 Do Plan/Delegate documents demonstrate patterns or trends of enrollee difficulty in obtaining in network BH services?			
2.9 Comments			
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 of time?			
2.11 Comments			
2.12 Do provider appointment availability survey reports indicate 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 with enrollees?			

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Assessment Questions	Yes	No	N/A
2.13 Comments			
2.14 Does provider complaint data indicate providers face barriers that result in enrollee challenges in obtaining contracted BH provider appointments?			
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			
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? Section 1374.72(d); Rule 1300.74.72(c)(1)			
2.16 Comments			

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Assessment Questions	Yes	No	N/A
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)			
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? Section 1374.72(d); Rule 1300.74.72(c)(3)			

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Assessment Questions	Yes	No	N/A
2.19 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 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? Section 1374.72(d); Rule 1300.74.72(c)(6)			
2.21 Comments			

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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			
3.1 Comments			
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			

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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 when 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? 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 of 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			
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)			

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Assessment Questions	Yes	No	N/A
3.7 Comments			
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 Comments			
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 Comments			
3.10 If the Plan/Delegate's IRR results did not indicate a pass rate 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 1374.721(e)(7)			
3.10 Comments			
3.11 If the Plan/Delegate had any DMHC IMR overturns, did the 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			

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Assessment Questions	Yes	No	N/A
Plan/Delegate request only the information reasonably necessary to make the determination? 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 UM determination?			
3.13 Comments			
3.14 Does the Plan/Delegate apply clinical criteria and/or 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 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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Assessment 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			
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?			
3.18 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?			

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Assessment Questions	Yes	No	N/A
3.20 Comments			
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? (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)?			
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			
3.24 Do Plan/Delegate documents demonstrate that the Plan/Delegate appropriately considers, evaluates and incorporates emerging treatments or technologies in its covered services?			

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Assessment Questions	Yes	No	N/A
3.24 Comments			
3.25 Does the Plan/Delegate monitor, review and incorporate evidence-based and/or community-based practices in managing MH/SUD services? Community-based practices are those health care related practices that involve community members (e.g., layperson health care workers), the delivery of services in community settings (e.g., homes or schools) and care provided in coordination with community services (e.g., support and education programs).			
3.25 Comments			
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 provider's ability to render timely, covered, appropriate and medically necessary BH services to enrollees? 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?			

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Assessment 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			
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? b. Do Plan UM files indicate providers experience barriers when seeking prior or concurrent authorization for MH/SUD services?			
3.29 Comments			
3.30 Do data, information and case files demonstrate enrollees experience delays in transferring from emergency departments to appropriate levels of care?			

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Assessment Questions	Yes	No	N/A
3.30 Comments			
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			
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 enrollees when obtaining BH services?			
3.33 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?			

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Assessment Questions	Yes	No	N/A
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?			
3.35 Comments			
3.36 If the Plan/Delegate uses automated UM processes, do Plan/Delegate reports indicate that automated UM results in appropriate UM determinations?			
3.36 Comments			
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			
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?			

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

BEHAVIORAL HEALTH INVESTIGATION TAG

4. Grievances & Appeals
Investigator:

Assessment 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 Comments			
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? Section 1368(a)(1)			
4.3 Comments			
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 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment 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 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 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 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment 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 Comments			
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			
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			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment 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 Do data, information and file review indicate the Plan/Delegate improperly refers enrollee or provider appointment requests for BH services to the G&A review process? Sections 1367.03, 1368, 1368.01; Rules 1300.67.2.2(c), 1300.68			
4.15 Comments			
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			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
4.17 Does the Plan/Delegate have a procedure to ensure that all enrollees who file grievances for failure to obtain timely BH appointments are reviewed for risk and their BH care needs are met?			
4.17 Comments			
4.18 Does the Plan/Delegate have a process through which enrollee grievances related to access, including a delay or difficulty in obtaining a timely BH appointment, are routed to grievance coordinators specially trained in Department-regulated products and KKA and regulations related to access? Sections 1367.03(a)(8), 1368; Rule 1300.67.2.2(c)(8).			
4.18 Comments			
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			
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 appropriate and medically necessary BH services?			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
4.21 Comments			
4.22 Do 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			
4.23 Do interviews with Plan enrollees indicate enrollees face barriers when attempting to obtain BH services as a result of Plan/Delegate G&A operations?			
4.23 Comments			
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			

BEHAVIORAL HEALTH INVESTIGATION TAG

5. Customer Service Investigator:

Assessment Questions	Yes	No	N/A
5.1 Does the Planelegate have customer service center policies and procedures for standardizing customer service operations?			
5.1 Comments			
5.2 Are the customer service policies and procedures designed to ensure proficient, effective, and appropriate customer service for enrollees?			
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 take corrective action when necessary?			
5.5 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment 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 Comments			
5.7 Does the Plan/Delegate have sufficient number of customer service staff to handle the average number of daily telephone calls?			
5.7 Comments			
5.8 Do call statistics demonstrate the Plan/Delegate provides effective, timely, efficient customer service?			
5.8 Comments			
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 Comments			
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			
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?			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
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 1367.27, 1367.27(c)(1), 1367.27(d)(2)			
5.12 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? 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?			
5.15 Comments			
5.16 Does the Plan's/Delegate's customer service center have a high rate of staff turnover?			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
5.16 Comments			
5.17 Does the Plan/Delegate have a customer service process for handling enrollee requests for assistance in identifying an available BH provider when there are no contracted BH providers available for any of the following reasons: • Lack of specific provider type requested (e.g., child therapist, provider with a specific cultural background) • Lack of provider with specialty experience (e.g., child therapist experienced in specific treatment modality) • Lack of ability to secure timely appointment • Lack of available provider in geographic area Section 1374.72(d); Rules 1300.51(d)(H), 1300.67.2(a), 1300.67.2.2(c)(1) and (c)(5), 1300.67.2.2(c)(7)(B) 1300.74.72(c)			
5.17 Comments			
5.18 Does the system used by customer service to document enrollee telephone calls require sufficient documentation to ensure both customer service staff and other staff to whom the call may be referred (e.g., staff in the quality department or G&A department) have accurate and sufficient information to adequately consider the issue raised by the enrollee? Section 1368(a)(1)			
5.18 Comments			
5.19 Does the Plan/Delegate have a process to ensure customer service staff accurately identify the call as an inquiry or grievance?			
5.19 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
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			
5.22 Does the Plan/Delegate customer service process hinder or pose barriers to a BH provider's ability to render timely, covered, appropriate and medically necessary BH services to enrollees?			
5.22 Comments			
5.23 Does the Plan/Delegate customer service process hinder or pose barriers to an enrollee's ability to access, obtain or continue to obtain timely, covered, appropriate and medically necessary BH services?			
5.23 Comments			
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			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
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			

BEHAVIORAL HEALTH INVESTIGATION TAG

6. Provider Referral Practices
Investigator:

Assessment 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 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 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 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment 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 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?			
6.5 Comments			
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			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
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 Comments			
6.9 Does the Plan/Delegate have studies, reports, assessments or evaluations of continuity and coordination of care among contracted medical and BH providers, for both inpatient and outpatient services?			
6.9 Comments			
6.10 Do Plan/Delegate documents demonstrate there is an effective 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 services?			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment 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			
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			

BEHAVIORAL HEALTH INVESTIGATION TAG

7. Quality Assurance Investigator:

Assessment 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 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 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 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 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

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 quality of care 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 quality of service 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			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
7.9 If any contracted BH provider is or was on a corrective action plan during the review period, is there evidence the Plan/Delegate appropriately implemented and monitored the corrective action and re-evaluated compliance?			
7.9 Comments			
7.10 Do Plan contracts with Delegates (or other entities contracted to perform functions on behalf of the Plan) include provisions for Plan oversight and assessment of the performance of delegated/contracted functions?			
7.10 Comments			
7.11 Do Plan/Delegate documents demonstrate the Plan/Delegate regularly monitors enrollee-to-BH provider ratios and takes action when indicated?			
7.11 Comments			
7.12 Do Plan/Delegate documents and information demonstrate 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 to BH services, does the Plan have procedures designed to ensure consistent, effective, and appropriate oversight of all delegated QA functions?			
7.13 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment 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			
7.15 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 delegated UM functions?			
7.15 Comments			
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 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			
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			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment 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			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment 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			
7.27 If available, do Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys indicate enrollees face barriers when obtaining or trying to obtain BH services?			
7.27 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?			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
7.28 Comments			
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			
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? Section 1374.197			
7.30 Comments			
7.31 Do Plan documents and information demonstrate that, from 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			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment 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			
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			

BEHAVIORAL HEALTH INVESTIGATION TAG

8. Network Adequacy
Investigator:

Assessment 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? Section 1367(e)(1); Rules 1300.51(d)(H), 1300.51(d)(I)(5)			
8.1 Comments			
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 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 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 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment 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?			
8.5 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 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? Rules 1300.51(d)(I)(1)-(3), 1300.52(f)			
8.7 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
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?			
8.8 Comments			
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 Comments			
8.10 Do PAAS reports and provider complaint data indicate the Plan/Delegate has an insufficient contracted network of BH providers?			
8.10 Comments			
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 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?			
8.12 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
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? 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			

BEHAVIORAL HEALTH INVESTIGATION TAG

9. Provider Reimbursement Investigator:

Assessment Questions	Yes	No	N/A
9.1 Do 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 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 Comments			
9.3 Are provider claim submission requirements reasonable for BH service claims? Section 1371, Rule 1300.71			
9.3 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 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment 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 Comments			
9.6 Do claims payment reports demonstrate the Plan/Delegate 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 Section 1371, Rule 1300.71			
9.6 Comments			
9.7 Does claims data and information demonstrate the Plan/Delegate consistently pays claims appropriately? Section 1371, Rule 1300.71			
9.7 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 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment 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 Comments			
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			
9.11 Do provider contracts terms incentivize and encourage providers to participate in the Plan/Delegate network?			
9.11 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

10. Pharmacy Investigator:

Assessment 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			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
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)? Section 1367.24			
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			
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			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
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?			
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			
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 guidelines?			
10.10 Comments			
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			
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?			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
10.12 Comments			
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? Sections 1367.206 and 1367.21			
10.13 Comments			
10.14 Do policies and procedures pertaining to brand prescription 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			
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?			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
10.17 Comments			
10.18 Do data and information indicate that enrollees are impeded from obtaining culturally appropriate prescription drugs?			
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			
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?			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
10.22 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

11. Health Equity and Cultural Competence Investigator:

Assessment 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: • Age • Race • Culture • Religion • Primary Written Language • Primary Spoken Language • Disability Status • Ethnicity • Gender Identity • Sexual Orientation • Enrollee's Sex Classification • Enrollee's Sex Listed on Original Birth Certificate • Income Level • Education/Literacy Level • Geographic Location (urban vs. rural)			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
11.2 Comments			
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: • Age • Race • Culture • Religion • Primary Written Language • Primary Spoken Language • Disability Status • Ethnicity • Gender Identity • Sexual Orientation • Enrollee's Sex Classification • Enrollee's Sex Listed on Original Birth Certificate • Income Level • Education/Literacy Level • Geographic Location (urban vs. rural)?			
11.4 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

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: • Age • Race • Culture • Religion • Primary Written Language • Primary Spoken Language • Disability Status • Ethnicity • Gender Identity • Sexual Orientation • Enrollee's Sex Classification • Enrollee's Sex Listed on Original Birth Certificate • Income Level • Education/Literacy Level • Geographic Location (urban vs. rural)?			
11.5 Comments			
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?			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
11.7 Comments			
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			
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 about the Plan/Delegate demonstrate there are cultural, ethnic, racial, gender, age, physical disability, mental disability,			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
linguistic or other equity barriers to enrollees' ability to obtain medically necessary BH services?			
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 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			