

Title 9, Chapter 11, California Code of Regulations

§ 1810.440. MHP Quality Management Programs.

The MHP shall establish a Quality Management Program in accordance with the terms of the contract between the MHP and the Department that includes at least the following elements:

(a) A Quality Improvement Program responsible for reviewing the quality of specialty mental health services provided to beneficiaries by the MHP that:

(1) Is accountable to the director of the MHP.

(2) Has active involvement in planning, design and execution from:

(A) Providers;

(B) Beneficiaries who have accessed specialty mental health services through the MHP; and

(C) Parents, spouses, relatives, legal representatives, or other persons similarly involved with beneficiaries who have accessed specialty mental health services.

(3) Ensures that the persons participating in the Quality Improvement Program under Subsection (a)(2) shall not be subject to discrimination or any other penalty in their other relationships with the MHP as a result of their role in representing themselves and their constituencies in the Quality Improvement Program.

(4) Includes substantial involvement of a licensed mental health professional.

(5) Conducts monitoring activities including but not limited to review of beneficiary grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals, and clinical records review.

(6) Is reviewed by the MHP and revised as appropriate annually.

(b) A Utilization Management Program responsible for assuring that beneficiaries have appropriate access to specialty mental health services from the MHP that:

(1) Assures that the access and authorization criteria established in this Chapter are met.

(2) Conducts monitoring activities to ensure that the MHP meets the established standards for authorization decision making and takes action to improve performance if necessary.

(3) Is reviewed by the MHP and revised as appropriate annually.

(c) A beneficiary documentation and medical records system that meets the requirements of the contract between the MHP and the Department and requirements of State and federal law and regulation governing beneficiary documentation and medical records systems, including the following:

(1) Client plans signed (or electronic equivalent) by:

(A) The person providing the service(s), or

(B) A person representing a team or program providing services, or

(C) A person representing the MHP providing services.

(2) Documentation of the beneficiaries' participation in and agreement with their client plans. Documentation of participation in and agreement with the client plan may include, but is not limited to reference in the client plan to the beneficiary's participation in and agreement with the client plan, the beneficiary's signature on the client plan, or a description in the medical record of the beneficiary's participation and agreement with the client plan, except as follows:

(A) The MHP shall obtain the beneficiary's signature or the signature of the beneficiary's legal representative on the client plan when:

1. The beneficiary is expected to be in long term treatment as determined by the MHP and

2. The client plan provides that the beneficiary will be receiving more than one type of specialty mental health service.

(B) When the beneficiary's signature or the signature of the beneficiary's legal representative is required on the client plan under Subsection (d)(1) and the beneficiary refuses to sign the client plan or is unavailable for signature, the client plan shall include a written explanation of the refusal or unavailability.