

**State of California
Office of Administrative Law**

In re:
**Department of Corrections and
Rehabilitation**

Regulatory Action:

Title 15, California Code of Regulations

Adopt sections: 3999.19
Amend sections:
Repeal sections:

NOTICE OF FILING AND PRINTING ONLY

Government Code Section 11343.8

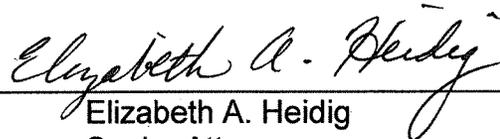
OAL Matter Number: 2015-0831-01

OAL Matter Type: File and Print Only (FP)

This submission establishes a Health Care Pilot Program pursuant to Penal Code section 5058.1. It provides for an appeals process for health care matters. It is exempt from Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. It is effective upon filing with the Secretary of State and is repealed by operation of law two years after the commencement of the pilot program being implemented, unless the adoption, amendment, or repeal of the regulation is promulgated by the Department of Corrections and Rehabilitation pursuant to Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

OAL filed this regulation with the Secretary of State, and will publish the regulation in the California Code of Regulations.

Date: September 1, 2015



Elizabeth A. Heidig
Senior Attorney

For: DEBRA M. CORNEZ
Director

Original: Dr. Jeffrey Beard, Ph. D.
Copy: Janet Lewis

NOTICE PUBLICATION/REGULATIONS SUBMISSION

FILE PRINT

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER 2015-0831-01FP	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

ENDORSED - FILED

in the office of the Secretary of State
of the State of California

SEP -1 2015

1:53 PM

2015 AUG 31 A 11: 32
OFFICE OF ADMINISTRATIVE LAW

AGENCY WITH RULEMAKING AUTHORITY
California Department of Corrections and Rehabilitation

AGENCY FILE NUMBER (if any)

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE	
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed <input type="checkbox"/> Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON		TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn			NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Health Care Appeals	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT 3999.19
	AMEND
	REPEAL
TITLE(S) 15	

3. TYPE OF FILING

<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input checked="" type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input checked="" type="checkbox"/> Other (Specify) <u>Penal Code 5058.1 - Pilot Program</u>	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

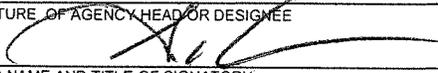
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input checked="" type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> \$100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify)
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify)		

7. CONTACT PERSON Janet Lewis	TELEPHONE NUMBER (916) 691-9573	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) janet.lewis@cdcr.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE 	DATE 8/27/15
TYPED NAME AND TITLE OF SIGNATORY Scott Kernan, Undersecretary, Operations	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

SEP 01 2015

Office of Administrative Law



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



MEMORANDUM

Date: August 25, 2015

To: All Health Care Executive Leadership Team Members
Central California Women's Facility
California Substance Abuse Treatment Facility and State Prison, Corcoran
California State Prison, Solano

From: J. Clark Kelso
Receiver *B. Kelso*

Diana L. Toche, D.D.S., Undersecretary *D. Toche*
Health Care
California Department of Corrections and Rehabilitation

Subject: HEALTH CARE APPEALS PILOT PROGRAM

This memorandum constitutes certification, pursuant to Penal Code, Section 5058.1, Subdivision (b)(2), for California Correctional Health Care Services (CCHCS) and the Division of Health Care Services (DHCS), California Department of Corrections and Rehabilitation (CDCR), to proceed with a Health Care Appeals Pilot (Pilot).¹ This is a departmentally authorized Pilot program, as described in Penal Code, Section 5058.1, Subdivisions (a) and (b).

BACKGROUND

Inmate appeals are handled under a process set forth in California Code of Regulations (CCR), Title 15. However, these regulations present certain challenges when applied to health care appeals, in which a more effective approach is needed to efficiently address the issues. Modifications would be beneficial to promote a more efficient program, simplify the processes, reduce cancellations and rejections, ensure a timely clinical triage, increase quality of responses, and reduce redundancy or inconsistencies.

¹ The Pilot is authorized by both the Receiver (who executes this certification pursuant to authority conferred by United States District Court for the Northern District of California, Case No. C01-1351 TEH, *Plata v. Brown*, under the Order Appointing Receiver dated February 14, 2006) and the Secretary, via his Undersecretary, Health Care.

MEMORANDUM

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PILOT PROJECT LOCATION

The Pilot will be conducted at California State Prison, Solano, Central California Women's Facility, California Substance Abuse Treatment Facility and State Prison, Corcoran, and CCHCS headquarters.

PILOT PROJECT DURATION

The Pilot (Medical, Mental Health, and Dental) has been approved for a six-month period, effective September 1, 2015 through March 1, 2016. However, the Pilot period may be extended beyond March 1, 2016, provided that regulation adopted pursuant to Penal Code, Section 5058.1 shall be repealed by operation of law no later than two years after the commencement of the Pilot. (Penal Code, Section 5058.1, Subdivision. (d).)

PILOT OVERVIEW

The Pilot will include the elimination of one level of the current appeal process, resulting in one institutional level review and a headquarters' level review. A Health Care Appeals Registered Nurse (HCARN) will be established, on a limited term basis, at each Pilot institution to triage health care appeals and facilitate early face-to-face clinical intervention in the health care appeals process.

The Pilot institutions shall continue to observe the existing appeal process, as set forth in CCR, Title 15, Section 3084, et seq., except as modified or amended by the attachments to this memorandum and any other documents that implement the Pilot.

The Pilot is designed primarily to address the following concerns regarding the appeal process, as currently applied to health care appeals:

- Excessive screen outs
- Patients urgent/emergent health care issues raised in a health care appeal that may not be addressed
- An overly bureaucratic health care appeals system
- Timely access to health care services for serious medical needs

MEMORANDUM

The Pilot will implement the changes to the Health Care Appeals system, including the following:

- Eliminating one level of the Health Care Appeal process
 - The current process has two institutional levels responses and one headquarters' response. The Pilot is eliminating one institutional response.
- Adding a HCARN
 - The current process has administrative staff reviewing health care appeals. The Pilot will have a HCARN triaging all health care appeals and identifying urgent/emergent or serious medical needs, as well as identifying Americans with Disabilities Act (ADA) issues and providing a clinical review of accepted health care appeals.
- Initiating a new Health Care Appeal form
 - The Pilot will be initiating a new Health Care Appeal form.

The Pilot includes an evaluation of the following ten metrics:

1. Volume of appeals as a result of the Pilot (increase/decrease)
2. Number and type of issues as a result of the Pilot (increase/decrease)
3. Number of screen outs as a result of the Pilot (increase/decrease)
4. Determine the number of (CDC 7362) forms submitted on a patient's behalf
5. Track the number of patients seen after a CDC 7362 was submitted on the patient's behalf and appeal was screened out
6. Track the number of health care appeals bypassed to headquarters
7. Track the number of health care appeals filed after a CDC 7362 was submitted on the patient's behalf
8. Health Care Appeal resolution rate
9. Number of health care appeals completed
10. Number of overdue health care appeals

FISCAL IMPACT

The fiscal impact in expenditures will be the addition of HCARNs in the three Pilot institutions. The cost for an HCARN is approximately \$152,292 per year (including benefits). The anticipated savings to the Department cannot be determined until data related to the Pilot has been fully evaluated. It should be noted that an assessment of necessary staffing and/or resources will need to take place at the institutional and headquarters' levels following the conclusion of the Pilot.

MEMORANDUM

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CERTIFICATION

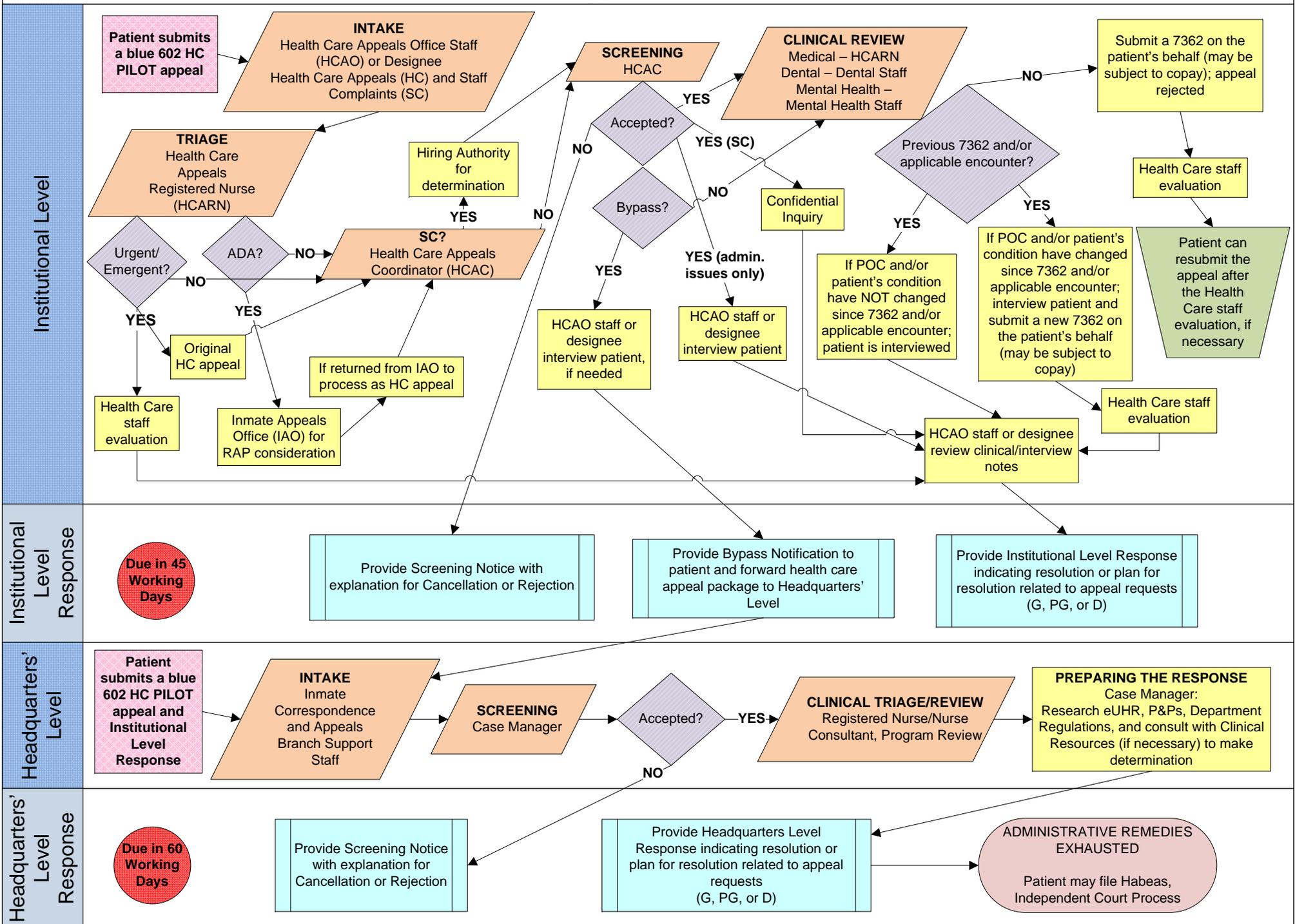
The CCHCS and DHCS, CDCR certify that this Pilot qualifies for exemption under Penal Code, Section 5058.1.

Should you have any questions or require additional information you may contact Richard Robinson, Chief, Inmate Correspondence and Appeals Branch (ICAB), Policy and Risk Management Services (PRMS), CCHCS, at richard.robinson@cdcr.ca.gov or (916) 691-3833.

Attachments

cc: Richard Kirkland, Chief Deputy Receiver, CCHCS
Yulanda Mynhier, Director, Health Care Policy and Administration, CCHCS
R. Steven Tharratt, M.D., MPVM, FACP, Director, Health Care Operations
Timothy Belavich, Ph.D., Director (A), Mental Health Program, DHCS, CDCR
John Dovey, Director, Corrections Services, CCHCS
Roscoe Barrow, Chief Counsel, Receiver's Office of Legal Affairs, CCHCS
Eureka Daye, Ph.D., M.P.H., M.A., C.C.H.P., Regional Health Care Executive, Region I, CCHCS
Michael Hutchinson, Regional Health Care Executive, Region II, CCHCS
Chris Podratz, Regional Health Care Executive, Region III, CCHCS
Robert Herrick, Regional Health Care Executive, Region IV, CCHCS
Chris Swanberg, Attorney IV, Receiver's Office of Legal Affairs, CCHCS
Morton Rosenberg, D.D.S., Deputy Director, Dental Program, DHCS, CDCR
Ricki Barnett, M.D., Deputy Director, Medical Services, CCHCS
Cheryl Schutt, R.N., Deputy Director, Nursing Services, CCHCS
Renee Kanan, M.D., Chief Quality Officer, Quality Management, CCHCS
Christofer Helton, Deputy Director, Resource Management Branch, CCHCS
Janet Lewis, Deputy Director, PRMS, CCHCS
Jasinda Muhammad, Assistant Deputy Director, Human Resources, CCHCS
Richard Robinson, Chief, ICAB, PRMS, CCHCS
Kelli Abernathy, Staff Services Manager (SSM) II, ADA Unit, ICAB, PRMS, CCHCS
Sara Gates, SSM I, ICAB, PRMS, CCHCS
Julianne Vernon, Associate Governmental Program Analyst, ICAB, PRMS, CCHCS

Health Care Appeals Pilot Process Flow





HEALTH CARE APPEALS PILOT FREQUENTLY ASKED QUESTIONS

1. Why are we revising the health care appeal process?

- A health care appeals workgroup (Workgroup) was convened to review the current health care appeals policy and procedure, and determine whether improvements and/or modifications would potentially be beneficial. Internal and External Stakeholder concerns regarding excessive screen outs, urgent/emergent health care appeal issues, the overly bureaucratic health care appeals system, timely access to health care services for serious medical needs, and barriers to patient's 14th Amendment Due Process Rights were considered in the revised process.

2. How are we changing the health care appeal process?

- The Workgroup has determined to pilot the elimination of one level of the health care appeal process. This would result in one Institutional Level of Review and a Headquarters' Level of Review. This change will be piloted at three institutions (SOL, CCWF, and SATF), allowing us to modify the process prior to statewide implementation.
- There will now be a Health Care Appeals Registered Nurse (HCARN) position to triage all health care appeals, and identify urgent/emergent or serious medical needs, as well as Americans with Disabilities Act (ADA) issues. The HCARN will also provide a clinical review of accepted health care appeals.

3. How will we be able to differentiate between a pilot appeal and a non-pilot appeal?

- Pilot health care appeals will be on a blue *602 HC PILOT (602 HCP)*, *Patient Health Care Appeal*.
- If a patient submits a pink *CDCR 602 HC, Patient-Inmate Health Care Appeal (602 HC)*, during the pilot, cross out the rest of the pink 602 HC, attach a blue 602 HCP and continue processing the health care appeal on the blue 602 HCP.

4. How do we process an appeal if a patient transfers?

- If a patient transfers from a non-pilot institution to a pilot institution, their appeal will continue to be processed on a pink 602 HC under the existing policy and procedure.
- If a patient transfers from a pilot institution to a non-pilot institution, the pilot institution will complete the Institutional Level response and mail to the patient. If the patient is dissatisfied with the Institutional Level response, they can submit their appeal for a Headquarters' Level response.

5. What are the HCARN's duties?

- Triages health care appeals and correspondence related to patient health care concerns to identify and resolve urgent/emergent health care issues.
- Identify ADA issues.
- Initiates Primary Care Provider (PCP) review where appropriate; determines other follow up (e.g. nursing contact), as necessary; follows cases through entire process to completion, coordinating with physician reviewers and institution medical staff. Interfaces with appropriate personnel at Headquarters, communicates by phone and in writing with patients and family members when necessary to clarify issues and/or to provide updates on the review status.
- Determines if the patient has submitted a *CDC 7362, Health Care Services Request Form*, for the health care appeal issue(s), and submits a CDC 7362 on patient's behalf (if necessary).
- Works in collaboration with Inmate Correspondence and Appeals Branch on assessment of the pilot, as well as providing performance metrics.
- Refer to the HCARN duty statement for additional responsibilities.



6. Will the process for ADA appeal issues change?

- Yes. The intake process will change slightly, and the HCARN will triage all health care appeals to identify ADA issues. Health care appeals with ADA issues will continue to be forwarded to the Inmate Appeals Office (IAO) for Reasonable Accommodation Panel (RAP) consideration. See question #11 for Health Care Appeals and Risk Tracking System (HCARTS) tracking updates. Refer to training modules for additional information.
- If a health care appeal has ADA issues as well as other health care issues, the health care appeal shall be bifurcated.

7. Will the process for staff complaints change?

- Yes. The intake process will change slightly. If the health care appeal is determined to have staff complaint components at intake, it will be opened as a new staff complaint appeal and not a health care appeal. The staff complaint will be triaged by the HCARN and forwarded to the Health Care Appeals Coordinator (HCAC) for possible referral to the Hiring Authority.
- Staff complaints shall be bifurcated, if necessary.
- Staff complaints will not be bypassed to Headquarters' Level.

8. Are the due dates changing?

- The Institutional Level responses will now be due within 45 working days from receiving the health care appeal, and the Headquarters' Level responses will be due 60 working days from receiving the health care appeal.
- If a patient is dissatisfied with the Institutional Level response they can submit their health care appeal to the Headquarters' Level within 30 calendar days of receipt of the Institutional Level response.

9. Will health care appeals still be bypassed to the Headquarters' Level of Review?

- Health care appeal issues that require research at the institution should not be bypassed to Headquarters.
- Health care appeal issues that should not be bypassed to Headquarters, include, but are not limited to:
 - i. Copayments
 - ii. Refunds
 - iii. Health record reviews
 - iv. Emergency health care appeals
 - v. Local operating procedures
 - vi. Status requests
 - vii. Staff complaints
- Health care appeal issues that should be bypassed to Headquarters, include, but are not limited to:
 - i. Solely monetary compensation
 - ii. Solely no retaliation
- If you are unsure if an appeal should be bypassed, submit your question to the Inmate Correspondence and Appeals Branch at CCHCSICAB@cdcr.ca.gov.
- There may be instances, where an interview is needed (clarification, explanation, etc.) at the Institutional Level prior to bypassing the health care appeal. Once the patient is interviewed, forward the health care appeal package and interview notes to Headquarters' Level.
- Provide a bypass notification to the patient.

10. How will Mental Health and Dental appeals be processed?

- All health care appeals will be triaged (urgent/emergent and ADA issues) by the HCARN after intake.
- After triage, the health care appeals will be screened and forwarded for clinical review.



- i. Medical health care appeals will be reviewed by the HCARN.
 - ii. Dental appeals will be reviewed by the Dental staff.
 - iii. Mental Health appeals will be reviewed by the Mental Health staff.
- If a health care appeal is screened out (rejected or cancelled) the HCAC or designee will complete the screen out procedure.

11. How will the pilot health care appeals be tracked in HCARTS?

- As HCARTS currently has three levels of appeals, the “1st Level Appeal Disposition” section in HCARTS shall be immediately changed to “Bypass” and the health care appeal information shall be entered in the “2nd Level Appeal” section. For the purposes of the pilot, the written response will state Institutional Level Response.
- Manually change the due date in the “2nd Level Appeal” section of HCARTS, to reflect the revised 45 working days due date from the date received in the HCAO, by granting an extension.
- If the HCARN submits a CDC 7362 on the patient’s behalf, check the “7362 Process” check box in HCARTS.
 - i. If a CDC 7362 is submitted on the patient’s behalf, the appointment may be subject to a copayment.
- Check the “Pilot Appeal” check box in HCARTS for all Pilot appeals.
- Check the “Forwarded for RAP Consideration” check box and change the disposition to “RAP Consideration” in HCARTS – if the health care appeal is identified as having ADA issues, and is forwarded to IAO for RAP consideration.
- Check the “RAP Decision Appeal” check box in HCARTS – if the health care appeal is appealing the RAP decision.



Health Care Appeals Pilot Process Flow Instructions

Institutional Level of Review

INTAKE

- Health Care Appeals Office (HCAO) staff or designee
 - Date stamp the health care appeal “Received”.
 - Enter the health care appeal into the Health Care Appeals and Risk Tracking System (HCARTS).
 - If the health care appeal is determined to have Staff Complaint (SC) components, the appeal shall be opened as a new SC, not a health care appeal.
 - Forward the health care appeal to Health Care Appeals Registered Nurse (HCARN) for triage.

TRIAGE (all health care appeals received in the HCAO)

- HCARN
 - Does the health care appeal have urgent/emergent issues?
 - YES – Refer the patient to Health Care staff for evaluation.
 - Forward the health care appeal to the Health Care Appeals Coordinator (HCAC) for screening.
 - NO – Forward the health care appeal to the HCAC for screening.
 - Does the health care appeal have Americans with Disabilities Act (ADA) issues?
 - YES – Forward the health care appeal to Inmate Appeals Office (IAO) for Reasonable Accommodation Panel (RAP) consideration.
 - If IAO returns the health care appeal (no ADA issues) for processing as a health care appeal, forward the health care appeal to the HCAC for screening.
 - NO – Forward the health care appeal to the HCAC for screening.

STAFF COMPLAINT

- HCAC
 - Forward all SC appeals to the Hiring Authority (HA) for determination.
 - The HA returns the decision to the HCAC for screening.
 - If the HA determines the appeal is not a SC, the appeal will be processed as a health care appeal.

SCREENING

- HCAC
 - Is the health care appeal/SC accepted?
 - YES – Forward the health care appeal for clinical review.
 - YES (administrative issues only) – Interview the patient (HCAO staff or designee).
 - Provide Institutional Level response.
 - YES (SC) – Forward the SC for a Confidential Inquiry (CI).
 - Forward the SC appeal and CI to the HCAO for Institutional Level response.
 - NO – Complete the screen out (rejection/cancellation) notice and return the health care appeal package to the patient.
 - Is the health care appeal bypassed?
 - YES – Interview the patient (HCAO staff or designee), if needed.
 - Provide a bypass notification to the patient.
 - Forward the health care appeal (including the interview notes, if applicable) to Headquarters.



- NO – Forward the health care appeal for clinical review.

NOTE: Health care appeals that require research at the institution should not be bypassed to Headquarters (e.g. copayments, refunds, health record reviews, emergency health care appeals, local operating procedures, status requests and staff complaints). Health care appeals that should be bypassed to Headquarters include, but are not limited to, monetary compensation and no retaliation.

CLINICAL REVIEW

- HCARN, Mental Health staff and Dental staff (as appropriate)
 - Are there previous CDC 7362 submission(s) and/or applicable encounter(s) (chronic care, etc.) for the patient's health care appeal issue(s)?
 - YES – Has the patient's Plan of Care (POC) and/or patient's condition(s) changed since the previous CDC 7362 submission(s)/applicable encounter(s)?
 - YES – Patient's POC and/or condition(s) have changed.
 - Interview the patient and submit a new CDC 7362 on the patient's behalf (may be subject to a copayment) for Health Care staff evaluation.
 - Forward the health care appeal and clinical notes to the HCAO staff or designee to prepare the Institutional Level response.
 - NO – Patient's POC and/or condition(s) have not changed.
 - Interview the patient.
 - Forward the health care appeal and interview notes to the HCAO staff or designee to prepare the Institutional Level response.
 - NO – Submit a CDC 7362 on the patient's behalf (may be subject to a copayment).
 - Forward the health care appeal to HCAO staff or designee to complete a screen out (rejection) notice.
 - Patient can resubmit the health care appeal after the Health Care staff evaluation, if needed.

CLOSURE

- HCAO staff or designee
 - Date stamp the health care appeal "Completed".
 - Close the health care appeal in HCARTS.
 - Mail the screen out notice/Institutional Level response to patient.

Headquarters' Level of Review

INTAKE

- Inmate Correspondence and Appeals Branch (ICAB) support staff
 - Date stamp the health care appeal "Received".
 - Enter the health care appeal into HCARTS.
 - Forward the health care appeal package to the ICAB Case Manager.

SCREENING

- ICAB Case Manager
 - Is the health care appeal accepted?
 - YES – Forward the health care appeal to the Registered Nurse (RN)/ Nurse Consultant, Program Review (NCPR).
 - NO – Complete screen out (rejected/cancelled) notice.
 - Forward the health care appeal package and screen out notice for manager approval or closure.



TRIAGE/CLINICAL REVIEW

- RN/NCPR
 - Review the health care appeal for issue(s)/condition(s) that require a clinical review.
 - Forward the health care appeal for clinical review, as needed.
 - If no clinical review is needed, forward the health care appeal to the ICAB Case Manager to prepare the Headquarters' Level response.

PREPARING THE RESPONSE

- ICAB Case Manager
 - Complete the Headquarters' Level response.
 - Forward the health care appeal and the Headquarters' Level response to management for approval.

CLOSURE

- ICAB support staff
 - Date stamp the health care appeal "Completed".
 - Close the health care appeal in HCARTS.
 - Mail the screen out notice/Headquarters' Level response to patient.

Health Care Appeals Pilot Processing at the Institutional Level of Review

Health Care Appeals Quick Reference Guide

For specific and detailed instructions regarding each process, refer to the training modules

INTAKE:

1. A blue *CDCR 602 HC PILOT, Patient Health Care Appeal* (602 HCP) arrives in the Health Care Appeals Office (HCAO).
 - a) If a patient submits a pink *CDCR 602 HC, Patient-Inmate Health Care Appeal* (602 HC), cross out the rest of the pink 602 HC, attach a blue 602 HCP and continue processing the health care appeal on the blue 602 HCP.
2. HCAO staff or designee date stamp “received” all incoming health care appeals and supporting documents with date the health care appeal was received in the HCAO.
3. HCAO staff or designee creates a new health care appeal in the Health Care Appeals and Risk Tracking System (HCARTS).
 - a) If the health care appeal is determined to have Staff Complaint (SC) components it shall be opened as a new SC appeal, not a health care appeal.
4. HCARTS will generate a tracking/log number; the number should be written on both sides of the 602 HCP and the *CDCR 602-A, Attachment* (if applicable).
5. Immediately change the “1st Level Appeal” disposition to “Bypass” in HCARTS.
6. Enter the health care appeal information in the “2nd Level Appeal” Section in HCARTS.
7. Manually change the due date in HCARTS to reflect the **revised due date (45 working days)** from the date of receipt in the HCAO, by granting an extension.
8. Check the “Pilot Appeal” check box in HCARTS.
9. Change the status to “Pending Clinical Triage/Review” in HCARTS.
10. Forward the health care appeal to the Health Care Appeals Registered Nurse (HCARN) for triage.

NOTE: If a patient transfers from a non-pilot institution to a pilot institution, their health care appeal will be processed with the current policies and procedures on a pink 602 HC.

TRIAGE:

1. The HCARN shall triage all health care appeals received in the HCAO, for urgent/emergent or serious medical issue(s) and Americans with Disabilities Act (ADA) issue(s).
2. If the health care appeal has urgent/emergent or serious medical issue(s):
 - a) The HCARN shall check the “Emergency Health Care Appeal – Yes” check box, sign and date the top of the 602 HCP.
 - b) The HCARN shall immediately refer the patient to the appropriate Health Care staff for evaluation within **24 hours for urgent or the same day for emergent.**
 - c) The HCARN forwards the health care appeal to the Health Care Appeals Coordinator (HCAC) for screening.
3. If the health care appeal does not have urgent/emergent or serious medical issue(s):
 - a) The HCARN shall check the “Emergency Health Care Appeal – No” check box, sign and date the top of the 602 HCP.
 - b) The HCARN forwards the health care appeal to the HCAC for screening.
4. If the health care appeal has ADA issue(s):
 - a) The HCAC shall forward the health care appeal to the Inmate Appeals Office (IAO) for Reasonable Accommodation Panel (RAP) consideration.
 - i. If IAO returns the health care appeal (no ADA issues) for processing as a health care appeal, forward the health care appeal to the HCAC for screening.
5. If the health care appeal has no ADA issue(s):
 - a) The HCARN forwards the health care appeal to the HCAC for screening.

Health Care Appeals Pilot Processing at the Institutional Level of Review Health Care Appeals Quick Reference Guide

NOTE: Health care appeals shall be bifurcated accordingly. (e.g. ADA and health care issues, SC and health care issues, SC and ADA issues, etc.)

SCREENING:

NOTE: Health care appeals that require research at the institution should not be bypassed to Headquarters (e.g. copayments, refunds, health record reviews, emergency health care appeals, local operating procedures, status requests and staff complaints). Health care appeals that should be bypassed to Headquarters include, but are not limited to, monetary compensation and no retaliation.

1. The HCAC shall forward all SC appeals to the Hiring Authority (HA) for determination.
 - a) HA returns the decision to the HCAC for screening
 - I. If the HA determines the appeal is a SC and it is accepted:
 - (1) Assign the SC appropriately.
 - (2) Complete confidential inquiry.
 - (3) Prepare Institutional Level response.
 - II. If the HA determines the appeal is a SC and the appeal is not accepted:
 - (1) Refer to the “Health Care Appeals Pilot Processing at the Institutional Level of Review – Screen Outs Quick Reference Guide”.
 - III. If the HA determines the appeal is not a SC:
 - (1) The HCAC shall create a new health care appeal, note the appeal was reviewed by HA and deemed not to meet staff complaint criteria, in HCARTS and on the 602 HCP.
 - (2) Continue the health care appeals process as indicated below.
2. HCAO staff or designee shall update the health care appeal status in HCARTS to “Screening”.
3. The HCAC shall be responsible for screening all health care appeals.
 - a) If the health care appeal is accepted:
 - I. Check the “Accepted” check box in Section C of the 602 HCP, and fill out who the health care appeal is assigned to, their title, date assigned and the health care appeal due date.
 - II. In HCARTS: note the health care appeal has been accepted, capture all of the related issue types/subtypes, identify the health care appeal category, and note who the health care appeal is assigned to.
 - III. Change the health care appeal status to “Clinical Input/Review”.
 - IV. Forward the health care appeal to appropriate staff for clinical review.
 - (1) Medical appeal – HCARN.
 - (2) Mental Health appeal – Mental Health staff.
 - (3) Dental appeal – Dental staff.
 - b) If the health care appeal is accepted, and has administrative issues only:
 - I. Check the “Accepted” check box in Section C of the 602 HCP, and fill out who the health care appeal is assigned to, their title, date assigned and the health care appeal due date.
 - II. In HCARTS: note the health care appeal has been accepted, capture all of the related issue types/subtypes, identify the health care appeal category, and note who the health care appeal is assigned to.
 - III. HCAO staff or designee shall interview the patient.
 - IV. Provide Institutional Level response.
 - c) If the health care appeal is not accepted:
 - I. Refer to “Health Care Appeals Pilot Processing at the Institutional Level of Review – Screen Outs Quick Reference Guide”.
 - d) If the health care appeal is bypassed:
 - I. Check the “Bypassed” check box, any effective communication needs, and the interview information (date, location, name and title of interviewer, if applicable) in Section C of the 602 HCP.

Health Care Appeals Pilot Processing at the Institutional Level of Review Health Care Appeals Quick Reference Guide

- II. In HCARTS: note the health care appeal has been bypassed, capture all of the related issue types/subtypes, identify the health care appeal category, and note the interview information (if applicable).
 - III. HCAO staff or designee shall interview the patient if needed.
 - IV. Provide a bypass notification to the patient.
 - V. Change the “2nd Level Appeal” disposition to “Bypass” and status to “Closed” in HCARTS.
 - VI. Forward the health care appeal (including the interview notes, if applicable) to Headquarters’ Level.
4. The HCAC shall document effective communication needs on the 602 HCP, if applicable.

CLINICAL REVIEW:

1. The HCARN, Mental Health staff and Dental staff will complete the clinical review (as appropriate).
 - a) Determine if there are previous *CDC 7362, Health Care Services Request*, (CDC 7362) submission(s) and/or applicable encounter(s) (chronic care, etc.) for the patient’s health care appeal issue(s).
 - I. If there are CDC 7362 submission(s) and/or applicable encounter(s) – determine if the patient’s Plan of Care (POC) and/or condition(s) have changed.
 - (1) If the patient’s POC and/or condition(s) have changed:
 - i. Interview the patient and submit a new CDC 7362 on the patient’s behalf (may be subject to a copayment) for the Health Care staff evaluation.
 - ii. Forward the health care appeal and clinical notes to the HCAO staff or designee to prepare the Institutional Level response.
 - (2) If the patient’s POC and/or condition(s) have not changed:
 - i. Interview the patient.
 - ii. Forward the health care appeal and interview notes to the HCAO staff or designee to prepare the Institutional Level response.
 - II. If there are no CDC 7362 submission(s) and/or applicable encounter(s):
 - (1) Submit a new CDC 7362 on the patient’s behalf (may be subject to a copayment).
 - (2) Forward the health care appeal to the HCAO staff or designee to complete a screen out (rejection) notice.
 - i. The patient can resubmit the rejected appeal after the Health Care staff evaluation, if needed.

PREPARING INSTITUTIONAL LEVEL RESPONSE:

1. The HCAO staff or designee is responsible for drafting the Institutional Level response.
2. Change the health care appeal status to “Preparing Response” in HCARTS.
3. The Institutional Level response shall include an appropriate, legible summary of the patient’s complaint and sufficient legible information to ensure a third party reviewer can comprehend the patient’s health care appeal issue and adequately determine the care provided.
 - a) Upon receipt of the interview/clinical evaluation notes, the HCAO staff or designee shall draft the Institutional Level response, indicating:
 - I. Appeal disposition – granted, partially granted, or denied.
 - II. The date of the interview, and name/title of the interviewer.
 - III. Rules, regulations, guidelines, and/or policies and procedures referenced to assist in the health care appeal determination.
 - IV. The patient’s POC for the health care appeal issue(s), including referrals, specialty evaluation(s), medication(s), etc.
 - V. Include the standard language for the pilot: This Institutional Level Response is part of the Health Care Appeals Pilot Program. If you are dissatisfied with the Institutional Level Response, you may request a Headquarters’ Level Review by completing Section D of the

Health Care Appeals Pilot Processing at the Institutional Level of Review Health Care Appeals Quick Reference Guide

CDCR 602 HC PILOT, Patient Health Care Appeal, and mail to: Inmate Correspondence and Appeals Branch (ICAB), ATTN: Chief, Building C, PO Box 588500, Elk Grove, CA 95758. The Headquarters' Level response will exhaust your administrative remedies.

- VI. Forward prepared Institutional Level response to appropriate signing authority for review/approval.
 - (1) Complete edits, if applicable.
- VII. Upon receipt of the signed Institutional Level response, complete closure of the health care appeal.

CLOSURE:

1. Check the appropriate disposition (granted, partially granted or denied) in Section C on the 602 HCP.
2. Fill in the date "closed and mailed/delivered to appellant" in Section C of the 602 HCP.
3. Date stamp "completed" on the 602 HCP.
4. In HCARTS: scan and attach the completed health care appeal package (including the Institutional Level response), update the disposition, enter a closed date and change the health care appeal status to "Closed".
 - a) If a CDC 7362 was submitted by clinical staff on the patient's behalf, ensure that the "7362 Process" check box is checked.
 - b) If the health care appeal was returned by IAO (no ADA issues indicated), ensure the "Forwarded for RAP Consideration" check box is checked.
 - c) If the health care appeal was appealing a RAP Decision, ensure the "RAP Decision Appeal" check box is checked.
5. Mail the original health care appeal package, including the Institutional Level response to patient, and ensure confidential documents are not provided to patient.

**Health Care Appeals Pilot
Processing at the Institutional Level of Review
Screen Outs Quick Reference Guide**

After intake and triage the health care appeal is forwarded for screening.

SCREENING:

1. The Health Care Appeals Coordinator (HCAC) or designee shall be responsible for screening all incoming health care appeals.
 - a) **Rejected Health Care Appeals**
 - I. Check the “Rejected” check box in Section C of the 602 HCP.
 - II. In HCARTS: add a new screen out, note the reason the health care appeal has been rejected, capture all of the related issue/types subtypes, and identify the health care appeal category.
 - III. Generate a screen out notice. The screen out notice must clearly specify to the patient what needs to be done to correct the problem that caused the rejection of the health care appeal and once corrected to resubmit the health care appeal within 30 calendar days.
 - b) **Cancelled Health Care Appeals**
 - I. Check the “Cancelled” check box in Section C of the 602 HCP.
 - II. In HCARTS: add a new screen out, note the reason the health care appeal has been cancelled, capture all of the related issue/types subtypes, and identify the health care appeal category.
 - III. Generate a screen out notice. The screen out notice must state the reason the health care appeal is cancelled and specify that the patient has not exhausted their administrative remedies. A cancelled health care appeal cannot be resubmitted; however, the patient can submit a new health care appeal for reconsideration of the cancelled health care appeal.
 - c) **Withdrawn Health Care Appeals**
 - I. Review the patient’s 602 HCP request to withdraw the health care appeal.
 - II. Print staff name/title, sign and date the staff section under the patient’s written request to withdraw the health care appeal.
 - III. In HCARTS: add a new screen out, note the reason the health care appeal has been withdrawn, capture all of the related issue/types subtypes, identify the health care appeal category.
 - IV. Generate a screen out notice (cancelled).
2. Complete closure of the health care appeal.

CLOSURE:

1. Fill in the date “closed and mailed/delivered to appellant” in Section C of the 602 HCP.
2. Date stamp “completed” on the 602 HCP.
3. In HCARTS: scan and attach the completed health care appeal package (including the screen out notice), update the disposition, enter a closed date and change the health care appeal status to “Closed”.
4. Mail the original health care appeal package, including the screen out notice to patient and ensure confidential documents are not provided to the patient.

HEALTH CARE APPEALS PILOT
Guidelines for the
Health Care Appeals Registered Nurse

TRIAGE:

The Health Care Appeals Registered Nurse (HCARN) will review all health care appeals received in the Health Care Appeals Office (HCAO) (including mental health and dental appeals) for urgent/emergent and Americans with Disabilities Act (ADA) issues.

Urgent/Emergent Issues

- For health care appeals *with identified urgent/emergent issues*, the HCARN will make appropriate contacts and refer the patient for prompt evaluation before forwarding the appeal to the Health Care Appeals Coordinator (HCAC) for screening:
 - Medical Issues:
 - Refer emergent issues to the Triage and Treatment Area (TTA) for immediate evaluation and treatment as indicated.
 - Refer urgent issues to the Primary Care Provider (PCP) for evaluation within 24 hours. If it is a Friday afternoon when the urgent issue is identified, refer the patient to the TTA.
 - Dental Issues:
 - Refer emergent issues to Dental for immediate evaluation. If unable to reach the Supervising Dentist or other Dental staff, refer the patient to the TTA for immediate evaluation and treatment as indicated.
 - Refer urgent issues to Dental for evaluation within 24 hours. If it is a Friday afternoon when the urgent issue is identified and the Supervising Dentist or other Dental staff is not available, refer the patient to the TTA.
 - Mental Health Issues:
 - Refer emergent issues to Mental Health for immediate evaluation. If unable to reach Mental Health, refer the patient to the TTA for immediate evaluation and treatment as indicated.
 - Refer urgent issues to Mental Health for evaluation within 24 hours. If it is a Friday afternoon when the urgent issue is identified and a Mental Health clinician is not available, refer the patient to the TTA.

- For health care appeals with **no identified urgent/emergent issues**, the HCARN will forward the health care appeal to the HCAC for screening.

ADA Issues

- For health care appeals *with identified ADA issues*, the HCARN shall notify the HCAC to forward the health care appeal to the Inmate Appeals Office (IAO) for Reasonable Accommodation Panel (RAP) consideration.
- For health care appeals *with no identified ADA issues*, the HCARN shall forward the health care appeal to the HCAC for screening.

CLINICAL REVIEW:

Clinical reviews for Dental issues shall be completed by Dental staff and Mental Health issues shall be completed by Mental Health staff.

Clinical reviews for medical issues shall be completed by the HCARN within the RN scope of practice. Health care appeals related to a disagreement with a diagnosis or a course of treatment prescribed by a physician or mid-level must be addressed by a physician or mid-level and shall be forwarded to the Chief Physician & Surgeon or Chief Medical Executive for disposition. The HCARN shall review the health care appeal, the patient's health care record and other available resources (i.e., MedSATS, PHIP, Patient Registries, etc.) to determine whether the patient has accessed the health care delivery system to address the issue under appeal.

Clinical Issues and Previous Access to Care (7362 and/or applicable health care encounter)

- For health care appeals where *there is no evidence that the patient has accessed or attempted to access the health care delivery system* to address the appeal issue, the HCARN shall submit a CDCR 7362 on the patient's behalf, which may be subject to a copayment, and forward the health care appeal to the HCAO staff to complete a screen out (rejection) notice. The CDCR 7362 will be processed in accordance with policy as would any other CDCR 7362 submitted by a patient to access health care.
- For health care appeals where *there is evidence that the patient has accessed or attempted to access the health care delivery system* to address the appeal issue, the HCARN shall:
 - Interview the patient to determine the specifics of the appeal issue and the appropriate mechanism (education, information or referral for another health care encounter) to address the concerns.
 - If the patient's condition or plan of care has *not* changed since the last applicable health care encounter for the identified issue, provide patient

education, information and clarification as indicated then forward the health care appeal and interview notes to the HCAO staff to prepare the Institutional Level response.

- If the patient's condition or plan of care *has* changed since the last applicable health care encounter for the identified issue, submit a CDCR 7362 on the patient's behalf for a follow-up encounter (may be subject to a copayment), contact the primary care team (RN or PCP as indicated) to advise them of the 7362 submission for the issue and forward the health care appeal, the interview notes and the health care encounter notes (once the encounter is completed) to the HCAO staff to prepare the Institutional Level response.

Staff Complaint Issues

- Staff Complaint/Confidential Inquiries are to be completed at a supervisory level and shall not be completed by the HCARN.