



February 21, 2025

Mary Watanabe, Director  
Dan Southard, Chief Deputy Director  
Sarah Ream, General Counsel  
Sonia Fernandes, Deputy Director, Office of Enforcement  
Department of Managed Health Care  
980 9th Street, Suite 500  
Sacramento, CA 95814-2725

Dear Ms. Watanabe, Mr. Southard, Ms. Ream and Ms. Fernandes:

On behalf of the National Union of Healthcare Workers (NUHW), I am submitting a complaint regarding Kaiser Foundation Health Plan's expanding violations of California laws governing child and adolescent enrollees' access to diagnostic and treatment services for Autism Spectrum Disorder (ASD) and other neurological and developmental disorders, including Attention Deficit Hyperactivity Disorder (ADHD). Kaiser's violations, which affect thousands of enrollees across its Southern California region, cause many children to experience delays of as many as eleven months to obtain ASD assessments. Meanwhile, following their ASD diagnoses, many enrollees endure additional waits of six months or longer for appointments to assess enrollees' needs for applied behavior analysis (ABA) therapy.

In May of 2022, NUHW submitted a 63-page complaint to DMHC regarding Los Angeles enrollees' excessive waits for these same services (Appendix A). Since then, DMHC has not acted to protect enrollees' rights, thereby allowing Kaiser's violations to continue unabated. In recent months, Kaiser's violations have worsened. NUHW requests that DMHC enforce California's laws intended to protect enrollees' health and welfare.

## **I. Summary**

In Kaiser's Southern California region, ASD services have been chronically understaffed, forcing enrollees to endure excessive delays for assessments, diagnostic services, and the commencement of appropriate treatment, including ABA therapy. These extended delays lead some families to self-fund ASD assessments and services for their children—all while paying monthly premiums to Kaiser for these promised but unavailable services.

On October 21, 2024, Kaiser's licensed non-physician behavioral health therapists ("therapists" or "clinicians") began a work stoppage that continues today. The striking clinicians include those who provide ASD assessments and other neuropsychological testing services for Kaiser enrollees throughout Southern California. Since October 21,

2024, Kaiser has failed to secure adequate replacement staff and/or services for enrollees requiring ASD services. Consequently, many enrollees' wait times for pediatric ASD assessments and ABA therapy assessments have grown dramatically. At Kaiser's clinic in West Los Angeles, enrollees' wait times for initial ASD assessments with developmental pediatricians increased from 16-22 weeks to 26-30 weeks. In Riverside, enrollees' wait times for ASD assessments with psychologists increased from 24-36 weeks to 36-44 weeks. Across Southern California, thousands of Kaiser enrollees are affected by these delays.

On May 3, 2022, NUHW filed a complaint with DMHC documenting enrollees' lengthy and illegal waits for these and other services at Kaiser's Los Angeles psychiatry department. The complaint provided more than 40 pages of evidence documenting delays of as many as seven months for testing and treatment of conditions such as traumatic brain injury, organic brain disorders, ADHD, anoxic brain injury, stroke, ASD and other pervasive developmental disorders, epilepsy, mild cognitive impairment, dementia, Parkinson's Disease, and psychiatric presentations. In some cases, Kaiser's delays were so protracted that enrollees lost their health coverage before they could receive testing. One enrollee waited 506 days simply to be **contacted** by Kaiser's ADHD Assessment unit following an assessment referral. Delays in diagnostic services result in treatment delays. In 2022, NUHW requested that DMHC investigate Kaiser's practices and enforce our state's laws, noting that Kaiser enrollees in other parts of California reported similar delays.

Despite NUHW's 2022 complaint, Kaiser's illegal delays have continued unabated and, since October 2024, have worsened. While many enrollees wait for nearly one year to be diagnosed, they lose critical treatment time. According to the National Institutes of Health, "Research shows that early diagnosis of and interventions for autism are more likely to have major long-term positive effects on symptoms and later skills."<sup>1</sup> Kaiser's violations, as described below, represent clear violations of California's laws governing timely access to care, provider network adequacy, mental health parity, quality assurance standards, and compliance with the clinical appropriateness standard.

## II. Analysis

Some background on Kaiser's ASD and ABA therapy assessment processes is necessary before discussing enrollees' wait times. At Kaiser, the testing and diagnosis of children for ASD may take place in either the pediatrics or psychiatry departments. Since most pediatric ASD assessments are provided by pediatrics departments, this complaint focuses on its processes.

At Kaiser, most children are screened for ASD during well-child visits with their pediatricians. If pediatricians determine that children are at high risk for ASD, they refer them for testing at the nearest Learning and Development Clinic within Kaiser's pediatrics department. At Kaiser, the ensuing assessment process is not standardized

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<sup>1</sup> National Institutes of Health. "Early Intervention for Autism." April 19, 2021. Available at <https://www.nichd.nih.gov/health/topics/autism/conditioninfo/treatments/early-intervention>

across its Southern California region, resulting in variations in the assessment processes from one Kaiser clinic to another.

All patients who are tested in the pediatrics department first receive a telephone consultation. These consultations are 30-60 minutes in duration and, depending on the clinic, are provided by either a Developmental Case Manager, a Psychologist or a Developmental Pediatrician. The telephone consultations, which typically involve only the patients' parents, are designed to assist clinicians in determining whether or not an ASD assessment is needed and to help clinicians determine what assessments may be appropriate. Telephone consultations are a first step in the ASD assessment process and do not yield diagnoses.

Following a telephone consultation, an enrollee's next step is an in-person, 60-to-120 minute assessment of the patient by either a developmental pediatrician or a psychologist. For some patients, this assessment may yield a conclusive diagnosis. Other patients may require a second in-person appointment with a "partial team" composed of a psychologist and a developmental pediatrician. Still other patients may require an in-person appointment with a "full team" during which the patient is evaluated by a psychologist, developmental pediatrician, occupational therapist, and speech therapist during a four-hour appointment. The type and series of assessment appointments depend on the patients' needs as well as each clinic's diagnostic process.

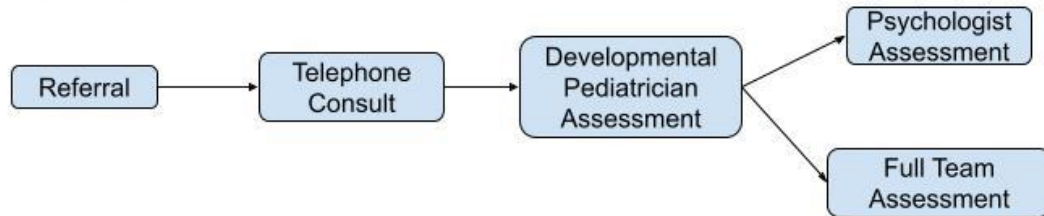
Many patients require multiple, successive appointments in order to complete the full testing process and receive diagnoses. Each of these appointments has wait times ranging from weeks to months, with the wait times compounding on top of one another. For example, in Woodland Hills, a patient may wait two weeks for a telephone consultation appointment, another six weeks for a developmental pediatrician appointment, and then another 12 weeks for a full team assessment. The patient ends up waiting 20 weeks to complete the ASD assessment process and to receive a diagnosis.

Each clinic has different workflows and wait times for each appointment type. Below I have outlined the wait times and typical workflows for five pediatric Learning and Development Clinics in Kaiser's Southern California region before the strike began on October 21, 2024. The workflow information and wait time lengths were gathered through interviews with multiple Kaiser staff members responsible for providing telephone consultations and in-person assessments to enrollees in five of Kaiser's medical center service areas in Southern California. The wait times presented below are those for typical pediatric patients.

### **Riverside Service Area: Typical Wait Times for ASD Assessment Steps**

<b>Telephone Consult Appointment</b>	<b>Pediatrician Assessment</b>	<b>Psychologist Assessment</b>	<b>Full Team Assessment</b>	<b>Partial Team Assessment</b>
2-3 Days	12 weeks	12-24 weeks	12 weeks	N/A

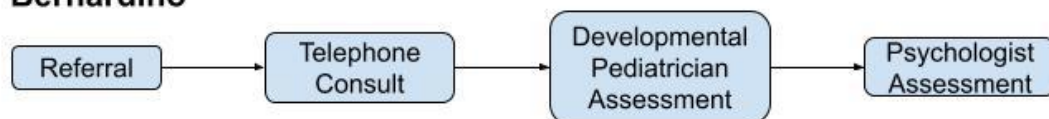
### Riverside



### San Bernardino Service Area: Typical Wait Times for ASD Assessment Steps

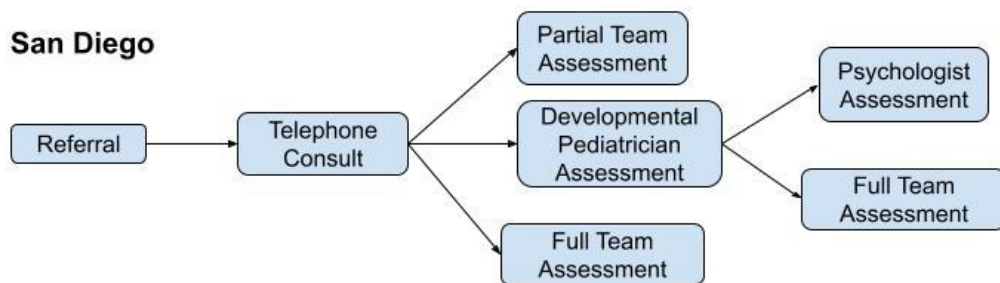
Telephone Consult Appointment	Pediatrician Assessment	Psychologist Assessment	Full Team Assessment	Partial Team Assessment
16-24 weeks	2 weeks	12 weeks	N/A	N/A

### San Bernardino



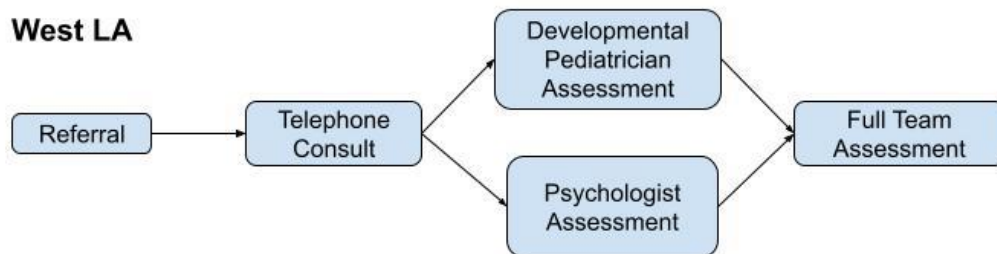
### San Diego Service Area: Typical Wait Times for ASD Assessment Steps

Telephone Consult Appointment	Pediatrician Assessment	Psychologist Assessment	Full Team Assessment	Partial Team Assessment
4-12 weeks	4-8 weeks	4-8 weeks	12-32 weeks	12-24 weeks



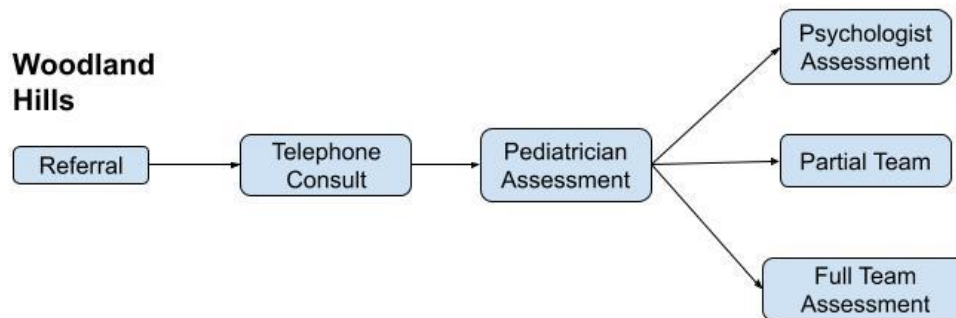
### West Los Angeles Service Area: Typical Wait Times for ASD Assessment Steps

Telephone Consult Appointment	Pediatrician Assessment	Psychologist Assessment	Full Team Assessment	Partial Team Assessment
4-6 weeks	12-16 Weeks	12-16 Weeks	Unknown	N/A



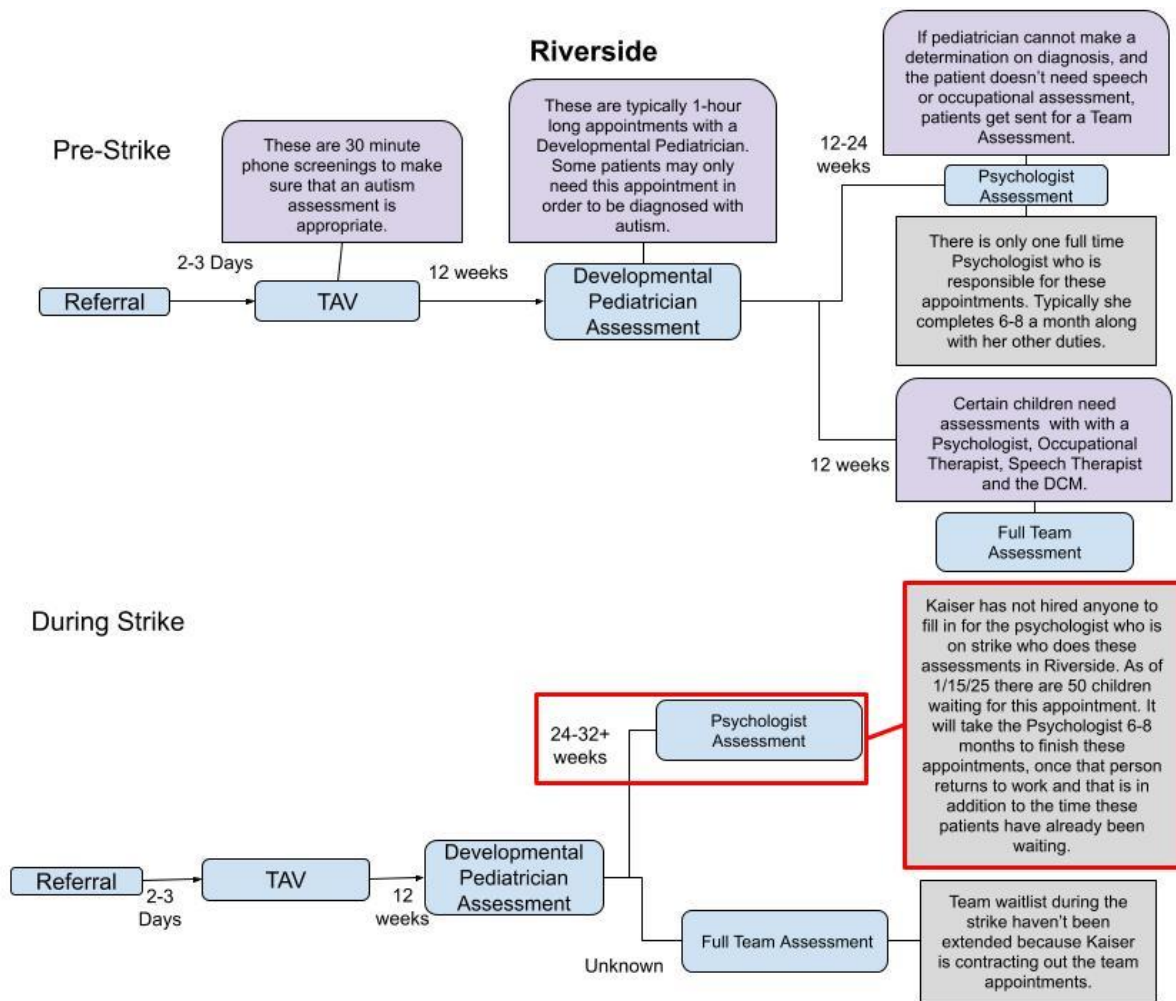
### Woodland Hills Service Area: Typical Wait Times for ASD Assessment Steps

Telephone Consult Appointment	Pediatrician Assessment	Psychologist Assessment	Full Team Assessment	Partial Team Assessment
2-3 weeks	5-6 weeks	3-4 months	3-4 months	3-4 months



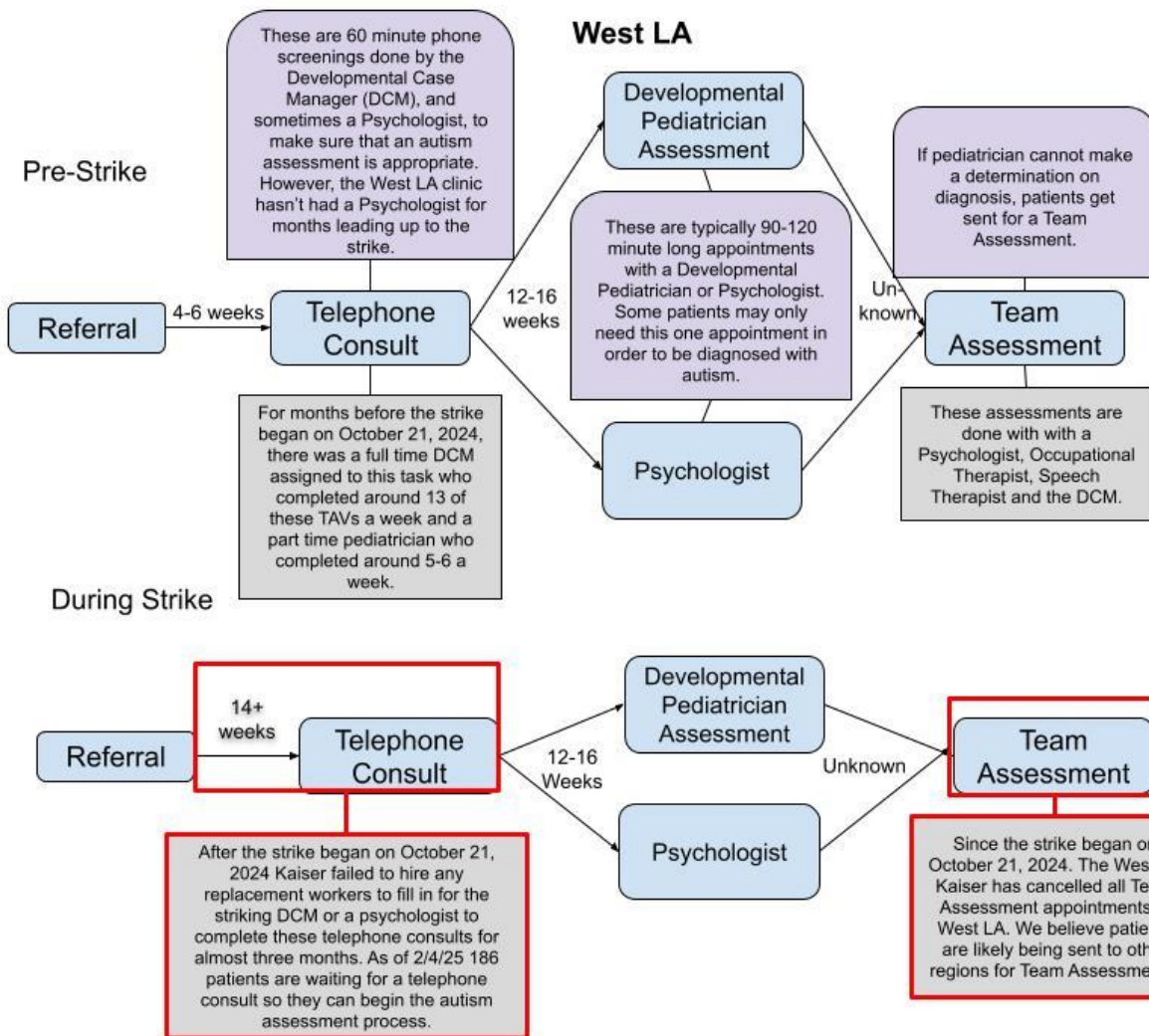
On October 21, 2024, Kaiser's therapists across Kaiser's Southern California region initiated a strike of unlimited duration. Those participating in the strike include Developmental Case Managers (DCMs) and Psychologists who are responsible for providing ASD telephone consultations and in-person assessments. Kaiser has failed to secure adequate replacement staff and/or services for enrollees requiring ASD services, thereby exacerbating chronic understaffing problems and lengthening enrollees' wait times for ASD services.

The charts below describe how typical enrollees' wait times for each step in the ASD assessment process have changed since October 21, 2024 in two of Kaiser's Southern California service areas.



At Kaiser Riverside's Learning and Development Clinic, enrollees' wait times for psychologist assessments have increased by 8-12 weeks since October 21, 2024. These increased delays are extremely concerning given that the clinic's wait times were already excessive prior to October 2024 due to chronic understaffing. Today, a typical enrollee must wait 6-8 months in order to complete an ASD assessment by a psychologist. Even if Kaiser's full complement of ASD clinicians were back in the clinic tomorrow, the backlog of enrollees now awaiting ASD assessments will cause delays for many months to come.





At Kaiser's West Los Angeles Learning and Development Clinic, there were 186 patients waiting for ASD telephone consultations as of February 4, 2025. According to staff, this figure has more than doubled since October 2024. Enrollees' wait times for ASD telephone consultation appointments have increased from 4-6 weeks in October 2024 to 14+ weeks in February 2025. The clinic's increased appointment wait times are due to Kaiser's failure to secure staff to backfill a Developmental Case Manager (DCM) who has been absent from the clinic since October 21, 2021 due to the ongoing strike. The DCM typically provides the majority of ASD telephone consultations. At the clinic site, Kaiser also has ceased providing "team" ASD assessments with a psychologist, developmental pediatrician, occupational therapist and speech therapist. It is unclear if Kaiser is sending enrollees requiring team assessments to more distant Kaiser clinics.

### III. Applicable Laws

Health plans must cover behavioral health services consistent with generally accepted standards of care and must ensure that enrollees do not face barriers to scheduling



behavioral health appointments that do not exist for non-behavioral health appointments. Health & Saf. Code, §§ 1374.72(a), 1367.005(a)(2)(D), and 1374.76.

California law requires health plans to ensure that their provider networks have adequate capacity and availability of clinicians to offer enrollees appointments for covered services that meet specific timeframes, such as 10 business days for a non-urgent appointment with a non-physician mental health provider and 15 business days for appointments with a specialty physician or non-urgent appointments for ancillary services for the diagnosis of injury, illness or other health condition. Health & Saf. Code, § 1367.03, subd. (a)(5); Cal. Code Regs., tit. 28, § 1300.67.2.2; and Cal. Code Regs., tit. 28, § 1300.70.

Health plans must ensure that enrollees are provided with timely behavioral health care services that are consistent with each enrollee's treatment plan, individualized behavioral health care needs, good professional practice, and timely access standards. Health & Saf. Code, §§ 1367.03, 1374.72; Cal. Code Regs., tit. 28, §§ 1300.70, subds. (a)(3), (b)(1), (b)(2)(G), (b)(2)(H).

California law requires that when it is necessary for a provider or enrollee to reschedule an appointment, the appointment shall be promptly rescheduled in a manner that is appropriate for the enrollee's health care needs and ensures continuity of care consistent with good professional practice. Health and Safety Code §1367.03, subd. (a)(3); 1374.72, subd. (d); California Code of Regulations title 28 sections 1300.67.2.2 (c)(3) and 1300.74.72(c) and (d).

Health plans must arrange for the provision of covered services from providers outside the plan's network if not available in network where medically necessary for the enrollee's condition. Health & Saf. Code, § 1367.03, subd. (a)(7)(C). For medically necessary behavioral health services not available in-network within the geographic region, or within timely access standards, the plan shall arrange for coverage of such services outside the plan's network in accordance with Health and Safety Code section 1374.72, subdivision (d); See also Cal. Code Regs., tit. 28, § 1300.74.72.

State and federal mental health parity laws require health plans to provide coverage for medically necessary treatment of MH/SUDs under the same terms and conditions applied to medical conditions. Cal. Health & Safety Code § 1374.72, subd. (a)(1). These laws prohibit plans from applying quantitative treatment limitations ("QTLs") and non-quantitative treatment limitations ("NQTLs") to MH/SUDs that are more restrictive than the predominant limitations applied to substantially all medical/surgical benefits. See Cal. Health & Safety Code § 1374.76, incorporating 42 U.S.C. § 300gg-26.

Last year, the federal government formally affirmed that ABA therapy is a protected benefit.

Under the Mental Health Parity and Addiction Equity Act (MHPAEA), group health plans and health insurance issuers that offer mental health benefits must ensure that mental health benefit financial requirements and nonquantitative treatment limitations are generally no more restrictive than

those applied to medical/surgical benefits. Many plans often cover benefits for autism as part of their mental health benefits. These benefits, such as those for treatment of Applied Behavior Analysis (ABA) therapy, are protected under MHPAEA.<sup>2</sup>

Health plans must have procedures in place for continuous review of the quality of care, performance of medical personnel, utilization of services and facilities, and costs. (Health & Saf. Code, § 1370.) To meet DMHC's requirements for a Quality Assurance program, the program must, in part, continuously review the quality of care provided to ensure that the level of care meets professionally recognized standards of practice, quality of care problems are identified and corrected, and appropriate care which is consistent with professionally recognized standards of practice is not withheld or delayed for any reason. Cal. Code Regs., tit. 28, § 1300.70, subd. (b)(1)(A)-(E).

- § 1300.70(b)(1)(D): Health plans cannot withhold or delay appropriate care from their patients for any reason, "including a potential financial gain and/or incentive."
- § 1300.70(b)(1)(A): Health plans are required to ensure that patients receive "a level of care which meets professionally recognized standards of practice."
- § 1300.70(b)(2)(H)(2): Health plans are required to "detect and correct under-service" by its providers, "including under-utilization of specialist services."
- § 1300.70(a)(1): Health plans must monitor the quality of care provided to its members, identify problems, and take effective action to improve care where deficiencies are identified, including accessibility, availability, and continuity of care. See also § 1300.70(a)(3), § 1300.70(b)(1)(D), § 1300.70(b)(2)(G)(3), §1300.70(c)(1), § 1300.70(c)(5), and § 1300.70(d)(3).
- §1300.74.72 (California Mental Health Parity Act): Health plans that offer coverage for mental health or substance use disorders are required to provide the same level of benefits that they do for general medical treatment.

With respect to Kaiser's failure to monitor and correct excessive appointment waits, Rules 1300.70(a)(3) and 1300.70(c) require plans' quality assurance systems to maintain accurate record-keeping systems and to continuously monitor utilization of services in order to ensure they meet professionally recognized standards of practice. Rule 1300.67.2.2(d) requires each plan to have written quality assurance systems, policies, and procedures designed to ensure that the Plan's network is sufficient to provide accessibility, availability, and continuity of covered health care services of contracted providers. Subsection (d)(2)(A) requires these procedures to include tracking and documenting network capacity and availability.

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<sup>2</sup> US Department of Labor, "Respecting and Enforcing Autism Benefits," April 13, 2023. Posted on DOL's website at this [page](#). Accessed January 14, 2025.

## IV. Request

NUHW requests that DMHC take urgent action to enforce California law and to protect enrollees' health and welfare. Appendix B contains NUHW's suggestion for data that DMHC should obtain from Kaiser under the Enforcement Investigation initiated by DMHC in November 2024.

Additionally, NUHW requests that DMHC order Kaiser to cease and desist from violating California laws and ensure that Kaiser meets the timely access and other standards governing its provision of ASD diagnostic and treatment services. We request that DMHC order Kaiser to reimburse enrollees who have self-funded out-of-network services due to Kaiser's misconduct and to extend offers of continued care that are consistent with California law. Additionally, we request that DMHC impose significant financial penalties on Kaiser for violating California law, especially given Kaiser's serial violations committed over more than a decade. Last, we request that DMHC order Kaiser to reimburse a portion of the monthly premiums to enrollees impacted by Kaiser's egregious misconduct.

Please contact me with any questions or requests.

Sincerely,

*Ciara Keegan*

cc: Rob Bonta, Attorney General  
Mike McGuire, Senate President Pro Tempore  
Robert Rivas, Speaker of the Assembly  
Kim Johnson, Secretary, California Health and Human Services Agency  
Kimberly Chen, Acting Deputy Secretary for Program and Fiscal Affairs, CalHHS  
Sen. Scott Wiener, Chair, Senate Select Committee on Mental Health  
Assemblymember Mia Bonta, Chair, Assembly Health Committee  
Sen. Caroline Menjivar, Chair, Senate Health Committee  
Don Moulds, CalPERS  
Dr. Julia Logan, CalPERS

# APPENDIX A



May 3, 2022

Mary Watanabe, Director  
Sarah Ream, General Counsel  
Dan Southard, Chief Deputy Director  
Sonia Fernandes, Deputy Director, Office of Enforcement  
Jennifer E. Marsh, Attorney III—Office of Enforcement  
Department of Managed Health Care  
980 9th Street, Suite 500  
Sacramento, CA 95814-2725

Dear Ms. Watanabe, Ms. Ream, Mr. Southard, Ms. Fernandes and Ms. Marsh:

On behalf of the National Union of Healthcare Workers (NUHW), I am writing to request that the Department of Managed Health Care (DMHC) investigate Kaiser Foundation Health Plan (Kaiser) for violations of the California Mental Health Parity Act, Timely Access Regulation, Clinical Appropriateness Rule, Provider Network Adequacy Standards, Quality Assurance Standards, and other statutes and regulations that govern Kaiser's provision of behavioral health services. Kaiser's practices, which are documented below, affect thousands of enrollees in the Los Angeles area as well as other regions across California. These practices cause many enrollees to experience delays of as many as seven months in obtaining both diagnostic and treatment services for more than a dozen conditions ranging from traumatic brain injury and Parkinson's Disease to Attention-Deficit Hyperactivity Disorder and Autism Spectrum Disorder. Given the risks to enrollees' health and safety, we request that the DMHC conduct an urgent investigation of these practices. If substantiated by your investigation, we further request that the DMHC order Kaiser to reimburse all enrollees who self-funded psychological testing due to Kaiser's failure to provide these services within timely and geographic accessibility standards in violation of SB 855 (Wiener). Additionally, we are concerned that Kaiser's service delays indicate its unpreparedness to comply with the timely access standards established by SB 221, which take effect in less than two months. We request that the DMHC take appropriate steps to ensure Kaiser's compliance with SB 221 regarding the full range of behavioral health services to which California residents are entitled.

## I. Summary

In Los Angeles, Kaiser requires thousands of its enrollees to wait as many as seven months for testing and treatment of conditions such as traumatic brain injury, organic brain disorders, Attention-Deficit Hyperactivity Disorder (ADHD), anoxic brain injury, stroke, Autism Spectrum Disorder and other pervasive developmental disorders, epilepsy, mild cognitive impairment, dementia, Parkinson's Disease, and psychiatric presentations. These appointment delays, caused by Kaiser's chronic understaffing of its psychological testing services, hinder treatment and cause enrollees to self-fund their medically necessary care. Kaiser enrollees in other regions across the state reportedly experience similar delays for psychological testing.

In Los Angeles, psychological testing services are principally performed by a team of six psychologists (two of whom are per diem employees) and a varying number of temporary unlicensed student interns employed by Kaiser.<sup>1</sup> The testing services are performed at Kaiser Los Angeles Medical Center, which is

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<sup>1</sup> The psychologists have additional responsibilities aside from testing. They also manage and operate an American Psychological Association-accredited internship program for doctoral students of clinical psychology that has been

Kaiser's largest acute-care hospital in Southern California. Since 2015, the psychologists have submitted seven written requests calling for Kaiser's managers to address enrollees' appointment delays. Each attached request documents the delays and their impact on patients. Despite these requests, Kaiser's officials have failed to adequately remedy the problems, prompting enrollees' wait times to worsen.

Kaiser's officials purport to have taken some actions to address the problems, such as hiring one psychologist to perform testing as well as authorizing the referral of patients to outside providers such as Gunn Psychological Services. Nonetheless, enrollees' delays have worsened. Today, patients wait 5-7 months for testing and treatment.

Wait times for psychological testing are documented in enrollees' medical charts, correspondence between the testing unit's psychologists and Kaiser's managers, waitlists maintained by the psychological testing unit, and a log of patients' complaints. The following table summarizes current wait times for three kinds of psychological testing.

<b>Diagnostic Service</b>	<b>Condition(s) for Which Patients Are Referred for Testing/Assessments</b>	<b>Diagnostic Procedures (partial list)</b>	<b>Patients' Wait Times* at Kaiser Los Angeles</b>
ADHD Screening	Attention-Deficit Hyperactivity Disorder	Reviewing medical records, performing 90-minute clinical interview with each patient, administering an ADHD-focused battery of assessments, scoring and interpreting results, and writing report detailing conclusions for each patient.	7+ months
Psychodiagnostic Testing	Testing typically is used to answer specific referral questions, including the need for additional diagnostic clarification, documenting multiple coexisting psychological disorders secondary to medical conditions or substance use disorders, and distinguishing psychological contributions that may confound accurate diagnosis and treatment.	Reviewing medical records, interviewing patient, administering 4-5 hours of testing per patient, scoring and interpreting results, and writing 20-25 page report per patient detailing conclusions.	5-6 months.

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in place at Kaiser for approximately 60 years. With respect to this training program, the psychologists are responsible for duties such as didactics, supervision, and seminars. Additionally, the psychologists deliver individual and group treatment to patients.

Neuropsychological Testing	Traumatic brain injury, organic brain disorder, anoxic brain injury, stroke, epilepsy, cancer, mild cognitive impairment, dementia, Alzheimer's disease, Parkinson's disease, Multiple Sclerosis, epilepsy, HIV/AIDS, and psychiatric presentations.	Reviewing medical records, interviewing patients, administering neuropsychological assessment instruments, scoring and norming the tests, and writing a neuropsychological report for each patient.	3 months
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\* "Wait time" refers to the elapsed wait time from (a) the date on which a given patient was referred for testing to (b) the date on which a report describing the patient's test results was delivered to the patient's referring provider.

As far as evidence of Kaiser's violations, this complaint includes more than a dozen internal records, including a waitlist for 1,123 patients referred for ADHD Assessment during a 22-month period ending November 23, 2021. According to the waitlist, patients requiring an ADHD assessment waited an average of 224.9 days from the date on which they were referred for testing until the date on which the report containing the results of their testing was completed and provided to the patients' referring provider. Records indicate that some patients on the waitlist lost their health coverage before they could receive testing. Records also indicate that due to the excessive appointment delays, multiple enrollees self-funded non-Kaiser ADHD Assessments that Kaiser refused to reimburse, in contravention of SB 855 (Wiener). This complaint also contains written records of psychologists' repeated efforts to address their patients' excessive wait times as well as Kaiser officials' repeated refusal to adequately remedy these problems.

Additionally, this complaint contains records of 17 recent enrollee complaints regarding excessive wait times for ADHD Assessments. The complaints underscore the impact of Kaiser's delays on the health and safety of enrollees. The following are three examples of enrollee complaints. (Note that "pt" refers to "patient" and "fu" refers to "follow-up"):

11/30/21 – Per Veronica Mendez - "Spoke with pt, offered to schedule fu appt with Provider regarding ADHD report. Informed pt that report has not yet been completed, may take approximately another month. Pt upset that he has to wait this long, pt stated he was informed it would take 6 month, then 8 months now a year. Pt is afraid to loose (*sic*) his job because he is unable to show proof. Pt would like to book appt after he speaks to Admin. He is afraid to decline this appt per pt, he does not want to wait 10 years for results to be ready. Pt main concern is that he his (*sic*) job is requesting proof of his diagnosis. If pt loses (*sic*) his job he is out of Medical Insurance."

9/29/21 – Per Cherminia Legaspi - "Spoke with member - very irate and frustrated about the long wait for ADHD Testing - regarding member's question about using external testing facility - informed member that KP will accept the results but will not cover the cost. Member says, she does not care about the cost which is over \$300 - all she wants to find out is if the result will be accepted."

11/2/21 – Pt requested expedited testing, "Patient states his symptoms are affecting his work and personal life as he is also dealing with son who is current in chemo treatment." Informed testing cannot be expedited.

The care delays documented in this complaint encompass multiple violations of state laws, including but not limited to the California Mental Health Parity Act, Timely Access Regulation, Clinical



Appropriateness Rule, Provider Network Adequacy Standard, and Utilization Review Standard. NUHW is extremely concerned about the health and safety of enrollees subject to these waits.

## II. Background

In Los Angeles, Kaiser's psychological testing unit performs diagnostic assessments, treatment planning, and other services for Kaiser enrollees ranging in age from 6 to 60+ years old with symptoms of cognitive, developmental, neurological, and psychiatric disorders noted above. Enrollees are typically referred for such testing by psychiatrists, non-physician behavioral health therapists, and providers specializing in Neurology, Neurosurgery, and Geriatrics. Until enrollees' testing is completed, providers typically cannot commence appropriate treatment. A description of some of the work performed by the psychological testing unit is available on Kaiser's website.<sup>2</sup>

The testing performed for each enrollee, which varies according to symptoms, is time intensive. Each of the three kinds of psychological testing requires reviewing patients' medical records, interviewing patients, administering a battery of diagnostic tests, scoring and interpreting the test results, preparing written reports, sharing results with referring providers, and coordinating care with a multidisciplinary clinic. Neuropsychological and psychodiagnostic evaluations typically require 4-8 hours to administer tests for each patient.

## III. Evidence

Wait times experienced by enrollees are documented in enrollees' medical records, correspondence between psychologists and Kaiser's managers, waitlists, and enrollee complaints.

**A. Correspondence between Psychologists and Kaiser's Managers:** Since 2015, the psychologists who staff Kaiser's psychological testing unit in Los Angeles have submitted seven written complaints to Kaiser's officials. All of these complaints, which are summarized in the table below, are attached as exhibits.

In each of the complaints, psychologists requested additional staff for the psychological testing unit due to their patients' excessive wait times. The psychologists' complaints contain details like the following, which is excerpted from their complaint dated May 23, 2018:

Presently, our Psychodiagnostic Assessment Services, coordinated by Amber Lea Walser, Psy.D., has a waiting list of approximately 60 patients and **most patients wait at least five to six months for their first appointment**. In our previous memo [submitted in October 2017], Dr. Walser's waiting list was for 46 patients, which suggests that our waiting list has grown by 30 percent since October 2017. This is further evidence that our wait time has been worsening as our membership grows and more patients come to our department for mental health services. **It is our goal to get within the standard of 14 days in order to help meet the needs of the patients and assist the treating providers with their diagnosis and treatment planning. With our current resources (Dr. Walser and our four psychology interns), it is not possible to improve our access to this standard for Psychodiagnostic Assessment...** Our Adult ADHD program has been quite successful and is highly utilized by all of our staff, including our psychiatrists; however, Dr. Frank receives many referrals and is not able

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<sup>2</sup> See <https://thrive.kaiserpermanente.org/care-near-you/southern-california/psychology-internships/los-angeles/the-program/>

to schedule patients in a timely manner. **Her average wait time is currently four months.** [Emphasis added]

In April of 2021, one of the psychologists sent an email to the Department Administrator of the Psychiatry Department at Los Angeles Medical Center regarding staffing needs for the psychological testing unit. The email states in part:

With psych testing waitlists at what they are now (several months), we are out of standard and have been out of standard for supplying this referral service for at least the last 7 years...

ADHD Testing/Screening:

As of 4/7/2021- 218 people on the wait list to be tested.

The psychologist has 7 patient slots for testing each week.

If she were to schedule them all right now, she would be booked for 31 weeks from now, or over 7 months. She receives 15-20 new referrals each week...

In September of 2021, the psychologists delivered their latest complaint to Kaiser's officials in the form of a class-action grievance submitted under the terms of NUHW's collective-bargaining agreement with the Southern California Permanente Medical Group (SCPMG). The psychologists, who are members of NUHW, have the right to grieve contractual violations via a formal dispute-resolution process described in NUHW's collective-bargaining agreement with SCPMG. In the grievance (Exhibit 7), the psychologists allege that the following Kaiser practices violate multiple contractual provisions, including those related to health and safety as well as workload distribution:

Unethical staffing to provide clinically necessary mental health care evaluations and psych testing for potential ADHD, psychodiagnostic, autism testing for patients in timeline consistent with American Psychological Association standards and Kaiser's Principles of Responsibility, delaying patient care and placing patients in high risk situations unduly.

In the grievance, the psychologists specified their desired settlement of the contractual violations: that Kaiser add six additional psychologist positions to the LAMC Department of Psychiatry, including four positions for ADHD testing and two positions for general psychological testing. Per the grievance procedure, NUHW submitted an information request to Kaiser for data and information pertinent to the grievance.

In its written response of November 2, 2021 (Exhibit 8), Kaiser acknowledged there is a "backlog of patients" awaiting testing and a "waitlist." For example, Kaiser stated the following on page 2 of its response: "We are also implementing training for outreach to patients to book **the backlog of patients** with an internal testing date..." (emphasis added)

Kaiser also acknowledged it maintains a "waitlist" of patients awaiting psychological testing services, yet it "objected" and refused to provide NUHW with data on patients' wait times. Specifically, in response to NUHW's request for data on patients' wait times, Kaiser states:

The Los Angeles Medical Center objects as unduly burdensome and oppressive. The Los Angeles Medical Center does not maintain records readily available for all patients currently on the clinician-managed waitlist for ADHD, autism, or psycho diagnostic testing to include the date each patient initially became referred to the LAMC department of psychiatry, the date each patient met with the psychiatrist/therapist who

referred them for testing, the date patient was scheduled for testing, and the date patient was provided feedback session... The Los Angeles Medical Center will not be responding to this request.

In response to NUHW's request for Kaiser's timeliness standards governing the provision of psychological testing services to its enrollees, Kaiser stated that it has no such standards:

Kaiser Permanente Los Angeles Medical Center's Psychiatry Department has access standards of 14 days for booking a new intake or a new med eval, however, the Psychiatry Department does not have booking standards for this category of testing.

On January 25, 2022, the psychologists met with Kaiser officials (Faith Ramirez, Department Administrator, Psychiatry; Gabriel Kassaseya, Assistant Department Administrator, Psychiatry; Carol Hyun, Assistant Department Administrator, Psychiatry; and Raquel Goulsby, Human Resources Consultant) in an effort to mediate the grievance. At the meeting, psychologists presented a variety of data to substantiate their claims regarding patients' excessive wait times, including (1) their six prior requests submitted to Kaiser for additional staffing (Exhibits 1 - 6), (2) the waitlist of 1,123 patients referred for ADHD Assessments during a 22-month period ending in November 2021 (Exhibit 9), (3) recent enrollee complaints regarding excessive wait times for ADHD Assessments (Exhibit 10), and (4) an aggregate document outlining the problems, the history of psychologists' requests to remedy it, and information regarding the worsening wait times for Psychodiagnostic Testing (Exhibit 11).

On February 1, 2022, Kaiser officials sent a letter denying the psychologists' grievance, asserting that Kaiser did not violate its collective bargaining agreement and that Kaiser will "make decisions based on operational needs of the department" (See Exhibit 12). In its letter, Kaiser once again acknowledged a "waitlist" of patients, stating on page 2: "[Kaiser management] utilized clerical and clinical staff to assist in outreach and working through the ADHD waitlist." To date, Kaiser has not taken action to adequately address enrollees' excessive waits for testing services. Enrollees continue to experience months-long waits for testing and treatment.

**Written Complaints to Kaiser regarding Excessive Wait Times for Psychological Testing: June 5, 2015 through April 2022**

<b>Date of Complaint</b>	<b>Type of Complaint</b>	<b>Patients' Avg. Wait Time for Testing*</b>	<b>Kaiser Official(s) Who Received Complaint</b>	<b>Exhibit Containing Documentation</b>
6/5/2015	Request for Additional Staff	4 months	Cecelia Mylett, LCSW, Department Administrator	Exhibit 1
12/17/2015	Request for Additional Staff	4 months	Michael Nava, Ph.D., LCSW, Interim Departmental Administrator	Exhibit 2

9/4/2017	Request for Additional Staff	4-6 months	Michael Nava, Ph.D., LCSW, Interim Departmental Administrator	Exhibit 3
10/30/2017	Request for Additional Staff	5-6 months	Michael Nava, Ph.D., LCSW, Interim Departmental Administrator	Exhibit 4
5/23/2018	Request for Additional Staff	5-6 months	Julia McLaughlin, MSN, RN-BC, CNL, Department Administrator; Tiffany Sunde, LMFT, Psy.D., Assistant Department Administrator; Margie Olvera, LCSW, Assistant Department Administrator; Vy Doan, MD, Chief Psychiatrist	Exhibit 5
4/8/2021	Request for Additional Staff	Up to 7 months	Kelsey S. Smith, LCSW, Department Administrator, Department of Psychiatry	Exhibit 6
9/29/21	Grievance	5-7 months	Faith Ramirez, LCSW, Department Administrator, Department of Psychiatry	Exhibit 7

\* “Wait time” refers to the elapsed wait time from (a) the date on which a given patient was referred for testing to (b) the date on which a report describing the patient’s test results was delivered to the patient’s referring provider.

**B. Waitlists:** Kaiser’s psychological testing unit maintains waitlists of enrollees awaiting each kind of psychological testing or assessment. In a refutation of Kaiser’s claim that it purportedly does not maintain data on enrollees’ waits for testing (noted above), psychologists presented wait-time data to Kaiser officials during a dispute-resolution meeting on January 25, 2022 associated with their class action grievance. Among other information, psychologists presented a waitlist for Kaiser’s ADHD Screening Program (without any PHI), which is contained in Exhibit 9, as well as an aggregate document summarizing waitlists for Psychodiagnostic Testing (Exhibit 11).

The attached waitlist contains a log of 1,123 patients referred for ADHD Assessments during a 22-month period from January 19, 2020 to November 23, 2021. According to the waitlist, enrollees who completed an assessment experienced an average wait of more than seven months from the date when they were referred for an assessment until the date when a report containing the assessment's results was provided to each patient's referring provider. NUHW performed a simple quantitative analysis of the waitlist data, which is contained in the charts below. The following are some of the findings:

- Patients requiring an ADHD assessment waited an average of 224.9 days from the date on which they were referred until the date on which the report containing the results of their assessment was completed and provided to each patient's referring provider. One patient waited 637 days.
- Patients waited an average of 118.7 days from their referral date until the date when they were contacted by Kaiser's testing service in order to schedule an appointment. This step (ie, Kaiser contacting each patient to schedule an appointment) represents an initial step in the process, yet it nonetheless took an average of more than three months to complete.
- The waitlist's notes section indicates that more than a dozen enrollees self-funded non-Kaiser ADHD Assessments, presumably in response to Kaiser's extensive delays. (See notes in waitlist stating, "Pt received outside testing.")
- At least five patients on the waitlist lost their health coverage before they could receive testing (See, for example, notes stating: "Lost KP coverage," "Pt moved outside of CA and lost KP coverage," and "Closed due to KP coverage expiring").
- The notes section of the waitlist suggests that excessive delays have serious impacts on enrollees' health and safety. One note states: "Testing expedited due to recent suicide attempt." Despite the urgency of this patient's case, this patient waited 33 days from the date of referral to the delivery of the assessment report to the patient's referring provider.
- Of the 1,123 enrollees referred during the 22-month period, only 34.9% (392 enrollees) had completed the ADHD assessment process as of November 23, 2021. Twenty percent of the enrollees (225 enrollees) had their referrals closed by referring providers before testing was performed. Thirty-four percent (382 enrollees) were either waiting for Kaiser to schedule an assessment or were awaiting their appointment date. Eleven percent (124 enrollees) were contacted by Kaiser but did not respond. On average, these 124 enrollees waited 123.5 days to be contacted by Kaiser's ADHD Assessment unit, with one enrollee waiting 506 days. These lengthy delays may help explain why enrollees failed to respond to the testing unit's outreach.

**Patients Referred to Kaiser Los Angeles's Psychiatry Department for ADHD Assessment between 1-19-20 and 11-23-21**

	No. of Patients	% of Total
<b>Total No. of Referred Patients</b>	<b>1,123</b>	<b>100%</b>
Patients Waiting To Be Contacted	201	17.9%
Patients Contacted & Referred to Internal Providers	109	9.7%
Patients Contacted & Referred to External Providers	72	6.4%
Patients Contacted but No Response	124	11.0%
Referral Closed before Testing	225	20.0%
Testing & Report Completed	392	34.9%
<ul style="list-style-type: none"> <li>Completed by Internal Providers</li> <li>Completed by External Providers</li> </ul>	<ul style="list-style-type: none"> <li>•280</li> <li>•112</li> </ul>	

Source: Waitlist contained in Exhibit 9. Analysis performed by NUHW.

**Patients Waiting To Be Contacted for ADHD Assessment**

Total No. of Patients Waiting To Be Contacted	201 patients
Avg. Days Wait as of as of 11-23-21	49.7 days
Minimum Days of Wait as of 11-23-21	0 days
Maximum Days of Wait as of 11-23-21	98 days

Source: Waitlist contained in Exhibit 9. Analysis performed by NUHW.

**Patients for Whom an ADHD Assessment Report Was Completed**

Total No. of Patients for Whom Report Was Completed	392 patients	
Patients' Waits from Referral Date to Contact Date	Avg. Wait	118.7 days
	Min. Wait	0 days
	Max. Wait	524 days
Patients' Waits from Referral Date to Report Date	Avg. Wait	224.9 days
	Min. Wait	33 days
	Max. Wait	637 days

Source: Waitlist contained in Exhibit 9. Analysis performed by NUHW.

If the DMHC would like to review waitlists for other kinds of testing services, NUHW can assist. For example, 12 years of waitlists are available for Psychodiagnostic Testing.

**C. Enrollees' Complaints:** When psychologists met with Kaiser officials on January 25, 2022 in an effort to mediate their class-action grievance, the psychologists presented 17 enrollee complaints (without

PHI) that had been received during preceding months regarding excessive wait times for ADHD Assessments. These complaints are attached as Exhibit 10.<sup>3</sup>

The “Summary” section of this complaint contains three enrollee complaints excerpted from Exhibit 10 that underscore the impact of testing delays on some enrollees. The following enrollee complaints, also excerpted from Exhibit 10, describe violations of SB 855, which requires health plans to arrange for enrollees to receive services from out-of-network providers at no additional cost to enrollees when health plans cannot deliver network services within timely and geographic accessibility standards.

10/6/21 – Per Rebecca Coutin – “Clinician is not submitting a referral for ADHD testing per member's request. Member stated his primary physician informed him the wait time for testing is about 6 months, and he stated this wait time is unacceptable. Member was informed that he can seek treatment in another service area as workflows differ and/or seek testing from an out-of-network provider. However, **services obtained out-of-network are not reimbursable**. Member reported he will follow up with this clinician if he would like a testing referral to be submitted as initially recommended by this clinician.” (emphasis added)

10/13/21 – Per Cherminia Legaspi – “Member called back wanting more information - per member it is insane to wait 4-5 months for Testing, **informed member she can go out of network but KP will not cover the cost**. Member said that is not what she is looking for. She was wondering if she does the test by zoom via KP if it can be done sooner. Informed member - wait time is still 4-5 months.” (emphasis added)

10/27/21 – Per Cherminia Legaspi – “Member said, that is a very long wait. Member asked if he could find his own testing provider, the answer was yes, **but KP will not cover the cost**. The other question from member is - KP will not cover the cost even if he files a claim because of the long wait? Informed member his message will be relayed. He asked to be kept on the waitlist.” (emphasis added)

11/24/21 – “Patient states they are desperate and are not able to wait for ADHD testing. Patient is requesting to have a referral placed with Dr Ehab Yacoub (referral ID number) in order to be able to schedule testing in a week.” **This provider is not a contracted EP and we are not able to authorize external referral**. (emphasis added)

**D. Testing Delays Affecting Kaiser Enrollees in Other Geographic Regions:** Kaiser enrollees who receive care in other regions of California also experience lengthy delays to obtain psychological testing. In Kaiser’s Napa-Solano Service Area, for example, Adriana Weyandt, PsyD (Behavioral Health Manager II) reported a “65 person waitlist for ASD testing” in December 2021. The term “ASD” refers to Autism Spectrum Disorders. Dr. Weyandt’s report was made in a Microsoft TEAMS Chat message that is included in Exhibit 13. Likewise, in other geographic regions, Kaiser staff report that enrollees endure multi-month waits for psychological testing.

## IV. Kaiser’s Violations of Law

Kaiser’s practices, which constitute egregious violations of professionally recognized clinical standards, also violate multiple California laws and regulations, including but not limited to the California Mental

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<sup>3</sup> In order to assist the DMHC’s investigation into these enrollees’ experiences, NUHW can attempt to facilitate the provision of the medical record numbers associated with each of the complaints.



Health Parity Act (including but not limited to Health & Safety Code § 1374.72(d)), the Timely Access Regulation (28 CCR § 1300.67.2.2(c)(1), CA Health & Safety Code § 1367(d)), Clinical Appropriateness Standard (28 CCR § 1300.67.2.2(c)(1)), Provider Network Adequacy Standard (28 CCR § 1300.67.2.2(c)(1), § 1300.67.2.2(c)(5)), Quality Assurance Standard (28 CCR § 1300.67.2.2(d), § 1300.70(a)(1), § 1300.70(a)(3), § 1300.70(b)(1)(A), § 1300.70(c)), and federal regulations regarding timely access to care at 42 C.F.R. § 438.206(b) and 42 C.F.R. § 422.112(a)(3).

For example, Rule 1300.67.2.2(c)(1) states: “Plans shall provide or arrange for the provision of covered health care services in a timely manner appropriate for the nature of the enrollee’s condition consistent with good professional practice. Plans shall establish and maintain provider networks, policies, procedures and quality assurance monitoring systems and processes sufficient to ensure compliance with this clinical appropriateness standard.”

With respect to Kaiser’s failure to monitor and correct excessive appointment waits, Rules 1300.70(a)(3) and 1300.70(c) require plans’ quality assurance systems to maintain accurate record-keeping systems and to continuously monitor utilization of services in order to ensure they meet professionally recognized standards of practice.

Rule 1300.67.2.2(d) requires each plan to have written quality assurance systems, policies, and procedures designed to ensure that the Plan’s network is sufficient to provide accessibility, availability, and continuity of covered health care services of contracted providers. Subsection (d)(2)(A) requires these procedures to include tracking and documenting network capacity and availability.

With respect to parity laws, Kaiser is forcing thousands of enrollees with mental health disorders to endure months-long waits simply to complete the diagnostic process, let alone receive appropriate therapeutic care. Kaiser does not reportedly impose comparable delays on enrollees with medical-surgical conditions. For example, if Kaiser were to delay the diagnosis and treatment of thousands of enrollees with symptoms of cancer, would the DMHC permit such delays to go uncorrected? Why, then, does the DMHC permit California’s largest HMO to systematically delay the care of thousands of enrollees with illnesses that also have life-threatening consequences if left untreated?

SB 855 (Wiener), which took effect on January 2021, states: “If services for the medically necessary treatment of a mental health or substance use disorder are not available in network within the geographic and timely access standards set by law or regulation, **the health care service plan shall arrange coverage to ensure the delivery of medically necessary out-of-network services and any medically necessary followup services** that, to the maximum extent possible, meet those geographic and timely access standards...**The enrollee shall pay no more than the same cost sharing that the enrollee would pay for the same covered services received from an in-network provider.**” (emphasis added) As noted above, Kaiser routinely violates this law.

Last, as noted above and in light of Kaiser’s non-compliance with the Timely Access Regulation, it is apparent that Kaiser is woefully unprepared to comply with the provisions of SB 221 (Wiener), codifying timely access standards for behavioral health services, which will take effect July 1, 2022.

## V. Request

NUHW is extremely concerned that Kaiser’s lengthy diagnostic and treatment delays subject enrollees to physical, mental, and financial harm. NUHW urgently requests that the DMHC enforce California’s laws to protect the rights of healthcare consumers and urges the DMHC to employ all of the enforcement tools at its disposal to hold Kaiser accountable for its violations. Furthermore, NUHW requests that the DMHC

require Kaiser to reimburse enrollees who were forced to self-fund care that Kaiser should have provided per the requirements of SB 855 (Wiener). NUHW stands ready to assist in whatever way may be helpful. Please contact me with any questions or requests.

Sincerely,

A handwritten signature in cursive script, appearing to read "Fred Seavey".

Fred Seavey

cc: Rob Bonta, Californian Attorney General  
Sen. Scott Wiener  
Sen. Susan Eggman  
Don Moulds, CalPERS  
Dr. Julia Logan, CalPERS

# **EXHIBIT 1**

Date: 6/5/15

To: Cecelia Mylett, LCSW, Department Administrator

From: Janice M. Schneider, Psy.D., Irit S. Bernstein, Psy.D., Malique Carr, Ph.D., Karen Earnest, Ph.D. , and Amber Walser, Psy.D.

RE: Request for Additional Psychologist(s) for the KP LAMC Department of Psychiatry

Due to the increase in membership, there has been an increase in the number of patients coming to this department. This need has been addressed by adding more staff. However, there has not been an additional psychologist position added to the department. The additional number of patients and staff has impacted our access for the Psychodiagnostic Assessment Service. We are proposing that another full-time psychologist position would help the increased needs of our patients and our staff. An additional psychologist in the department would be able to assist other clinicians in the department with authorizing DMI's.

With the movement towards evidence-based practice and short-term models, assessments and diagnostic clarity is important. Psychologists have specialized training in psychological assessment and are strong diagnosticians. Psychologists have taken the lead in combining research and practice and bringing evidence-based practice into general practice. Another psychologist in this department would be able to assist with psychodiagnostic testing in order to assist clinicians and psychiatrists with clarifying diagnoses and coordinating treatment plans when working with the many complicated cases we have. With the exception of Dr. Amber Walser, the psychologists currently on staff do not have the opportunity to conduct testing due to limited return access.

Another psychologist is needed due to the increased demand for psychodiagnostic assessment. This consultation service helps the clinicians in our department with diagnosis and treatment planning, which also aids in providing the good care to our patients. It is most helpful for the referral to be assigned as quickly as possible to aid in treatment planning. Last year, we received 44 referrals for psychological testing for the 2013-2014 training year. This year, we have received 73 referrals for the 2014-2015 training year. This represents a 66% increase in the Psychodiagnostic Assessment Service. Additionally, the increase in referrals has worsened our access to providing this service. Currently, our average wait time from the time we receive the referral until the patient is assigned is approximately four to six months. Typically, at this time of year, the wait time would be one to two months.

Our Psychodiagnostic Assessment Service also handles the ADHD Screening process, which was implemented in September 2014. The screening process has been much more demanding and time consuming than expected. We receive approximately 12 completed screeners each week. Each screener takes approximately 15 to 30 minutes to score and another 15 minutes to write up the findings and share with the referring provider via a Patient Message. Our interns have been a great help with scoring and interpreting the screeners. However, they will not be able to complete as many psychodiagnostic assessment batteries due to time demand of the ADHD screeners. Typically, interns complete eight to 10 psychodiagnostic assessment batteries

during the internship year. This year, the four interns will complete approximately six batteries. This is problematic due to the increased number of referrals for psychological testing. Our access from the time of the referral until the testing date will not improve and is more likely to worsen. With the addition of another psychologist who would offer psychodiagnostic assessment as part of their role, the access would be improved. Having another psychologist and specialist will add to the high level of competency in the Department, and would provide a resource to the other Department disciplines with whom to consult and provide additional diagnostic and treatment assistance, particularly of complex therapeutic issues within that psychologist's specialty field.

Lastly, the Department of Psychiatry houses a well-established Psychology Internship training program which has been fully accredited by the American Psychological Association since 1965. The program is highly competitive, last year receiving in excess of 180 applications for 4 slots. The program is able to attract the most qualified candidates due to its reputation for providing excellent supervisory training in a broad range of areas including treatment of children, families, and couples, and neuropsychological and psychodiagnostic assessment. Each member of the Psychology staff brings in a variety of skills and strong knowledge base from which to supervise and teach. The training program is a generalist one with strong specialty and generalist skills. The strong specialty skills of the training staff are always seen as an area of strength by APA when we undergo the re-accreditation process. The addition of another psychologist with their clinical expertise would add to this training program. It would be ideal to find a psychologist who is Spanish speaking to help with the needs of our department, especially in regard to psychodiagnostic assessment.

Thank you for taking the time to read this document. We look forward to your response regarding this request.

Respectfully,

Janice M. Schneider, Psy.D.  
Irit S. Bernstein, Psy.D.  
Malique Carr, Ph.D.  
Karen Earnest, Ph.D.  
Amber Walser, Psy.D.

# **EXHIBIT 2**

Date: 12/17/15

To: Michael Nava, Ph.D., LCSW, Interim Department Administrator

From: Janice M. Schneider, Psy.D., Irit S. Bernstein, Psy.D., Malique Carr, Ph.D., Karen Earnest, Ph.D., Amber Walser, Psy.D. and Gila Frank, Psy.D.

RE: Request for Additional Psychologist(s) for the KP LAMC Department of Psychiatry

Due to the increase in membership, there has been an increase in the number of patients coming to this department. This need has been addressed by adding more staff. The additional number of patients and staff continues to impact our access for the Psychodiagnostic Assessment Service. We are proposing that another full-time (40 hours) psychologist position would help the increased needs of our patients and our staff. An additional psychologist in the department would be able to assist other clinicians in the department with authorizing DMI's.

With the movement towards evidence-based practice and short-term models, assessments and diagnostic clarity is important. Psychologists have specialized training in psychological assessment and are strong diagnosticians. Psychologists have taken the lead in combining research and practice and bringing evidence-based practice into general practice. There are many areas in which a psychologist may help meet the needs of the department. This may include program development, expansion of our group therapy program (DBT, parenting groups, adolescent group therapy), consultation/interpretation regarding psychological assessment and performing neuropsychological/psychodiagnostic assessment.

Another psychologist in this department would be able to assist with psychodiagnostic testing in order to assist clinicians and psychiatrists with clarifying diagnoses and coordinating treatment plans when working with the many complicated cases we have. With the exception of Dr. Amber Walser, the psychologists currently on staff do not have the opportunity to conduct testing due to limited return access.

Another psychologist is needed due to the increased demand for psychodiagnostic assessment. This consultation service helps the clinicians in our department with diagnosis and treatment planning, which also aids in providing the good care to our patients. It is most helpful for the referral to be assigned as quickly as possible to aid in treatment planning. Last year, we received 44 referrals for psychological testing for the 2013-2014 training year. For the 2014-2015 training year, we received 73 referrals. This represents a 66% increase in the Psychodiagnostic Assessment Service. Additionally, the increase in referrals has worsened our access to providing this service. Currently, our average wait time from the time we receive the referral until the patient is assigned is approximately four months. Typically, at this time of year, the wait time would be two months. Either way, having another psychologist would potentially help improve our access for all of the services provided by the Psychodiagnostic Assessment Service. This would make the results more timely and increase our access for our patients.

Our Psychodiagnostic Assessment Service also handles the ADHD Screening process, which was implemented in September 2014. The screening process has been much more demanding



and time consuming than expected. We receive approximately 12 completed screeners each week. Each screener takes approximately 15 to 30 minutes to score and another 15 minutes to write up the findings and share with the referring provider via a Patient Message. Our interns for the last training year were able to assist with scoring and interpreting the screeners. However, they were not be able to complete as many psychodiagnostic assessment batteries due to time demand of the ADHD screeners. Typically, interns complete eight to 10 psychodiagnostic assessment batteries during the internship year. This year, the four interns will not be assisting with the screeners and will complete eight to ten psychodiagnostic assessment batteries. This is due to the increased number of referrals for psychological testing. However, we still need another psychologist to improve our access. The typical wait from referral to appointment is approximately 3 months. This may cause a delay in regard to diagnosis and treatment planning. With the addition of another psychologist who would offer psychodiagnostic assessment as part of their role, the access would be improved. Having another psychologist and specialist will add to the high level of competency in the Department, and would provide a resource to the other Department disciplines with whom to consult and provide additional diagnostic and treatment assistance, particularly of complex therapeutic issues within that psychologist's specialty field.

Lastly, the Department of Psychiatry houses a well-established Psychology Internship training program which has been fully accredited by the American Psychological Association since 1965. The program is highly competitive, last year receiving in excess of 180 applications for 4 slots. The program is able to attract the most qualified candidates due to its reputation for providing excellent supervisory training in a broad range of areas including treatment of children, families, and couples, and neuropsychological and psychodiagnostic assessment. Each member of the Psychology staff brings in a variety of skills and strong knowledge base from which to supervise and teach. The training program is a generalist one with strong specialty and generalist skills. The strong specialty skills of the training staff are always seen as an area of strength by APA when we undergo the re-accreditation process. The addition of another psychologist with their clinical expertise would add to this training program. It would be ideal to find a psychologist who is Spanish speaking to help with the needs of our department, especially in regard to psychodiagnostic assessment.

Thank you for taking the time to read this document. We look forward to your response regarding this request.

Respectfully,

Janice M. Schneider, Psy.D.  
Irit S. Bernstein, Psy.D.  
Malique Carr, Ph.D.  
Karen Earnest, Ph.D.  
Amber Walser, Psy.D.  
Gila Frank, Psy.D.

# **EXHIBIT 3**

Date: 9/14/17

To: Michael Nava, Ph.D., LCSW, Department Administrator

From: Janice M. Schneider, Psy.D., Irit S. Bernstein, Psy.D., Karen Earnest, Ph.D. , Amber Walser, Psy.D, Rebecca Coutin, Ph.D., and Gila Frank, Psy.D.

RE: Request for Additional Psychologist(s) for the KP LAMC Department of Psychiatry

Department of Psychiatry continues to grow and have more patients coming in for services. This need has been addressed by adding more staff as well as using external referrals. The additional number of patients and staff continues to impact our access for the Psychodiagnostic Assessment Service. We are proposing that another full-time (40 hours) psychologist position would help the increased needs of our patients and our staff. Having another psychologist would help improve direct patient care for our department. Also, an additional psychologist in the department would be able to assist other clinicians in the department with authorizing DMI's. It would be ideal to find a psychologist who is Spanish speaking to help with the needs of our Department, especially regarding psychodiagnostic assessment.

With the movement towards evidence-based practice and short-term models, assessments and diagnostic clarity is important. Psychologists have specialized training in psychological assessment and are strong diagnosticians. Psychologists have taken the lead in combining research and practice and bringing evidence-based practice into general practice. There are many areas in which a psychologist may help meet the needs of the department. This may include program development, expansion of our group therapy program (DBT, parenting groups, adolescent group therapy, social skills groups for adults), consultation/interpretation regarding psychological assessment and performing neuropsychological/psychodiagnostic assessment.

Another psychologist in this department would be able to assist with psychodiagnostic testing to assist clinicians and psychiatrists with clarifying diagnoses and coordinating treatment plans when working with the many complicated cases we have. This consultation service helps the clinicians in our department with diagnosis and treatment planning, which also aids in providing the good care to our patients. It is most helpful for the referral to be assigned as quickly as possible to aid in treatment planning. We continue to see an increase in referrals has worsened our access to providing this service. Currently, our average wait time from the time we receive the referral until the patient is assigned is approximately four to six months. Having another psychologist would potentially help improve our access for all of the services provided by the Psychodiagnostic Assessment Service. This would make the results timelier and increase our access for our patients.

With the addition of another psychologist who would offer psychodiagnostic assessment as part of their role, the access would be improved. Having another psychologist and specialist will add to the high level of competency in the Department, and would provide a resource to the other Department disciplines with whom to consult and provide additional diagnostic and treatment assistance, particularly of complex therapeutic issues within that psychologist's specialty field.

Additionally, psychologists are utilized to provide their expertise and training for other departments, particularly in Pediatrics. We provide direct patient care and consultation for the KID Clinic Team and the Pediatric Pain Management Team. The KID Clinic Team would be able to increase their access, which is a chronic issue, if a psychologist was available for more hours for psychodiagnostic assessment. Most ASD teams in the region have psychologists whose primary role is to conduct assessments. In Dr. Schneider's current role, she is only available one half-day per week. Our Adult ADHD program has been quite successful; however, Dr. Frank receives many referrals and is not able to book patients in a timely manner. Her average wait time is 3 months.

Lastly, the Department of Psychiatry houses a well-established Psychology Internship training program which has been fully accredited by the American Psychological Association since 1965. The program is highly competitive, last year receiving in excess of 170 applications for 4 slots. The program is able to attract the most qualified candidates due to its reputation for providing excellent supervisory training in a broad range of areas including treatment of children, families, and couples, and neuropsychological and psychodiagnostic assessment. Each member of the Psychology staff brings in a variety of skills and strong knowledge base from which to supervise and teach. The training program is a generalist one with strong specialty and generalist skills. The strong specialty skills of the training staff are always seen as an area of strength by APA when we undergo the re-accreditation process. The addition of another psychologist with their clinical expertise would add to this training program.

Thank you for taking the time to read this proposal for an additional position. We look forward to your response regarding this request.

Respectfully,

Janice M. Schneider, Psy.D.  
Irit S. Bernstein, Psy.D.  
Rebecca Coutin, Ph.D.  
Karen Earnest, Ph.D.  
Amber Walser, Psy.D.  
Gila Frank, Psy.D.

# **EXHIBIT 4**

Date: 10/30/17

To: Michael Nava, Ph.D., LCSW, Department Administrator

From: Janice M. Schneider, Psy.D., Irit S. Bernstein, Psy.D., Karen Earnest, Ph.D., Amber Walser, Psy.D., Rebecca Coutin, Ph.D., and Gila Frank, Psy.D.

RE: Request for Additional Psychologist(s) for the KP LAMC Department of Psychiatry

The Department of Psychiatry at KP LAMC continues to grow and have more patients coming in for services. This need has been addressed by adding more staff as well as using external referrals. However, we have not added another psychologist to our team. Our department would benefit from the addition of another full-time psychologist for many reasons. We are proposing that another full-time (40 hours) psychologist position would help the increased needs of our patients and our staff. Having another psychologist would help improve direct patient care for our department. Also, an additional psychologist in the department would be able to assist other clinicians in the department with authorizing DMI's.

Psychologists have specialized training in psychodiagnostic assessment along with training and experience providing evidenced based treatment for individuals, families and children. We are highly utilized for consultation and assessment skills in Pediatrics with the KID Clinic (for ASD) and for Pediatric Pain Management. Another psychologist would be utilized in our department and in consultation with other departments. Many patients specifically request to see a psychologist and this request is difficult to meet. It may improve member satisfaction if we are able to meet this request. Additionally, it would be ideal to find a psychologist who is Spanish speaking to help with the needs of our Department, especially regarding psychodiagnostic assessment. We are not able to offer in-house assessment in Spanish, which means that Kaiser Permanente authorizes external referrals (and additional expenses) to meet this need.

With the movement towards evidence-based practice and short-term models, assessments and diagnostic clarity is critically important as part of the treatment planning. Psychologists have specialized training in psychological assessment and are strong diagnosticians. In our department, psychologists and predoctoral interns conduct our psychological assessments for patients ranging in age from 6 years old to 60+. Psychological assessment consists of four to eight hours of direct patient care along with equal time to analyze and write up the test findings. Clinicians, including our psychiatrists, utilize this service to help with patient care, specifically with diagnosis and treatment planning. Our current wait for patients to receive psychodiagnostic assessment is five to six months from the time of the receipt of the referral. We have 46 patients waiting for psychodiagnostic assessment, with patients who were referred in May 2017 at the top of the list. This delay from the referral to testing negatively impacts the referring clinician's (including psychiatrists) ability to provide best practice in regard to diagnosis and treatment, including medication management. This wait has been worsening as our membership continues to grow and more patients access our department.

Another psychologist in this department would be able to assist with psychodiagnostic testing to assist clinicians and psychiatrists with clarifying diagnoses and coordinating treatment plans when working with the many complicated cases we have. This consultation service helps the clinicians in our department with diagnosis and treatment planning, which also aids in providing good care to our patients. It is most helpful for the referral to be assigned as quickly as possible to aid in treatment planning. We continue to see an increase in referrals has worsened our access to providing this service. Currently, our average wait time from the time we receive the referral until the patient is assigned is approximately five to six months. Having another psychologist would potentially help improve our access for all of the services provided by the Psychodiagnostic Assessment Service. This would make the results timelier and increase our access for our patients.

Psychologists have taken the lead in combining research and practice in bringing evidence-based practice into general practice. There are many areas in which a psychologist may help meet the needs of the department. This may include program development, expansion of our group therapy program (DBT, parenting groups, adolescent group therapy, social skills groups for adults), consultation/interpretation regarding psychological assessment and performing neuropsychological/psychodiagnostic assessment.

With the addition of another psychologist who would offer psychodiagnostic assessment as part of their role, the access would be improved. Having another psychologist and specialist will add to the high level of competency in the Department, and would provide a resource to the other Department disciplines with whom to consult and provide additional diagnostic and treatment assistance, particularly of complex therapeutic issues within that psychologist's specialty field.

Additionally, psychologists are utilized to provide their expertise and training for other departments, particularly in Pediatrics. We provide direct patient care and consultation for the KID Clinic Team and the Pediatric Pain Management Team. The KID Clinic Team would be able to increase their access, which is a chronic issue, if a psychologist was available for more hours for psychodiagnostic assessment. Most ASD teams in the region have psychologists whose primary role is to conduct assessments. In Dr. Schneider's current role, she is only available one half-day per week.

Our Adult ADHD program has been quite successful; however, Dr. Frank receives many referrals and is not able to book patients in a timely manner. Her average wait time is 3 months. Dr. Frank has assessed 267 patients between July 2016 and September 2017. Clearly, this psychological service is highly utilized. Our patients would receive better access with the addition of a psychologist and would improve member satisfaction.

An additional full-time psychologist would allow us the opportunity to provide better patient care in a timely manner and improve member satisfaction. In addition, another psychologist would support the Department of Psychiatry for program development, direct patient care, and psychodiagnostic assessment along with offering consultation and assessment to other departments. Thank you for taking the time to read this proposal for an additional position. We look forward to your response regarding this request.

Respectfully,

Janice M. Schneider, Psy.D., Irit S. Bernstein, Psy.D., Rebecca Coutin, Ph.D., Karen Earnest, Ph.D., Gila Frank, Psy.D. and Amber Walser, Psy.D.



# **EXHIBIT 5**

**Date:** 5/23/18

**To:** Julia McLaughlin, Department Administrator, MSN, RN-BC, CNL; Tiffany Sunde, LMFT, Psy.D., Assistant Department Administrator; Margie Olvera, LCSW, Assistant Department Administrator; Vy Doan, MD, Chief Psychiatrist

**From:** Janice M. Schneider, Psy.D., Irit S. Bernstein, Psy.D., Karen Earnest, Ph.D., Amber Walser, Psy.D., Rebecca Coutin, Ph.D., and Gila Frank, Psy.D.

**RE:** Second Request for Additional Psychologist(s) for the KP LAMC Department of Psychiatry

The Psychology Training Committee submitted a memo re: concerns about access on 10/17. The discussion in that memo continues to be pertinent to our department. Since submitting the memo (see attached), the access continues to be a significant issue and may be worsening since that time. Our initial proposal was for one full-time psychologist. Upon further review of our access issues, this current proposal is for three full-time psychologists. Our department would benefit from the addition of three full-time psychologist for many reasons. We are proposing that three full-time (40 hours) psychologist positions would help meet the needs of our patients and our staff. Having three psychologists would help improve direct patient care for our department. One would aid in our access for all psychodiagnostic assessment, another for the ADHD Assessment, and another to help with our clinic in Pasadena. Moreover, additional psychologists in the department would be able to assist other clinicians in the department with authorizing DMI's. Additional psychologists would help with program development and expansion of some of our current programs.

Presently, our Psychodiagnostic Assessment Services, coordinated by Amber Lea Walser, Psy.D., has a waiting list of approximately 60 patients and most patients wait at least five to six months for their first appointment. In our previous memo, Dr. Walser's waiting list was for 46 patients, which suggests that our waiting list has grown by 30 percent since October 2017. This is further evidence that our wait time has been worsening as our membership grows and more patients come to our department for mental health services. It is our goal to get within the standard of 14 days in order to help meet the needs of the patients and assist the treating providers with their diagnosis and treatment planning. With our current resources (Dr. Walser and our four psychology interns), it is not possible to improve our access to this standard for Psychodiagnostic Assessment. Psychodiagnostic assessment aids our psychiatrists and psychiatric nurse practitioners in regard to clarifying diagnosis and aiding in medication management. Additionally, it would not be feasible or cost effective to send these referrals out given the fact that our department has spent a great deal of money to purchase all of the required psychodiagnostic assessment measures needed for the evaluation. Therefore, hiring another psychologist who would be able to assess at least 10 patients per month would seem to be the best option. This would allow us to assess at least 15 patients per month and improve our access at least 200% (currently average 5 referrals per month and would potentially go up to 15). Clearly, this would improve our access and help us reach our goal of assessing patients within 14 days of receipt of the referral.

We request consideration for a second full-time psychologist to help with access for our patients with possible ADHD. Our Adult ADHD program has been quite successful and is highly utilized by all of our staff, including our psychiatrists; however, Dr. Frank receives many referrals and is not able to schedule patients in a timely manner. Her average wait time is currently four months. Dr. Frank is able to schedule five patients each week and we utilize a psychology intern to help with access. However, she receives at least 10 referrals per week, so she is not able to improve her access. Dr. Frank assessed 363 patients between July 2016 and April 2018. Our patients would receive better access with the addition of a psychologist and would improve member satisfaction. As of today, Dr. Frank's next available appointment is in the end of August for referrals she is receiving this month.

In addition to helping improve access for our adult ADHD workflow, the second psychologist would help develop a new program for our department to aid with any patient with possible ADHD vs. other diagnoses. Our School Clinic in Pediatrics assesses patients under the age of 18 who are presenting with only ADHD-like symptoms. If the patient may present with any mental health symptoms, then the patient is referred to our department for assessment. As you know, approximately 50 to 75% of children and adolescents with ADHD may have a co-morbid diagnosis. Therefore, we receive a large number of referrals from Pediatrics. The development of a program to assess children and adolescents with possible ADHD would improve patient care for all patients referred to our department for this concern.

As stated in our previous memo, psychologists have specialized training in psychodiagnostic assessment along with training and experience providing evidenced based treatment for individuals, families, and children. We are highly utilized for consultation and assessment skills in Pediatrics with the KID Clinic (for ASD) and for Pediatric Pain Management. Another psychologist would be utilized in our department and in consultation with other departments. Many patients specifically request to see a psychologist and this request is difficult to meet. It may improve member satisfaction if we are able to meet this request. The full-time psychologist may be able to offer services at our Pasadena clinic. Currently, we are not able to offer this due to our limited resources. A full-time psychologist in Pasadena would be able to help specifically with testing psychodiagnostic or ADHD referrals for the Pasadena clinic. In turn, that would not only improve access but improve patient care, as those patients would not have to travel to LAMC for their testing services. Furthermore, it would be ideal to find a psychologist who is Spanish speaking to help with the needs of our Department, especially regarding psychodiagnostic assessment. We are not able to offer in-house assessment in Spanish, which means that Kaiser Permanente authorizes external referrals (and additional expenses) to meet this need.

Lastly, we would like to reiterate some of the points made in our last memo. Psychologists have taken the lead in combining research and practice in bringing evidence-based practice into general practice. There are many areas in which a psychologist may help meet the needs of the department. This may include program development, expansion of our group therapy program (DBT, parenting groups, adolescent group therapy, social skills groups for adults), consultation/interpretation regarding psychological assessment and performing neuropsychological/psychodiagnostic assessment. With the addition of another psychologist who would offer psychodiagnostic assessment as part of their role, the access would be improved. Having three additional psychologists and specialists will add to the high level of competency in the Department, and would provide a resource to the other Department disciplines with whom to consult and provide additional diagnostic and treatment assistance, particularly of complex therapeutic issues within that psychologist's specialty field.

Moreover, psychologists are utilized to provide their expertise and training for other departments, particularly in Pediatrics. We provide direct patient care and consultation for the KID Clinic Team and the Pediatric Pain Management Team. The KID Clinic Team would be able to increase their access, which is a chronic issue, if a psychologist was available for more hours for psychodiagnostic assessment. Most ASD teams in the region have psychologists whose primary role is to conduct assessments. In Dr. Schneider's current role, she is only available one half-day per week. This impacts access as well.

The addition of three full-time psychologists would allow us the opportunity to provide better patient care in a timely manner and improve member satisfaction. In addition, psychologists would support the Department of Psychiatry for program development, direct patient care, ADHD assessment and psychodiagnostic assessment along with offering consultation and assessment to other departments. Thank you for taking the time to read this request. We look forward to your response following the June budget meeting.

Respectfully,

Janice M. Schneider, Psy.D., Irit S. Bernstein, Psy.D., Rebecca Coutin, Ph.D., Karen Earnest, Ph.D., Gila Frank, Psy.D. and Amber Walser, Psy.D.

# EXHIBIT 6

**From:** Amber Lea Walser <[Amber-Lea.Walser@kp.org](mailto:Amber-Lea.Walser@kp.org)>  
**Sent:** Thursday, April 8, 2021 10:41 AM  
**To:** Kelsey Smith <[Kelsey.Smith@kp.org](mailto:Kelsey.Smith@kp.org)>  
**Cc:** Tanya A. Veluz <[Tanya.A.Veluz@kp.org](mailto:Tanya.A.Veluz@kp.org)>; Janice M. Schneider <[Janice.M.Schneider@kp.org](mailto:Janice.M.Schneider@kp.org)>; Amber Lea Walser <[Amber-Lea.Walser@kp.org](mailto:Amber-Lea.Walser@kp.org)>  
**Subject:** Data requested for proposal for hiring Psychologists

Kelsey,

Here is the information you requested, as well as every previous business proposals we psychologists have written. Numbers of referrals and reasoning are embedded within each. Here are more recent numbers below. We thank you again for understanding and expediency in getting this to the right people!

#### General Overview:

- In addition to testing, psychologists are needed to expand the training or postdoctoral program, in alignment with KP's vision.
- Our own Psychiatry dept is now three locations, (Sunset, Romaine, Pasadena) and has expanded over 5 years from one location to three, while the number of psychologists has remained the same (six) for at least the last 12 years.
- One psychologist is assigned to our largest, higher level of care group, the Work Clinic, as time off (DMIs) are associated with this group. Additional Psychologists to cover this program for back -up would be needed, as a request for an MD was not authorized for this purpose.
- With psych testing waitlists at what they are now (several months), we are out of standard and have been out of standard for supplying this referral service for at least the last 7 years in which I(this writer) have worked here and took over this job.
- Our director has been approved for the hiring of 24 additional Pasadena-location master's level therapists. This will mean even more patients coming in; no new psychologists have been hired.
- 4 of the 6 of our current psychologists are 32 hour positions. One alone handles all the neuropsychological testing for the entire medical center (32 hour position) with a wait list of 3 months.
- While external providers have been used to help with our testing wait list since Jul 2017, this is not sustainable, nor does it account for the growing need of in house psychologists to provide these services immediately to our providers/referral sources.

#### ADHD Testing/Screening

- As of 4/7/2021- 218 people on the wait list to be tested.
- The psychologist has 7 patient slots for testing each week.

- (If she were to schedule them all right now, she would be booked for 31 weeks from now, or over 7 months). She receives 15-20 new referrals each week, 50% from our psychiatrists, 50% from therapists/initial screenings.
- Data from July 2016-April 2018: psychologist assessed 363 patients while performing 5 assessments per week.
- Prior data: 2014 ADHD Screening (program was 3 self report forms, no interview, no collateral testing; not comprehensive). We received 14 referrals a week even then, and this was a less robust program.
- March 2019-March 2020- received 518 referrals for this type of testing. Note the large increase just from previous years.

### Psychodiagnostic Testing:

- I received 43 new referrals for this comprehensive type of testing from January 1, 2021 through April 6, 2021. I received two more just today. This is a huge increase and continues the trend detailed below. I would say upwards of 75-80% percent of them are complicated diagnostic clarifications where ADHD is one of the rule outs. This is a significant change from previous years, though the number of referrals continues to go up each year.

### Numbers below run for psychodiagnostic referrals received that training year (approximately August to August of the next year)

2013-2014 : 44 referrals

2014-2015 : 73 referrals

2015-2016: 101 referral

2017-2018: 97 referrals

2018-2019 : 141 referrals

October 2019-August 2020: 47 referrals

August 2020-March 2021: 125 referrals

January 2021-April 6 2021: 43 referrals in 3 months!

Thank you so much for your continued support of us and the needs of our patients.

*Amber Lea Walser, Psy.D.*

LAMC Psychiatry

Assessment Coordinator

Supervisor, APA Internship

# **EXHIBIT 7**



Southern California Office  
225 West Broadway, Ste. 155  
Glendale, CA 91204

## GRIEVANCE FORM

GRIEVANCE SUBMITTED BY: Edan Dhanraj DATE FILED: 9/29/21  
 GRIEVANT'S FULL NAME: Class Action - All Effected WORK PHONE#: \_\_\_\_\_  
 FACILITY: LAMC Sunset CELL PHONE#: \_\_\_\_\_  
 CLASSIFICATION: Psychologist EMAIL: edhanraj@nuhw.org  
 DEPARTMENT: Psychiatry SHIFT: \_\_\_\_\_  
 LENGTH OF EMPLOYMENT: \_\_\_\_\_ HOURS OF WORK: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

**STATEMENT OF COMPLAINT FOR GRIEVANCE:** Unethical staffing to provide clinically necessary mental health care evaluations and psych testing for potential ADHD, psychodiagnostic, autism testing for patients in timeline consistent with American Psychological Association standards and Kaiser's Principles of Responsibility, delaying patient care and placing patients in high risk situations unduly

**CONTRACT VIOLATION:** All Articles including, but not limited to, Article 29 Workload Distribution and Article 5 Health and Safety

**INFORMATION REQUEST:** 1. All official KP standards or language regarding when referrals made by MDs or clinicians must be scheduled- all official equivalent standards to Dept of Psychiatry's 14 day standard for intake booking or new med evals.  
 2. Official, current and up-to-date list of patient complaints against any member of the LAMC Department of Psychiatry regarding the duration of wait time for evaluation and wait time for testing including date LAMC Department of Psychiatry received the complaint, actions the department took to resolve the complaint, and outcome of the patients that made the complaint.  
 3. For all patients currently on the clinician-managed waitlists for adhd, autism, or psychodiagnostic testing: the date each patient initially became referred to the LAMC department of psychiatry, the date each patient met with the psychiatrist therapist who referred them for testing, the date patient was scheduled for testing, and the date patient was provided feedback session.  
 4. For all requests, the union recognizes the need to protect any and all information that can compromise HIPAA standards. However, such protections shall not prohibit the union from receiving and utilizing the requested information timely to represent the bargaining unit in this issue.

(NOTE: The Union does not waive its right to request additional information at any time.)

**SETTLEMENT DESIRED:** Immediately post 6 new Psychologist Full-Time bargaining unit positions for the LAMC Department of Psychiatry (2 for general Psych testing and 4 for ADHD testing); locate 2 of the new Psychologist Full-Time bargaining unit position at the Foothill Medical Offices for ADHD and general Psych testing; collaborate with union in creating patient/staffing ratio to monitor and enforce when it is necessary to hire new Psychologist FTEs.

By filing this grievance, the Union does not intend to waive, nor does it waive, any additional procedural or substantive rights or causes of action which an employee may have pursuant to federal law, state law, or other rule or regulation.

Edan Dhanraj Organizer 9/30/21  
 SIGNATURE TITLE DATE



# EXHIBIT 8



## RESPONSE TO REQUEST FOR INFORMATION

November 2, 2021

Edan Dhanraj  
NUHW Steward  
225 W. Broadway Suite 155  
Glendale, CA 91204

Via e-mail

### **RE: REQUEST FOR INFORMATION** **PSYCHIATRY DEPARTMENT – UNETHICAL STAFFING** **WORKLAD DISTRIBUTION/HEALTH AND SAFETY**

Dear Mr. Dhanraj,

The following will serve as the Los Angeles Medical Center response to the September 29, 2021 Request for Information associated with Psychiatry Department. The Los Angeles Medical Center reserves the right to change or amend its responses.

#### **Request #1**

All official KP Standards of language regarding when referrals made by MDs or clinicians must be scheduled – all official equivalent standards or standards to Dept of Psychiatry's 14 day standard for intake booking or new med evals.

#### **RESPONSE:**

Kaiser Permanente Los Angeles Medical Center's Psychiatry Department has access standards of 14 days for booking a new intake or a new med eval, however, the Psychiatry Department does not have booking standards for this category of testing.

#### **Request #2**

Official, current and up-date list of patient complaints any member of the LAMC Department of Psychiatry regarding the duration of wait time for evaluation and wait time for testing including date LAMC Department of Psychiatry received the complaint, actions the department took to resolve the complaint, and the outcome of the patients that made the complaint.

**RESPONSE:**

Wait time complaints are not against the provider, instead the complaints are against the department. The increased demand in backlog is partially due to the lack testing ability at the beginning of the pandemic due to a delay in new testing protocols by the American Psychological Association (APA). Additionally, there has been an increase demand in these services which we believe are a direct result of the pandemic. To assist with mitigating the backlog we have offered all psychologist that perform these duties additional hours. We hired a per diem psychologist to assist with additional testing. In August 2021, we onboarded 4 psychology interns who will also be providing testing services. Beginning December 1, 2021, we will begin using a per diem physician temporarily to see patients that do not require testing in advance. We are also implementing training for outreach to patients to book the backlog of patients with an internal testing date and/or utilizing an outside agency contracted for testing as clinically appropriate.

**Request #3**

For all patients currently on the clinician-managed waitlist for adhd, autism, or psycho diagnostic testing: the date each patient initially became referred to the LAMC department of psychiatry, the date each patient met with the psychiatrist/therapist who referred them for testing, the date patient was scheduled for testing, and the date patient was provided feedback session.

**RESPONSE:**

The Los Angeles Medical Center objects as unduly burdensome and oppressive. The Los Angeles Medical Center does not maintain records readily available for all patients currently on the clinician-managed waitlist for ADHD, autism, or psycho diagnostic testing to include the date each patient initially became referred to the LAMC department of psychiatry, the date each patient met with the psychiatrist/therapist who referred them for testing, the date patient was scheduled for testing, and the date patient was provided feedback session. Furthermore, Kaiser Permanente has a legal and ethical responsibility to protect the privacy of patient medical information as per the organizations Principles of Responsibilities – Section 2, Respect Confidentiality, Privacy and Security. The Los Angeles Medical Center will not be responding to this request.

As always, we are willing to meet our legal obligation and provide you relevant information as it is available or as soon as it is gathered.

I believe this satisfies the requested information. If you disagree with this assessment, I invite you to notify me on what is still outstanding.

Sincerely,



Raquel Goulsby  
Human Resources Consultant

CC: Faith Ramirez  
Gabriel Kassaseya  
Margie Olvera

# EXHIBIT 9

REFERRAL DATE	DATE CONTACTED	APPOINTMENT DATE	REPORT DATE	INTERNAL	EXTERNAL	NO RESPONSE	CLOSED	AWAITING CONTACT
1/19/20	1/21/20	4/6/20 (resch 8/24/20)	11/2/20	1	-	-	-	-
1/28/20	1/28/20	4/13/20 (resch 10/13/21)	10/26/21	1	-	-	-	-
2/3/20	2/4/20	4/16/20 (cancelled, no resch)	n/a	-	-	1	-	-
2/5/20	2/7/20	4/30/20 (resch 7/15/21)	9/13/21	1	-	-	-	-
2/6/20	2/13/20	5/6/20 (EP ref sent 6/9/20)	9/8/20	-	1	-	-	-
2/7/20	2/12/20	4/21/20 (resch 1/25/21)	n/a	1	-	-	-	-
2/10/20	2/13/20	5/18/20 (resch 11/4/21)	n/a	1	-	-	-	-
2/11/20	2/13/20	4/23/20 (cancelled, no resch)	n/a	-	-	1	-	-
2/11/20	2/13/20	5/18/20 (cancelled, no resch)	n/a	-	-	1	-	-
2/17/20	2/18/20	5/28/20 (resch 9/3/20 then cancelled)	n/a	1	-	-	-	-
2/19/20	2/20/20	6/11/20 (cancelled, no resch)	n/a	-	-	1	-	-
2/20/20	2/26/20	5/28/2020 (cancelled, no resch)	n/a	-	-	1	-	-
2/23/20	2/28/20	5/4/20 (EP ref sent 6/9/20)	7/27/20	-	1	-	-	-
3/2/20	3/5/20	6/25/20 (cancelled, no resch)	n/a	-	-	1	-	-
3/5/20	3/6/20	4/22/20 (EP ref sent 6/15/20)	7/6/20	-	1	-	-	-
3/5/20	3/12/20	7/9/2020 (EP ref sent 7/6/20)	9/9/20	-	1	-	-	-
3/9/20	6/16/20	EP ref sent 6/23/20	8/27/20	-	1	-	-	-
3/10/20	3/12/20	7/9/20 (cancelled, resch 11/1/21)	11/16/21	1	-	-	-	-
3/11/20	n/a	n/a	n/a	-	-	-	1	-
3/11/20	3/12/20	7/6/20 (cancelled, no resch)	n/a	-	-	1	-	-
3/12/20	6/11/20	EP ref sent 6/16/20	7/8/20	-	1	-	-	-
3/13/20	6/12/20	n/a	n/a	-	-	1	-	-
3/13/20	6/12/20	n/a	n/a	-	-	1	-	-
3/16/20	6/15/20	8/6/20 (EP ref initially sent 6/15/20)	10/1/20	1	-	-	-	-
3/16/20	7/14/20	7/16/20	n/a	1	-	-	-	-
3/16/20	7/14/20	n/a	n/a	-	-	1	-	-
3/16/20	7/14/20	7/16/20	8/18/20	1	-	-	-	-
3/17/20	7/14/20	7/23/20	8/18/20	1	-	-	-	-
3/17/20	7/14/20	EP ref sent 7/14/20	9/28/20	-	1	-	-	-
3/17/20	7/15/20	EP ref sent 7/15/20	11/5/20	-	1	-	-	-
3/17/20	n/a	n/a	n/a	-	-	-	1	-
3/18/20	7/15/20	7/16/20	n/a	1	-	-	-	-
3/20/20	n/a	n/a	n/a	-	-	-	1	-
3/23/20	7/15/20	7/20/20	8/24/20	1	-	-	-	-
3/24/20	7/17/20	7/27/20	n/a	1	-	-	-	-
3/24/20	n/a	n/a	n/a	-	-	-	1	-
3/24/20	7/16/20	EP ref sent 7/16/20	12/16/20	-	1	-	-	-
3/25/20	7/16/20	7/20/20	8/18/20	1	-	-	-	-
3/25/20	7/20/20	n/a	n/a	-	-	1	-	-
3/27/20	7/16/20	EP ref sent 7/16/20	9/23/20	-	1	-	-	-
3/31/20	7/21/20	7/30/20	9/24/20	1	-	-	-	-
4/1/20	7/21/20	7/30/20	9/24/20	1	-	-	-	-
4/1/20	7/21/20	9/9/21	12/7/21	1	-	-	-	-
4/6/20	7/21/20	EP ref sent 7/21/20	9/28/20	-	1	-	-	-
4/6/20	n/a	n/a	n/a	-	-	-	1	-
4/7/20	7/22/20	8/3/20 (DKA), 10/6/20	12/3/20	1	-	-	-	-
4/7/20	7/22/20	7/23/20	n/a	1	-	-	-	-
4/7/20	11/9/20	11/16/20	n/a	1	-	-	-	-
4/8/20	7/23/20	8/6/20	8/11/20	1	-	-	-	-
4/8/20	7/23/20	n/a	n/a	-	-	1	-	-
4/13/20	7/23/20	1/14/21	4/13/21	1	-	-	-	-
4/14/20	7/23/20	n/a	n/a	-	-	1	-	-
4/15/20	7/23/20	7/30/20, 8/4/20	8/25/20	1	-	-	-	-
4/15/20	7/23/20	n/a	n/a	-	-	1	-	-
4/20/20	7/23/20	8/10/20	9/15/20	1	-	-	-	-
4/20/20	7/23/20	10/5/21	10/12/21	1	-	-	-	-
4/20/20	7/23/20	n/a	n/a	-	-	1	-	-
4/20/20	7/23/20	EP ref sent 7/23/20	10/13/20	-	1	-	-	-
4/21/20	7/29/20	n/a	n/a	-	-	1	-	-
4/21/20	8/6/21	9/9/21	10/27/21	1	-	-	-	-
4/22/20	n/a	n/a	n/a	-	-	-	1	-
4/23/20	7/29/20	8/3/20	8/4/20	1	-	-	-	-
4/27/20	7/29/20	8/3/20	9/30/20	1	-	-	-	-
4/27/20	n/a	n/a	n/a	-	-	-	1	-
4/28/20	7/30/20	EP ref sent 7/30/20	10/5/20	-	1	-	-	-
5/4/20	7/30/20	8/13/20	9/29/20	1	-	-	-	-
5/5/20	7/30/20	n/a	n/a	-	-	1	-	-
5/5/20	7/30/20	8/17/20	10/1/20	1	-	-	-	-
5/5/20	7/30/20	8/6/20	n/a	1	-	-	-	-
5/6/20	n/a	n/a	n/a	-	-	-	1	-
5/7/20	10/6/20	EP ref sent 10/6/20	12/28/20	-	1	-	-	-
5/7/20	8/6/20	8/20/20	n/a	1	-	-	-	-
5/8/20	8/10/20	8/13/20	9/14/20	1	-	-	-	-
5/12/20	n/a	n/a	n/a	-	-	-	1	-
5/14/20	8/10/20	9/10/20	n/a	1	-	-	-	-
5/14/20	8/10/20	3/8/21 (cancelled), 4/5/21	5/18/21	1	-	-	-	-

Declined remote testing - rescheduled with new PsyD in 2021

Initially requested in-person but later requested remote

Pt did not return questionnaires  
Report not yet completed

Cancelled rescheduled appointment and did not reschedule again

Declined remote testing - rescheduled with new PsyD in 2021  
Transferred to psychodiagnostic testing

Pt did not return questionnaires

MD indicated testing no longer clinically indicated  
Pt did not return questionnaires  
No KP coverage

Pt did not return questionnaires  
NP indicated testing no longer clinically indicated

Pt did not follow up about scheduling testing until 7/21/21

No KP coverage

Pt did not return questionnaires  
Pt did not return questionnaires

Pt did not follow up about scheduling testing until 1/4/21

Pt initially requested to wait until in-person testing resumes but later requested remote testing in October 2021

KP coverage had expired but resumed 8/3/21  
MD indicated testing no longer clinically indicated

MD indicated testing no longer clinically indicated

Pt did not return questionnaires  
MD indicated testing no longer clinically indicated  
MD requested for referral to be placed on hold between 8/6/20 and 10/16/20  
Pt did not return questionnaires

Completed outside testing  
Pt did not return questionnaires

REFERRAL DATE	DATE CONTACTED	APPOINTMENT DATE	REPORT DATE	INTERNAL	EXTERNAL	NO RESPONSE	CLOSED	AWAITING CONTACT	
5/14/20	1/5/21	1/11/22	4/12/21	1	-	-	-	-	
5/15/20	8/10/20	8/27/20	n/a	1	-	-	-	-	Pt did not return questionnaires
5/15/20	n/a	n/a	n/a	-	-	-	1	-	Completed outside testing
5/15/20	8/11/20	8/17/20	11/3/20	1	-	-	-	-	
5/18/20	n/a	n/a	n/a	-	-	-	1	-	Pt no longer lived in CA
5/18/20	8/11/20	10/29/20, 11/5/20 (pt cancels), 11/12/20 (DKA)	n/a	1	-	-	-	-	
5/19/20	6/19/20	EP ref sent 6/23/20	8/19/20	-	1	-	-	-	
5/19/20	8/11/20	9/17/20	n/a	1	-	-	-	-	Pt did not return questionnaires
5/20/20	8/11/20	9/17/20	12/21/21	1	-	-	-	-	Pt returned questionnaires in late 2021
5/22/20	8/11/20	EP ref sent 8/13/20	11/17/20	-	1	-	-	-	
5/26/20	8/12/20	n/a	n/a	-	-	1	-	-	
5/26/20	n/a	n/a	n/a	-	-	-	1	-	Completed testing at KP OC
5/26/20	8/13/20	8/17/20	11/2/20	1	-	-	-	-	
5/27/20	9/16/20	10/15/20 (DKA)	n/a	1	-	-	-	-	
5/27/20	9/16/20	3/4/21	4/6/21	1	-	-	-	-	Pt did not follow up about scheduling appointment until 2/9/21
5/28/20	9/16/20	EP ref sent 9/16/20	1/4/21	-	1	-	-	-	
5/29/20	9/16/20	9/21/20	11/19/20	1	-	-	-	-	
6/2/20	9/16/20	10/8/20	11/23/20	1	-	-	-	-	
6/3/20	6/9/20	EP ref sent 6/9/20	9/15/20	-	1	-	-	-	
6/4/20	9/16/20	n/a	n/a	-	-	1	-	-	
6/4/20	9/16/20	9/29/20	2/9/21	1	-	-	-	-	Pt was delayed in returning questionnaires
6/5/20	9/16/20	10/1/20	11/23/20	1	-	-	-	-	
6/8/20	6/9/20	EP ref sent 6/9/20	9/14/20	-	1	-	-	-	
6/9/20	3/15/21	3/18/21	5/4/21	1	-	-	-	-	Pt coverage had lapsed but resumed in March 2021
6/9/20	9/16/20	n/a	n/a	-	-	1	-	-	
6/10/20	9/16/20	9/21/20	11/4/20	1	-	-	-	-	
6/10/20	9/16/20	n/a	n/a	-	-	1	-	-	
6/10/20	9/16/20	EP ref sent 9/17/20	12/28/20	-	1	-	-	-	
6/10/20	10/13/20	10/29/20	12/7/20	1	-	-	-	-	KP coverage lapsed but later resumed
6/10/20	9/16/20	9/21/20	11/5/20	1	-	-	-	-	
6/10/20	9/16/20	3/4/21	4/14/21	1	-	-	-	-	Pt did not return provider's call until 2/11/21
6/15/20	9/16/20	EP ref sent 10/29/20	2/4/21	-	1	-	-	-	
6/16/20	n/a	n/a	n/a	-	-	-	1	-	MD indicated testing no longer clinically indicated
6/16/20	10/6/20	n/a	n/a	-	-	1	-	-	
6/16/20	10/15/20	n/a	n/a	-	-	1	-	-	
6/16/20	10/6/20	1/7/21	2/15/21	1	-	-	-	-	
6/16/20	n/a	n/a	n/a	-	-	-	1	-	MD indicated testing no longer clinically indicated
6/18/20	10/6/20	5/10/21	6/30/21	1	-	-	-	-	Pt did not return provider's call until 4/13/21
6/19/20	10/6/20	10/13/20	11/17/20	1	-	-	-	-	
6/22/20	10/6/20	n/a	n/a	-	-	1	-	-	
6/22/20	10/6/20	n/a	n/a	-	-	-	1	-	
6/22/20	10/15/20	EP ref sent 3/3/21	4/27/21	-	1	-	-	-	Pt did not return provider's call until 2/26/21
6/22/20	10/15/20	10/26/20	11/23/20	1	-	-	-	-	
6/22/20	10/28/20	12/7/21	1/3/22	1	-	-	-	-	KP coverage lapsed but returned 11/15/21
6/22/20	10/28/20	11/10/20	11/17/20	1	-	-	-	-	
6/22/20	10/28/20	EP ref sent 10/29/20	1/7/21	-	1	-	-	-	
6/22/20	11/9/20	11/12/20	n/a	1	-	-	-	-	Pt did not return questionnaires
6/23/20	11/9/20	n/a	n/a	-	-	1	-	-	
6/24/20	11/9/20	11/17/20	1/12/21	1	-	-	-	-	
6/24/20	n/a	n/a	n/a	-	-	-	1	-	Pt moved outside of CA and lost KP coverage
6/24/20	11/9/20	EP ref sent 11/12/20	n/a	-	1	-	-	-	Completed report from EP never submitted
6/25/20	11/9/20	11/16/20	12/29/20	1	-	-	-	-	
6/25/20	11/9/20	11/16/20	1/13/21	1	-	-	-	-	
6/25/20	n/a	n/a	n/a	-	-	-	1	-	MD indicated testing no longer clinically indicated
6/30/20	11/9/20	12/21/20 (pt cancel), 12/28/20 (DKA)	n/a	1	-	-	-	-	
6/30/20	11/9/20	12/29/20	1/11/21	1	-	-	-	-	
7/1/20	11/9/20	11/30/20	1/13/21	1	-	-	-	-	
7/6/20	n/a	n/a	n/a	-	-	-	1	-	Pt transferred to psychodiagnostic testing
7/6/20	11/17/20	1/4/21	n/a	1	-	-	-	-	Pt did not return questionnaires
7/7/20	11/17/20	Ext ref sent 1/27/21	4/19/21	-	1	-	-	-	Pt did not return provider's call until 1/13/21
7/7/20	11/17/20	n/a	n/a	-	-	1	-	-	
7/8/20	11/17/20	n/a	n/a	-	-	1	-	-	
7/8/20	n/a	n/a	n/a	-	-	-	1	-	Pt completed testing at KP WLA
7/13/20	11/24/20	12/1/20	1/12/21	1	-	-	-	-	
7/14/20	11/24/20	12/14/20	1/13/21	1	-	-	-	-	
7/14/20	n/a	n/a	n/a	-	-	-	1	-	Pt's care transferred to KP Fontana
7/15/20	12/7/20	n/a	n/a	-	-	1	-	-	
7/15/20	12/7/20	12/14/20 (pt cancel), 12/17/20	n/a	1	-	-	-	-	Pt did not return questionnaires
7/15/20	12/7/20	1/14/21 (pt cancel), 2/22/21	n/a	1	-	-	-	-	Pt did not return questionnaires
7/15/20	12/7/20	n/a	n/a	-	-	1	-	-	
7/17/20	12/7/20	12/8/20	n/a	1	-	-	-	-	Pt did not return questionnaires
7/17/20	12/7/20	12/15/20	6/22/21	1	-	-	-	-	Pt was delayed in returning questionnaires
7/20/20	12/7/20	n/a	n/a	-	-	1	-	-	
7/20/20	12/7/20	12/10/20	6/22/21	1	-	-	-	-	Pt was delayed in returning questionnaires
7/22/20	12/7/20	12/14/20	5/24/21	1	-	-	-	-	Pt was delayed in returning questionnaires
7/22/20	12/21/20	EP ref sent 4/1/21	8/17/21	-	1	-	-	-	Pt did not return provider's call until 4/1/21

REFERRAL DATE	DATE CONTACTED	APPOINTMENT DATE	REPORT DATE	INTERNAL	EXTERNAL	NO RESPONSE	CLOSED	AWAITING CONTACT	
7/22/20	12/21/20	12/28/20	2/10/21	1	-	-	-	-	
7/22/20	12/21/20	12/28/20	2/10/21	1	-	-	-	-	
7/23/20	12/22/20	n/a	n/a	-	-	-	1	-	Closed due to KP coverage expiring
7/23/20	12/22/20	n/a	n/a	-	-	1	-	-	
7/24/20	12/22/20	n/a	n/a	-	-	1	-	-	
7/27/20	12/22/20	1/4/21	3/9/21	1	-	-	-	-	
7/27/20	12/22/20	n/a	n/a	-	-	1	-	-	
7/27/20	12/22/20	1/7/21	2/15/21	1	-	-	-	-	
7/29/20	n/a	n/a	n/a	-	-	-	1	-	No KP coverage
7/31/20	1/5/21	n/a	n/a	-	-	1	-	-	
7/31/20	1/5/21	n/a	n/a	-	-	1	-	-	
8/4/20	n/a	n/a	n/a	-	-	-	1	-	No KP coverage
8/5/20	10/15/20	n/a	n/a	-	-	1	-	-	
8/5/20	1/5/21	2/11/21	n/a	-	-	-	1	-	Pt did not return questionnaires
8/5/20	1/5/21	2/11/21	3/23/21	1	-	-	-	-	
8/10/20	1/5/21	n/a	n/a	-	-	1	-	-	
8/10/20	1/5/21	1/11/21	6/8/21	1	-	-	-	-	Pt was delayed in returning questionnaires
8/11/20	4/21/21	7/12/21 (pt initially referred to EP 4/28)	8/24/21	1	-	-	-	-	KP coverage lapsed but resumed 4/19/21
8/11/20	1/5/21	3/1/21	4/21/21	1	-	-	-	-	
8/11/20	1/5/21	n/a	n/a	-	-	1	-	-	
8/12/20	1/5/21	n/a	n/a	-	-	1	-	-	
8/12/20	1/5/21	2/4/21 (DKA), 2/25/21	10/20/21	1	-	-	-	-	Pt was delayed in returning questionnaires
8/12/20	1/5/21	2/8/21	4/21/21	1	-	-	-	-	
8/12/20	1/5/21	1/25/21	3/8/21	1	-	-	-	-	
8/12/20	1/5/21	1/5/22 (pt cancelled)	n/a	1	-	-	-	-	Pt did not return call for scheduling until 12/17/21
8/12/20	1/5/21	1/28/21	4/15/21	1	-	-	-	-	
8/13/20	1/5/21	1/25/21	2/18/21	1	-	-	-	-	
8/13/20	n/a	n/a	n/a	-	-	-	1	-	No KP coverage
8/13/20	1/5/21	1/28/21	5/11/21	1	-	-	-	-	
8/17/20	1/5/21	n/a	n/a	-	-	1	-	-	
8/18/20	1/5/21	EP ref sent 1/6/21	3/4/21	-	1	-	-	-	
8/18/20	1/5/21	1/28/21	3/3/21	1	-	-	-	-	
8/20/20	1/5/21	1/28/21	10/7/21	1	-	-	-	-	Pt was delayed in returning questionnaires
8/20/20	1/5/21	2/1/21	3/30/21	1	-	-	-	-	
8/25/20	1/5/21	2/4/21	3/16/21	1	-	-	-	-	
8/25/20	1/5/21	n/a	n/a	-	-	1	-	-	
8/25/20	1/5/21	2/1/21	3/31/21	1	-	-	-	-	
8/26/20	n/a	n/a	n/a	-	-	-	1	-	
8/27/20	1/5/21	2/1/21	4/27/21	1	-	-	-	-	
8/27/20	1/5/21	EP ref sent 1/6/21	2/22/21	-	1	-	-	-	
8/27/20	1/5/21	2/11/21	3/16/21	1	-	-	-	-	
8/27/20	1/5/21	n/a	n/a	-	-	1	-	-	
8/27/20	1/5/21	3/2/21 (DKA)	n/a	1	-	-	-	-	
8/27/20	1/5/21	2/15/21	3/16/21	1	-	-	-	-	
8/30/20	1/5/21	2/4/21	3/9/21	1	-	-	-	-	
8/31/20	1/5/21	2/18/21	n/a	1	-	-	-	-	Pt did not return questionnaires
8/31/20	1/5/21	2/22/21	5/5/21	1	-	-	-	-	
8/31/20	1/5/21	n/a	n/a	-	-	1	-	-	
9/1/20	1/5/21	3/16/21	3/29/21	1	-	-	-	-	
9/2/20	1/5/21	2/15/21	3/23/21	1	-	-	-	-	
9/2/20	1/5/21	2/8/21	5/18/21	1	-	-	-	-	
9/8/20	1/5/21	2/8/21 (DKA)	n/a	1	-	-	-	-	
9/8/20	n/a	n/a	n/a	-	-	-	1	-	Pt provided proof of past diagnosis
9/8/20	n/a	n/a	n/a	-	-	-	1	-	Pt provided proof of past diagnosis
9/9/20	1/12/21	3/9/21	4/8/21	1	-	-	-	-	
9/9/20	1/12/21	2/11/21	8/11/21	1	-	-	-	-	
9/10/20	1/12/21	2/18/21 (pt cancel), 3/1/21	4/15/21	1	-	-	-	-	Pt was delayed in returning questionnaires
9/10/20	1/12/21	2/15/21	4/6/21	1	-	-	-	-	
9/11/20	1/12/21	2/9/21	3/2/21	1	-	-	-	-	
9/14/20	n/a	n/a	n/a	-	-	-	1	-	No KP coverage
9/14/20	1/12/21	3/15/21, 4/8/21 (pt cancels), 8/9/21	8/18/21	1	-	-	-	-	
9/14/20	1/12/21	n/a	n/a	-	-	1	-	-	
9/14/20	1/12/21	2/18/21	6/14/21	1	-	-	-	-	
9/15/20	1/12/21	2/18/21 (pt cancel)	n/a	1	-	-	-	-	
9/15/20	1/12/21	2/23/21	5/3/21	1	-	-	-	-	
9/15/20	1/12/21	3/1/21 (pt cancel), 3/23/21	3/29/21	1	-	-	-	-	
9/16/20	1/12/21	2/25/21	4/6/21	1	-	-	-	-	
9/16/20	1/12/21	2/25/21	3/23/21	1	-	-	-	-	
9/16/20	1/12/21	2/18/21	6/28/21	1	-	-	-	-	
9/17/20	1/5/21	1/11/21	2/17/21	1	-	-	-	-	
9/17/20	n/a	n/a	n/a	-	-	-	1	-	
9/17/20	1/12/21	3/8/21 (pt cancel), 3/30/21	4/19/21	1	-	-	-	-	
9/17/20	1/12/21	3/4/21 (pt cancel), 3/8/21	3/30/21	1	-	-	-	-	
9/21/20	2/11/21	n/a	n/a	-	-	1	-	-	
9/21/20	2/11/21	3/4/21	10/21/21	1	-	-	-	-	Pt was delayed in returning questionnaires
9/21/20	2/11/21	3/11/21	6/23/21	1	-	-	-	-	



REFERRAL DATE	DATE CONTACTED	APPOINTMENT DATE	REPORT DATE	INTERNAL	EXTERNAL	NO RESPONSE	CLOSED	AWAITING CONTACT	
9/21/20	2/16/21	EP ref sent 2/16/21	3/10/21	-	1	-	-	-	
9/22/20	2/16/21	EP ref sent 2/17/21	4/27/21	-	1	-	-	-	
9/22/20	2/17/21	3/18/21	7/6/21	1	-	-	-	-	Pt was delayed in returning questionnaires
9/22/20	2/17/21	3/15/21	6/1/21	1	-	-	-	-	
9/22/20	2/19/21	EP ref sent 2/23/21	4/27/21	-	1	-	-	-	
9/22/20	2/19/21	3/15/21	5/18/21	1	-	-	-	-	
9/22/20	2/19/21	EP ref sent 2/23/21	3/23/21	-	1	-	-	-	
9/24/20	2/19/21	3/11/21	4/12/21	1	-	-	-	-	
9/24/20	2/19/21	3/18/21	3/31/21	1	-	-	-	-	
9/28/20	2/19/21	EP ref sent 3/4/21	4/20/21	-	1	-	-	-	
9/29/20	2/19/21	EP ref sent 2/23/21	3/25/21	-	1	-	-	-	
9/29/20	n/a	n/a	n/a	-	-	-	1	-	Pt received outside testing
9/29/20	2/23/21	3/22/21	8/18/21	1	-	-	-	-	Pt was delayed in returning questionnaires
9/29/20	2/23/21	3/18/21	3/30/21	1	-	-	-	-	
9/29/20	n/a	n/a	n/a	-	-	-	1	-	
9/30/20	n/a	n/a	n/a	-	-	-	1	-	
10/1/20	10/15/20	10/20/20	n/a	1	-	-	-	-	Pt did not return questionnaires
10/1/20	n/a	n/a	n/a	-	-	-	1	-	
10/1/20	2/23/21	EP ref sent 2/24/21	4/8/21	-	1	-	-	-	
10/1/20	2/23/21	n/a	n/a	-	-	1	-	-	
10/1/20	n/a	n/a	n/a	-	-	-	1	-	Per MD testing no longer clinically indicated
10/1/20	2/23/21	3/22/21	5/24/21	1	-	-	-	-	
10/1/20	2/24/21	3/9/21	3/22/21	1	-	-	-	-	
10/1/20	2/26/21	3/29/21 (DKA), 4/26/21 (DKA)	n/a	1	-	-	-	-	
10/4/20	2/26/21	EP ref sent 3/3/21	5/19/21	-	1	-	-	-	
10/5/20	2/26/21	n/a	n/a	-	-	1	-	-	
10/5/20	3/1/21	10/13/21	10/26/21	1	-	-	-	-	Pt requested to wait for in-person testing to resume
10/6/20	3/1/21	3/23/21	4/8/21	1	-	-	-	-	
10/6/20	3/1/21	4/19/21	5/17/21	1	-	-	-	-	
10/6/20	3/1/21	3/25/21	5/26/21	1	-	-	-	-	
10/6/20	3/1/21	3/22/21	4/27/21	1	-	-	-	-	
10/6/20	3/1/21	n/a	n/a	-	-	1	-	-	
10/6/20	3/1/21	3/25/21	4/27/21	1	-	-	-	-	
10/6/20	3/1/21	4/26/21	6/29/21	1	-	-	-	-	
10/7/20	3/1/21	3/16/21	n/a	1	-	-	-	-	Pt did not return questionnaires
10/7/20	n/a	n/a	n/a	-	-	-	1	-	
10/7/20	3/1/21	3/25/21	n/a	1	-	-	-	-	Pt did not return questionnaires
10/8/20	3/1/21	n/a	n/a	-	-	1	-	-	
10/8/20	3/2/21	EP ref sent 3/25/21	6/24/21	-	1	-	-	-	
10/8/20	3/2/21	4/15/21	4/27/21	1	-	-	-	-	
10/9/20	3/2/21	4/29/21	8/18/21	1	-	-	-	-	
10/9/20	3/2/21	3/25/21	4/20/21	1	-	-	-	-	
10/9/20	3/2/21	n/a	n/a	-	-	1	-	-	
10/13/20	3/2/21	4/15/21	5/17/21	1	-	-	-	-	
10/14/20	3/2/21	4/12/21 (pt cancel), 5/3/21 (pt cancel)	n/a	1	-	-	-	-	
10/14/20	3/2/21	EP ref sent 3/3/21	4/1/21	-	1	-	-	-	
10/14/20	3/4/21	3/29/21	n/a	1	-	-	-	-	Pt did not return questionnaires
10/14/20	3/4/21	3/29/21	5/4/21	1	-	-	-	-	
10/14/20	3/4/21	EP ref sent 3/4/21	n/a	-	1	-	-	-	Pt did not follow up with EP referral
10/14/20	n/a	n/a	n/a	-	-	-	1	-	Pt transferred to psychodiagnostic testing
10/14/20	n/a	n/a	n/a	-	-	-	1	-	
10/15/20	n/a	n/a	n/a	-	-	-	1	-	
10/15/20	3/5/21	4/5/21	5/11/21	1	-	-	-	-	
10/16/20	3/9/21	4/12/21	5/25/21	1	-	-	-	-	
10/16/20	3/9/21	3/15/21	5/25/21	1	-	-	-	-	
10/19/20	3/9/21	5/27/21 (DKA)	n/a	1	-	-	-	-	
10/19/20	3/9/21	EP ref sent 3/11/21	5/26/21	-	1	-	-	-	
10/19/20	3/9/21	EP ref sent 12/14/21	n/a	-	1	-	-	-	Pt did not return call until 12/21; report not yet received from EP
10/19/20	3/9/21	4/12/21	6/8/21	1	-	-	-	-	
10/19/20	3/9/21	4/29/21	8/11/21	1	-	-	-	-	
10/20/20	n/a	n/a	n/a	-	-	-	1	-	
10/20/20	3/9/21	3/30/21	4/12/21	1	-	-	-	-	
10/21/20	3/9/21	EP ref sent 3/17/21	8/17/21	-	1	-	-	-	
10/21/20	3/9/21	4/8/21	n/a	1	-	-	-	-	Pt did not return questionnaires\
10/22/20	3/9/21	4/5/21	5/12/21	1	-	-	-	-	
10/26/20	3/12/21	4/15/21	7/14/21	1	-	-	-	-	
10/26/20	3/15/21	n/a	n/a	-	-	1	-	-	
10/27/20	3/15/21	4/19/21	6/1/21	1	-	-	-	-	
10/27/20	3/15/21	EP ref sent 3/17/21	7/1/21	-	1	-	-	-	
10/28/20	3/15/21	EP ref sent 3/17/21	5/26/21	-	1	-	-	-	
10/28/20	3/15/21	EP ref sent 3/17/21	6/15/21	-	1	-	-	-	
10/29/20	n/a	n/a	n/a	-	-	-	1	-	
10/29/20	3/15/21	4/22/21	5/27/21	1	-	-	-	-	
10/29/20	3/15/21	n/a	n/a	-	-	1	-	-	
10/29/20	3/17/21	n/a	n/a	-	-	1	-	-	
10/30/20	3/17/21	4/19/21	6/1/21	1	-	-	-	-	

REFERRAL DATE	DATE CONTACTED	APPOINTMENT DATE	REPORT DATE	INTERNAL	EXTERNAL	NO RESPONSE	CLOSED	AWAITING CONTACT	
11/2/20	11/9/20	n/a	n/a	-	-	1	-	-	
11/2/20	3/26/21	4/6/21	4/19/21	1	-	-	-	-	
11/2/20	3/26/21	4/22/21	6/29/21	1	-	-	-	-	
11/2/20	3/26/21	4/6/21	4/6/21	1	-	-	-	-	
11/3/20	3/26/21	6/3/21	7/8/21	1	-	-	-	-	
11/3/20	3/26/21	n/a	n/a	-	-	1	-	-	
11/3/20	3/26/21	EP ref sent 3/29/21	6/24/21	-	1	-	-	-	
11/3/20	3/26/21	EP ref sent 4/1/21	6/15/21	-	1	-	-	-	
11/3/20	3/26/21	n/a	n/a	-	-	1	-	-	
11/4/20	3/26/21	n/a	n/a	-	-	1	-	-	
11/4/20	11/23/20	11/30/20	12/7/20	1	-	-	-	-	Testing expedited due to recent suicide attempt
11/5/20	3/30/21	n/a	n/a	-	-	1	-	-	
11/5/20	3/30/21	EP ref sent 4/1/21	6/3/21	-	1	-	-	-	
11/5/20	3/30/21	EP ref sent 4/1/21	5/19/21	-	1	-	-	-	
11/6/20	3/30/21	4/26/21	7/6/21	1	-	-	-	-	
11/6/20	3/30/21	EP ref sent 4/28/21	8/4/21	-	1	-	-	-	
11/9/20	3/30/21	n/a	n/a	-	-	1	-	-	
11/9/20	3/30/21	4/1/21	6/14/21	1	-	-	-	-	
11/9/20	3/30/21	EP ref sent 5/6/21	8/24/21	-	1	-	-	-	
11/9/20	3/30/21	EP ref sent 4/1/21	n/a	-	1	-	-	-	Report not yet received from EP
11/10/20	n/a	n/a	n/a	-	-	-	1	-	
11/10/20	3/30/21	EP ref sent 4/1/21	n/a	-	1	-	-	-	Report not yet received from EP
11/11/20	4/1/22	n/a	n/a	-	-	1	-	-	
11/12/20	12/7/20	12/8/20	1/5/21	1	-	-	-	-	
11/12/20	4/2/21	EP ref sent 4/8/21	8/17/21	-	1	-	-	-	
11/12/20	4/2/21	EP ref sent 4/8/21	6/15/21	-	1	-	-	-	
11/13/20	n/a	n/a	n/a	-	-	-	1	-	Pt tested 7/13/20; Duplicate referral
11/13/20	4/2/21	EP ref sent 4/8/21	n/a	-	1	-	-	-	Report not yet received from EP
11/14/20	4/2/21	EP ref sent 4/8/21	8/17/21	-	1	-	-	-	
11/16/20	n/a	n/a	n/a	-	-	-	1	-	
11/16/20	4/2/21	4/22/21	6/8/21	1	-	-	-	-	
11/16/20	4/2/21	EP ref sent 4/8/21	n/a	-	1	-	-	-	Report not yet received from EP
11/16/20	4/2/21	4/29/21	10/6/21	1	-	-	-	-	Pt delayed in returning equestionnaires
11/16/20	4/2/21	n/a	n/a	-	-	1	-	-	
11/16/20	4/2/21	n/a	n/a	-	-	1	-	-	
11/18/20	n/a	n/a	n/a	-	-	-	1	-	
11/20/20	4/2/21	EP ref sent 4/8/21	8/4/21	-	1	-	-	-	
11/20/20	4/2/21	4/22/21	5/13/21	1	-	-	-	-	
11/24/20	4/2/21	EP ref sent 7/14/21	12/15/21	-	1	-	-	-	Pt did not return provider's call until 7/2/21
11/25/20	4/2/21	4/29/21	6/9/21	1	-	-	-	-	
12/1/20	4/6/21	7/20/21 (cancelled), 8/19/2021	8/31/21	1	-	-	-	-	
12/1/20	4/12/21	5/6/21	6/15/21	1	-	-	-	-	
12/2/20	4/12/21	11/9/21	11/30/21	1	-	-	-	-	Pt did not return provider's call until 11/1/21
12/2/20	4/12/21	5/3/21 (pt cancel), 6/29/21	8/5/21	1	-	-	-	-	
12/2/20	4/12/21	n/a	n/a	-	-	1	-	-	
12/2/20	4/12/21	EP ref sent 4/20/21	8/17/21	-	1	-	-	-	
12/4/20	4/13/21	5/13/21	7/13/21	1	-	-	-	-	
12/4/20	4/13/21	n/a	n/a	-	-	1	-	-	
12/4/20	4/13/21	5/6/21 (DKA), 9/2/21	12/21/21	1	-	-	-	-	
12/4/20	4/13/21	5/3/21 (pt cancel, no resch)	n/a	1	-	-	-	-	
12/5/20	4/13/21	5/24/21	8/23/21	1	-	-	-	-	
12/7/20	4/13/21	4/15/21	5/27/21	1	-	-	-	-	
12/7/20	4/13/21	5/6/21 (DKA)	n/a	1	-	-	-	-	
12/7/20	4/13/21	EP ref sent 4/20/21	9/14/21	-	1	-	-	-	
12/7/20	4/13/21	5/13/21 (DKA)	n/a	1	-	-	-	-	
12/8/20	4/13/21	5/10/21	7/14/21	1	-	-	-	-	
12/8/20	4/13/21	EP ref sent 4/20/21	n/a	-	1	-	-	-	Report not yet received from EP
12/8/20	n/a	n/a	n/a	-	-	-	1	-	
12/8/20	n/a	n/a	n/a	-	-	-	1	-	Pt received outside testing
12/8/20	4/14/21	EP ref sent 4/20/21	8/17/21	-	1	-	-	-	
12/8/20	4/14/21	EP ref sent 4/28/21	n/a	-	1	-	-	-	Report not yet received from EP
12/9/20	4/14/21	EP ref sent 4/20/21, re-sent 5/13/21	8/17/21	-	1	-	-	-	
12/9/20	4/14/21	EP ref sent 4/20/21	8/24/21	-	1	-	-	-	
12/10/20	4/14/21	EP ref sent 4/20/21	8/17/21	-	1	-	-	-	
12/13/20	4/14/21	n/a	n/a	-	-	1	-	-	
12/14/20	4/14/21	7/8/21	n/a	1	-	-	-	-	Pt did not return questionnaires
12/14/20	4/14/21	EP ref sent 4/20/21, re-sent 6/2/21	8/4/21	-	1	-	-	-	
12/14/20	4/14/21	n/a	n/a	-	-	1	-	-	
12/15/20	4/14/21	n/a	n/a	-	-	1	-	-	
12/16/20	4/14/21	5/20/21	8/3/21	1	-	-	-	-	
12/16/20	4/14/21	EP ref sent 4/20/21	7/12/21	-	1	-	-	-	
12/16/20	n/a	n/a	n/a	-	-	-	1	-	
12/16/20	4/14/21	EP ref sent 4/20/21	10/26/21	-	1	-	-	-	
12/17/20	4/14/21	n/a	n/a	-	-	1	-	-	
12/17/20	4/14/21	EP ref sent 5/3/21, re-sent 8/31/21	n/a	-	1	-	-	-	Report not yet received from EP
12/17/20	4/14/21	EP ref sent 4/20/21	6/24/21	-	1	-	-	-	

REFERRAL DATE	DATE CONTACTED	APPOINTMENT DATE	REPORT DATE	INTERNAL	EXTERNAL	NO RESPONSE	CLOSED	AWAITING CONTACT	
12/17/20	4/14/21	EP ref sent 4/20/21	n/a	-	1	-	-	-	Report not yet received from EP
12/21/20	4/14/21	n/a	n/a	-	-	1	-	-	
12/23/20	4/14/21	n/a	n/a	-	-	1	-	-	
12/23/20	4/14/21	n/a	n/a	-	-	1	-	-	
12/24/20	4/14/21	5/10/21	n/a	1	-	-	-	-	Pt did not return questionnaires
12/28/20	4/14/21	EP ref sent 6/10/21	1/5/22	-	1	-	-	-	
12/29/20	n/a	n/a	n/a	-	-	-	1	-	
12/29/20	4/14/21	EP ref sent 4/22/21	12/1/21	-	1	-	-	-	
12/29/20	4/14/21	n/a	n/a	-	-	1	-	-	
12/29/20	4/14/21	n/a	n/a	-	-	1	-	-	
12/30/20	4/14/21	n/a	n/a	-	-	1	-	-	
12/30/20	4/14/21	5/13/21	7/6/21	1	-	-	-	-	
12/30/20	4/14/21	5/17/21	6/29/21	1	-	-	-	-	
12/31/20	4/14/21	EP ref sent 4/20/21	12/1/21	-	1	-	-	-	
1/4/21	4/15/21	EP ref sent 5/3/21	12/15/21	-	1	-	-	-	Pt did not return questionnaires
1/4/21	4/15/21	5/17/21	n/a	1	-	-	-	-	
1/5/21	4/15/21	EP ref sent 4/20/21	6/15/21	-	1	-	-	-	
1/5/21	4/15/21	n/a	n/a	-	-	1	-	-	
1/5/21	4/16/21	EP ref sent 4/22/21	9/1/21	-	1	-	-	-	
1/6/21	n/a	n/a	n/a	-	-	-	1	-	
1/7/21	4/15/21	5/20/21	7/6/21	1	-	-	-	-	
1/7/21	4/15/21	n/a	n/a	-	-	1	-	-	
1/8/21	4/15/21	5/20/21	8/2/21	1	-	-	-	-	
1/11/21	4/15/21	n/a	n/a	-	-	1	-	-	
1/11/21	4/15/21	5/17/21	6/15/21	1	-	-	-	-	
1/12/21	4/15/21	6/7/21	8/31/21	1	-	-	-	-	
1/12/21	4/15/21	5/13/21 (pt cancelled)	n/a	1	-	-	-	-	Report not yet received from EP
1/12/21	4/15/21	EP ref sent 4/22/21	12/21/21	-	1	-	-	-	
1/13/21	4/15/21	EP ref sent 4/22/21	n/a	-	1	-	-	-	
1/13/21	4/15/21	EP ref sent 4/22/21	8/17/21	-	1	-	-	-	
1/14/21	4/15/21	6/15/21 (EP ref initially sent 4/22/21)	7/28/21	1	-	-	-	-	
1/14/21	4/15/21	5/19/21 (pt cancel), 10/11/21	10/12/21	1	-	-	-	-	
1/14/21	4/16/21	EP ref sent 4/22/21	10/12/21	-	1	-	-	-	
1/14/21	4/16/21	EP ref sent 5/3/21	6/29/21	-	1	-	-	-	
1/14/21	n/a	n/a	n/a	-	-	-	1	-	
1/15/21	4/16/21	6/10/21	10/7/21	1	-	-	-	-	
1/18/21	4/16/21	5/24/21	8/2/21	1	-	-	-	-	
1/19/21	4/16/21	EP ref sent 4/22/21	8/25/21	-	1	-	-	-	
1/19/21	4/16/21	n/a	n/a	-	-	1	-	-	Report not yet received from EP
1/19/21	4/16/21	7/12/21 (EP ref initially sent 4/22/21)	8/30/21	1	-	-	-	-	
1/20/21	4/16/21	5/24/21	7/15/21	1	-	-	-	-	
1/20/21	4/16/21	5/27/21 (pt cancelled)	n/a	1	-	-	-	-	
1/21/21	4/19/21	EP ref sent 4/28/21	7/14/21	-	1	-	-	-	
1/21/21	4/19/21	5/27/21	7/13/21	1	-	-	-	-	
1/22/21	4/19/21	EP ref sent 4/29/21	8/4/21	-	1	-	-	-	
1/22/21	n/a	n/a	n/a	-	-	-	1	-	
1/25/21	4/19/21	EP ref sent 4/22/21	12/1/21	-	1	-	-	-	
1/25/21	4/19/21	5/27/21	7/12/21	1	-	-	-	-	
1/26/21	4/19/21	6/3/21	7/6/21	1	-	-	-	-	
1/26/21	4/19/21	EP ref sent 4/22/21	8/26/21	-	1	-	-	-	Report not yet received from EP
1/26/21	4/19/21	EP ref sent 4/28/21	n/a	-	1	-	-	-	
1/27/21	4/19/21	EP ref sent 4/22/21	10/26/21	-	1	-	-	-	
1/27/21	4/19/21	EP ref sent 4/22/21	7/14/21	-	1	-	-	-	
1/27/21	4/19/21	6/3/21	9/1/21	1	-	-	-	-	
1/27/21	4/19/21	EP ref sent 4/29/21	7/1/21	-	1	-	-	-	
1/27/21	4/19/21	EP ref sent 4/28/21	8/25/21	-	1	-	-	-	
1/28/21	4/21/21	EP ref sent 4/29/21	n/a	-	1	-	-	-	Report not yet received from EP
1/28/21	4/21/21	EP ref sent 4/28/21	8/24/21	-	1	-	-	-	
1/28/21	4/21/21	n/a	n/a	-	-	1	-	-	
1/29/21	4/21/21	EP ref sent 4/28/21	9/7/21	-	1	-	-	-	
1/29/21	4/21/21	5/25/21 (DKA)	n/a	1	-	-	-	-	Report not yet received from EP
1/29/21	4/21/21	5/18/21	6/8/21	1	-	-	-	-	
1/29/21	4/21/21	EP ref sent 4/29/21, re-sent 7/13/21	n/a	-	1	-	-	-	
1/29/21	4/21/21	6/10/21	9/28/21	1	-	-	-	-	
1/29/21	4/22/21	EP ref sent 4/29/21	8/4/21	-	1	-	-	-	Report not yet received from EP
1/29/21	4/22/21	EP ref sent 4/29/21, re-sent 10/11/21	n/a	-	1	-	-	-	
2/1/21	4/22/21	5/11/21	5/25/21	1	-	-	-	-	
2/2/21	4/22/21	6/10/21	8/31/21	1	-	-	-	-	
2/2/21	4/22/21	n/a	n/a	-	-	1	-	-	Report pending
2/2/21	4/22/21	8/30/21	10/19/21	1	-	-	-	-	
2/2/21	4/22/21	EP ref sent 4/29/21	7/27/21	-	1	-	-	-	
2/2/21	4/22/21	EP ref sent 4/29/21	12/15/21	-	1	-	-	-	
2/3/21	4/22/21	6/14/21	8/31/21	1	-	-	-	-	
2/3/21	4/22/21	6/24/21 (DKA), 1/17/22	n/a	1	-	-	-	-	
2/3/21	4/22/21	6/24/21	8/17/21	1	-	-	-	-	
2/4/21	4/22/21	9/27/21 (EP ref initially sent 4/29/21)	11/11/21	1	-	-	-	-	

REFERRAL DATE	DATE CONTACTED	APPOINTMENT DATE	REPORT DATE	INTERNAL	EXTERNAL	NO RESPONSE	CLOSED	AWAITING CONTACT	
2/5/21	4/23/21	6/14/21	8/17/21	1	-	-	-	-	
2/5/21	4/23/21	n/a	n/a	-	-	1	-	-	
2/8/21	4/23/21	EP ref sent 4/29/21	9/1/21	-	1	-	-	-	
2/8/21	4/23/21	6/24/21	7/13/21	1	-	-	-	-	
2/8/21	4/23/21	6/24/21 (pt cancelled)	n/a	1	-	-	-	-	
2/9/21	4/23/21	EP ref sent 5/26/21	8/31/21	-	1	-	-	-	
2/9/21	4/23/21	6/14/21 (pt cancelled)	n/a	1	-	-	-	-	
2/9/21	4/23/21	7/8/21	10/19/21	1	-	-	-	-	
2/10/21	4/26/21	EP ref sent 5/3/21	n/a	-	1	-	-	-	Report not yet received by EP
2/10/21	4/26/21	EP ref sent 5/3/21	12/21/21	-	1	-	-	-	
2/10/21	4/26/21	n/a	n/a	-	-	1	-	-	
2/11/21	4/26/21	EP ref sent 5/3/21	n/a	-	1	-	-	-	Report not yet received by EP
2/11/21	4/26/21	n/a	n/a	-	-	1	-	-	
2/12/21	4/26/21	7/29/21	12/21/21	1	-	-	-	-	
2/15/21	2/18/21	EP ref sent 2/18/21	8/17/21	-	1	-	-	-	
2/15/21	4/26/21	6/7/21	8/3/21	1	-	-	-	-	
2/15/21	4/26/21	6/7/21	8/10/21	1	-	-	-	-	
2/15/21	4/26/21	6/2/21 (pt cancel), 6/28/2021	8/12/21	1	-	-	-	-	
2/15/21	n/a	n/a	n/a	-	-	-	1	-	
2/16/21	4/27/21	EP ref sent 5/3/21	6/29/21	-	1	-	-	-	
2/16/21	4/27/21	EP ref sent 5/3/21	8/26/21	-	1	-	-	-	
2/16/21	4/27/21	7/1/21	8/16/21	1	-	-	-	-	
2/17/21	4/27/21	6/28/21	10/20/21	1	-	-	-	-	
2/17/21	4/27/21	6/10/21	9/8/21	1	-	-	-	-	
2/17/21	4/27/21	EP ref sent 5/3/21	7/14/21	-	1	-	-	-	
2/18/21	4/27/21	n/a	n/a	-	-	1	-	-	
2/18/21	4/27/21	EP ref sent 5/3/21	7/14/21	-	1	-	-	-	
2/19/21	4/27/21	EP ref sent 5/3/21	n/a	-	1	-	-	-	Report not yet received by EP
2/20/21	n/a	n/a	n/a	-	-	-	1	-	
2/22/21	4/27/21	EP ref sent 5/3/21	n/a	-	1	-	-	-	Report not yet received by EP
2/22/21	n/a	n/a	n/a	-	-	-	1	-	Pt received outside testing
2/22/21	6/21/21	n/a	n/a	-	-	1	-	-	
2/23/21	4/29/21	EP ref sent 5/3/21	9/20/21	-	1	-	-	-	
2/23/21	4/29/21	EP ref sent 5/3/21	n/a	-	1	-	-	-	Report not yet received by EP
2/23/21	n/a	n/a	n/a	-	-	-	1	-	
2/24/21	4/29/21	5/11/21	5/18/21	1	-	-	-	-	
2/24/21	4/29/21	6/1/21	6/30/21	1	-	-	-	-	
2/24/21	4/29/21	6/8/21	7/28/21	1	-	-	-	-	
2/26/21	4/29/21	n/a	n/a	-	-	1	-	-	
3/1/21	4/29/21	EP ref sent 5/3/21	10/6/21	-	1	-	-	-	
3/1/21	4/29/21	6/22/21	7/29/21	1	-	-	-	-	
3/1/21	4/29/21	EP ref sent 5/10/21	9/8/21	-	1	-	-	-	
3/1/21	4/29/21	6/28/21	8/16/21	1	-	-	-	-	
3/2/21	5/12/21	n/a	n/a	-	-	1	-	-	Pt did not return questionnaires
3/2/21	5/12/21	7/8/21	n/a	1	-	-	-	-	
3/2/21	5/12/21	n/a	n/a	-	-	1	-	-	
3/3/21	5/12/21	7/8/12	10/20/21	1	-	-	-	-	
3/4/21	n/a	n/a	n/a	-	-	-	1	-	Lost KP coverage
3/4/21	5/18/21	6/15/21	8/10/21	1	-	-	-	-	
3/4/21	5/18/21	10/21/21	10/25/21	1	-	-	-	-	Pt did not return provider's call until 10/14/21
3/5/21	5/18/21	8/2/21	9/21/21	1	-	-	-	-	
3/5/21	5/18/21	7/15/21	n/a	1	-	-	-	-	Pt did not return provider's call until 10/14/21
3/5/21	5/18/21	6/29/21	8/10/21	1	-	-	-	-	
3/8/21	5/18/21	7/29/21 (DKA), 8/30/21	11/4/21	1	-	-	-	-	
3/8/21	5/18/21	7/12/21	n/a	1	-	-	-	-	Pt did not return provider's call until 10/14/21
3/8/21	5/18/21	EP ref sent 5/20/21	n/a	-	1	-	-	-	Report not yet received by EP
3/8/21	5/18/21	EP ref sent 5/20/21	8/4/21	-	1	-	-	-	
3/9/21	5/19/21	EP ref sent 5/26/21	12/15/21	-	1	-	-	-	
3/10/21	5/19/21	7/15/21 (pt cancelled), 8/16/21	n/a	1	-	-	-	-	Pt did not return provider's call until 10/14/21
3/11/21	n/a	n/a	n/a	-	-	-	1	-	
3/11/21	5/20/21	8/9/21	10/6/21	1	-	-	-	-	
3/11/21	5/20/21	7/29/21	9/8/21	1	-	-	-	-	
3/11/21	5/20/21	8/2/21 (pt cancelled), 9/2/21	9/15/21	1	-	-	-	-	
3/11/21	5/20/21	EP ref sent 5/20/21	12/15/21	-	1	-	-	-	
3/11/21	5/20/21	7/29/21	9/15/21	1	-	-	-	-	
3/12/21	5/20/21	EP ref sent 6/2/21	8/4/21	-	1	-	-	-	
3/15/21	5/20/21	8/2/21 (DKA), 9/2/21	9/15/21	1	-	-	-	-	
3/15/21	5/20/21	7/13/21	8/10/21	1	-	-	-	-	
3/16/21	5/20/21	8/5/21	11/2/21	1	-	-	-	-	
3/17/21	5/20/21	7/13/21	8/11/21	1	-	-	-	-	
3/17/21	n/a	n/a	n/a	-	-	-	1	-	Per MD testing no longer needed
3/17/21	6/21/21	7/6/21, 7/20/21 (cancellations), 8/12/21	10/12/21	1	-	-	-	-	
3/17/21	6/21/21	7/27/21 (DKA)	n/a	1	-	-	-	-	
3/18/21	6/21/21	7/14/21 (pt cancelled)	n/a	1	-	-	-	-	
2/22/21	6/21/21	n/a	n/a	-	-	1	-	-	
5/5/21	n/a	n/a	n/a	-	-	-	1	-	Per MD testing no longer needed

REFERRAL DATE	DATE CONTACTED	APPOINTMENT DATE	REPORT DATE	INTERNAL	EXTERNAL	NO RESPONSE	CLOSED	AWAITING CONTACT	
3/18/21	7/9/21	EP ref sent 7/13/21	n/a	-	1	-	-	-	Report not yet received by EP
3/18/21	7/9/21	EP ref sent 7/13/21	n/a	-	1	-	-	-	Report not yet received by EP
3/18/21	7/13/21	EP ref sent 7/13/21	n/a	-	1	-	-	-	Report not yet received by EP
3/18/21	7/13/21	EP ref sent 7/13/21	8/17/21	-	1	-	-	-	
3/22/21	7/13/21	7/27/21 (EP ref initially sent 7/14/21)	8/10/21	1	-	-	-	-	
3/22/21	7/13/21	EP ref sent 7/13/21	8/24/21	-	1	-	-	-	
3/23/21	7/16/21	8/5/21	11/24/21	1	-	-	-	-	
3/23/21	7/16/21	8/12/21	9/30/21	1	-	-	-	-	
3/23/21	7/16/21	8/9/21	9/28/21	1	-	-	-	-	
3/23/21	7/16/21	EP ref sent 7/29/21	n/a	-	1	-	-	-	Report not yet received by EP
3/23/21	7/16/21	EP ref sent 10/18/21	n/a	-	1	-	-	-	Pt did not return call until 10/13/21
3/23/21	7/16/21	8/19/21 (pt cancelled), 9/13/21	10/28/22	1	-	-	-	-	
3/23/21	7/16/21	EP ref sent 7/29/21	n/a	-	1	-	-	-	Report not yet received by EP
3/24/21	7/16/21	8/19/21	10/12/21	1	-	-	-	-	
3/25/21	7/16/21	n/a	n/a	-	-	1	-	-	
3/25/21	7/16/21	8/12/21	9/7/21	1	-	-	-	-	
3/25/21	7/16/21	EP ref sent 7/29/21	11/17/21	-	1	-	-	-	
3/26/21	7/16/21	n/a	n/a	-	-	1	-	-	
3/29/21	7/19/21	8/12/21	9/21/21	1	-	-	-	-	
3/29/21	7/19/21	8/19/21	9/21/21	1	-	-	-	-	
3/29/21	7/21/21	8/23/21 (pt cancelled)	n/a	1	-	-	-	-	
3/29/21	7/21/21	EP ref sent 7/29/21	n/a	-	1	-	-	-	Report not yet received by EP
3/30/21	n/a	n/a	n/a	-	-	-	1	-	Pt received testing at KP NorCal
3/30/21	7/21/21	n/a	n/a	-	-	1	-	-	
3/30/21	7/21/21	8/30/21	10/19/21	1	-	-	-	-	
3/30/21	7/21/21	n/a	n/a	-	-	1	-	-	
3/30/21	7/21/21	EP ref sent 7/29/21	n/a	-	1	-	-	-	Report not yet received by EP
3/30/21	7/21/21	8/23/21 (pt cancel), 9/30/21 (DKA), 10/18/21	11/24/21	1	-	-	-	-	
3/31/21	7/21/21	8/23/21 (pt cancel), 9/20/21	11/9/21	1	-	-	-	-	
3/31/21	8/10/21	9/9/21	12/21/21	1	-	-	-	-	
3/31/21	8/10/21	9/27/21	12/29/21	1	-	-	-	-	
4/1/21	8/10/21	10/4/21	12/22/21	1	-	-	-	-	
4/1/21	n/a	n/a	n/a	-	-	-	1	-	Pt received outside testing
4/1/21	8/11/21	EP ref sent 8/16/21	n/a	-	1	-	-	-	Report not yet received by EP
4/2/21	8/18/21	9/13/21 (pt cancelled), 9/23/21	12/2/21	1	-	-	-	-	
4/2/21	8/18/21	EP ref sent 8/18/21	9/29/21	-	1	-	-	-	
4/5/21	8/18/21	EP ref sent 9/1/21	11/17/21	-	1	-	-	-	
4/7/21	8/18/21	EP ref sent 9/1/21	12/15/21	-	1	-	-	-	
4/8/21	8/18/21	n/a	n/a	-	-	1	-	-	
4/8/21	8/18/21	9/9/21 (pt cancelled), 9/20/21	11/1/21	1	-	-	-	-	
4/8/21	8/18/21	9/13/21	9/28/21	1	-	-	-	-	
4/9/21	8/20/21	9/16/21	12/21/21	1	-	-	-	-	
4/9/21	8/20/21	EP ref sent 8/24/21	11/17/21	-	1	-	-	-	
4/9/21	8/20/21	9/20/21	11/4/21	1	-	-	-	-	
4/12/21	8/20/21	EP ref sent 8/24/21	12/15/21	-	1	-	-	-	
4/13/21	8/20/21	9/16/21	11/4/21	1	-	-	-	-	
4/13/21	8/20/21	EP ref sent 8/24/21	11/3/21	-	1	-	-	-	
4/13/21	8/20/21	9/16/21	11/10/21	1	-	-	-	-	
4/13/21	8/20/21	9/16/21	10/7/21	1	-	-	-	-	
5/25/21	9/9/21	9/23/21	10/13/21	1	-	-	-	-	
4/13/21	9/14/21	n/a	n/a	-	-	1	-	-	
4/13/21	9/28/21	EP ref sent 9/29/21	n/a	-	1	-	-	-	Report not yet received by EP
4/14/21	n/a	n/a	n/a	-	-	-	1	-	Pt received outside testing
4/14/21	9/14/21	EP ref sent 9/14/21	n/a	-	1	-	-	-	Report not yet received by EP
4/14/21	9/14/21	EP ref sent 9/14/21	n/a	-	1	-	-	-	Report not yet received by EP
4/15/21	9/14/21	9/23/21	11/10/21	1	-	-	-	-	
4/15/21	9/14/21	9/30/21	12/8/21	1	-	-	-	-	
4/15/21	9/14/21	EP ref sent 9/14/21	n/a	-	1	-	-	-	Report not yet received by EP
4/16/21	9/14/21	EP ref sent 9/14/21	n/a	-	1	-	-	-	Report not yet received by EP
4/16/21	9/14/21	EP ref sent 9/14/21	n/a	-	1	-	-	-	Report not yet received by EP
4/16/21	9/14/21	EP ref sent 9/14/21	n/a	-	1	-	-	-	Report not yet received by EP
4/19/21	9/14/21	10/4/21	11/24/21	1	-	-	-	-	
4/19/21	9/14/21	EP ref sent 9/15/21	n/a	-	1	-	-	-	Report not yet received by EP
4/19/21	9/14/21	n/a	n/a	-	-	1	-	-	
4/19/21	9/14/21	EP ref sent 9/14/21	n/a	-	1	-	-	-	Report not yet received by EP
4/20/21	9/15/21	9/27/21	12/29/21	1	-	-	-	-	
4/21/21	9/15/21	10/14/21	12/28/21	1	-	-	-	-	
4/21/21	9/21/21	10/11/21	n/a	1	-	-	-	-	Report pending
4/21/21	9/21/21	9/30/21	n/a	1	-	-	-	-	Report pending
4/21/21	9/21/21	EP ref sent 9/29/21	n/a	-	1	-	-	-	Report not yet received by EP
4/21/21	9/21/21	n/a	n/a	-	-	1	-	-	
4/22/21	9/21/21	10/4/21	n/a	1	-	-	-	-	Report pending
5/27/21	9/28/21	EP ref sent 9/29/21	n/a	-	1	-	-	-	Report not yet received by EP
4/22/21	9/30/21	10/7/21, 10/27/21 (pt cancels), 11/8/21 (DKA)	n/a	1	-	-	-	-	
4/22/21	n/a	n/a	n/a	-	-	-	1	-	Pt received outside testing
4/22/21	10/1/21	EP ref sent 10/5/21	n/a	-	1	-	-	-	Report not yet received by EP

REFERRAL DATE	DATE CONTACTED	APPOINTMENT DATE	REPORT DATE	INTERNAL	EXTERNAL	NO RESPONSE	CLOSED	AWAITING CONTACT	
4/23/21	10/1/21	10/20/21	11/9/21	1	-	-	-	-	
4/23/21	10/1/21	10/14/21	1/6/22	1	-	-	-	-	
4/23/21	10/1/21	n/a	n/a	-	-	1	-	-	
4/26/21	9/28/21	9/30/21	n/a	1	-	-	-	-	Pt did not return questionnaires
4/26/21	10/1/21	10/18/21	11/3/21	1	-	-	-	-	
4/26/21	10/1/21	10/7/21	12/7/21	1	-	-	-	-	
4/26/21	10/1/21	EP ref sent 10/5/21	n/a	-	1	-	-	-	Report not yet received by EP
4/26/21	10/1/21	10/7/21 (pt cancelled)	n/a	1	-	-	-	-	
4/26/21	10/1/21	10/11/21	1/21/22	1	-	-	-	-	
4/27/21	10/1/21	10/25/21	11/9/21	1	-	-	-	-	
4/27/21	10/1/21	10/18/21	11/3/21	1	-	-	-	-	
4/29/21	9/29/21	EP ref sent 9/29/21	n/a	-	1	-	-	-	Report not yet received by EP
4/29/21	n/a	n/a	n/a	-	-	-	1	-	Pt no longer lives in CA
4/29/21	10/1/21	10/11/21	10/26/21	1	-	-	-	-	
4/30/21	10/1/21	EP ref sent 11/2/21	n/a	-	1	-	-	-	Report not yet received by EP
4/30/21	10/1/21	n/a	n/a	-	-	1	-	-	
5/3/21	10/1/21	EP ref sent 10/5/21	n/a	-	1	-	-	-	Report not yet received by EP
5/3/21	10/1/21	10/27/21	11/10/21	1	-	-	-	-	
5/3/21	10/1/21	EP ref sent 10/13/21	n/a	-	1	-	-	-	Report not yet received by EP
5/4/21	n/a	n/a	n/a	-	-	-	1	-	Pt provided proof of past diagnosis
5/4/21	10/5/21	11/3/21	11/16/21	1	-	-	-	-	
5/4/21	10/5/21	EP ref sent 10/5/21	1/19/22	-	1	-	-	-	
5/4/21	10/5/21	n/a	n/a	-	-	1	-	-	
5/5/21	10/5/21	EP ref sent 10/5/21	n/a	-	1	-	-	-	Report not yet received by EP
5/5/21	n/a	n/a	n/a	-	-	-	1	-	No KP coverage
5/5/21	10/5/21	10/25/21	11/9/21	1	-	-	-	-	
5/6/21	n/a	n/a	n/a	-	-	-	1	-	No KP coverage
5/6/21	10/19/21	11/1/21	11/16/21	1	-	-	-	-	
5/7/21	10/14/21	10/18/21	11/3/21	1	-	-	-	-	
5/7/21	10/14/21	10/18/21	1/5/22	1	-	-	-	-	
5/10/21	10/18/21	10/21/21	12/27/21	1	-	-	-	-	
5/10/21	10/14/21	11/29/21	12/22/21	1	-	-	-	-	
5/10/21	n/a	n/a	n/a	-	-	-	1	-	No KP coverage
5/10/21	10/14/21	10/28/21	12/28/21	1	-	-	-	-	
5/11/21	10/14/21	10/21/21	n/a	1	-	-	-	-	Report pending
5/11/21	n/a	n/a	n/a	-	-	-	1	-	No KP coverage
5/11/21	10/14/21	10/28/21	12/7/21	1	-	-	-	-	
5/11/21	10/19/21	n/a	n/a	-	-	1	-	-	
5/12/21	10/1/21	10/11/21	10/26/21	1	-	-	-	-	
5/12/21	n/a	n/a	n/a	-	-	-	1	-	No KP coverage
5/12/21	10/19/21	10/26/21	12/8/21	1	-	-	-	-	
5/12/21	10/19/21	11/2/21	12/2/21	1	-	-	-	-	
5/13/21	10/19/21	11/16/21	1/3/22	1	-	-	-	-	
5/13/21	10/29/21	n/a	n/a	-	-	1	-	-	
5/13/21	10/29/21	n/a	n/a	-	-	1	-	-	
5/13/21	10/29/21	EP ref sent 11/10/21	n/a	-	1	-	-	-	Report not yet received by EP
6/15/21	10/29/21	EP ref sent 11/2/21	n/a	-	1	-	-	-	Report not yet received by EP
5/14/21	10/29/21	11/4/21	n/a	1	-	-	-	-	Report pending
5/16/21	10/29/21	11/11/21	12/1/21	1	-	-	-	-	
5/17/21	10/29/21	11/11/21	n/a	1	-	-	-	-	Report pending
5/17/21	n/a	n/a	n/a	-	-	-	1	-	No KP coverage
5/17/21	11/4/21	11/15/21	1/4/22	1	-	-	-	-	
5/17/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
5/17/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
5/18/21	11/3/21	11/8/21	12/28/21	1	-	-	-	-	
5/18/21	11/4/21	11/23/21	12/16/21	1	-	-	-	-	
5/18/21	11/4/21	EP ref sent 11/8/21	n/a	-	1	-	-	-	Report not yet received by EP
5/18/21	11/4/21	EP ref sent 11/4/21	n/a	-	1	-	-	-	Report not yet received by EP
5/18/21	11/4/21	EP ref sent 11/4/21	n/a	-	1	-	-	-	Report not yet received by EP
5/18/21	11/4/21	11/11/21	n/a	1	-	-	-	-	Report pending
5/19/21	11/4/21	EP ref sent 11/10/21	n/a	-	1	-	-	-	Report not yet received by EP
5/20/21	n/a	n/a	n/a	-	-	-	1	-	Pt received outside testing
5/20/21	11/9/21	n/a	n/a	-	-	1	-	-	
5/20/21	11/16/21	12/16/21	n/a	1	-	-	-	-	Report pending
5/21/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
5/24/21	n/a	n/a	n/a	-	-	-	1	-	Pt declined testing
5/24/21	11/17/21	11/29/21	n/a	1	-	-	-	-	Report pending
5/24/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
5/24/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
5/25/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
5/25/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
5/25/21	11/18/21	EP ref sent 11/23/21	n/a	-	1	-	-	-	Report not yet received by EP
5/25/21	11/18/21	12/13/21 (pt cancelled)	n/a	1	-	-	-	-	
5/25/21	11/17/21	11/29/21	n/a	1	-	-	-	-	Report pending
5/25/21	11/18/21	EP ref sent 11/18/21	n/a	-	1	-	-	-	Report not yet received by EP
5/25/21	11/18/21	EP ref sent 12/8/21	n/a	-	1	-	-	-	Report not yet received by EP

REFERRAL DATE	DATE CONTACTED	APPOINTMENT DATE	REPORT DATE	INTERNAL	EXTERNAL	NO RESPONSE	CLOSED	AWAITING CONTACT	
5/26/21	n/a	n/a	n/a	-	-	-	1	-	Pt received outside testing
5/26/21	11/18/21	EP ref sent 11/18/21	n/a	-	1	-	-	-	Report not yet received by EP
5/26/21	n/a	n/a	n/a	-	-	-	1	-	No KP coverage
5/26/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
5/27/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
5/27/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
5/27/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
5/28/21	11/18/21	EP ref sent 11/23/21	n/a	-	1	-	-	-	Report not yet received by EP
5/28/21	11/18/21	n/a	n/a	-	-	1	-	-	Report pending
5/28/21	11/18/21	EP ref sent 11/18/21	n/a	-	1	-	-	-	Approved to bypass testing to med eval
5/28/21	12/10/21	12/13/21	n/a	1	-	-	-	-	Report not yet received by EP
5/28/21	n/a	n/a	n/a	-	-	-	1	-	Report pending
6/1/21	11/18/21	EP ref sent 11/18/21	n/a	-	1	-	-	-	Approved to bypass testing to med eval
6/1/21	11/18/21	12/2/21	n/a	1	-	-	-	-	Report not yet received by EP
6/1/21	n/a	n/a	n/a	-	-	-	1	-	Report pending
6/1/21	11/18/21	11/22/21	12/8/21	1	-	-	-	-	Pt received outside testing
6/1/21	11/22/21	12/9/21	n/a	1	-	-	-	-	Report pending
6/2/21	11/22/21	EP ref sent 11/23/21	n/a	-	1	-	-	-	Report not yet received by EP
6/2/21	11/22/21	12/6/21	n/a	1	-	-	-	-	Report pending
6/2/21	n/a	n/a	n/a	-	-	-	1	-	No KP coverage
6/2/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
6/3/21	11/22/21	12/9/21	n/a	1	-	-	-	-	Report pending
6/3/21	11/22/21	11/30/21	12/21/21	1	-	-	-	-	
6/3/21	n/a	n/a	n/a	-	-	-	1	-	No KP coverage
6/3/21	11/22/21	EP ref sent 11/23/21	n/a	-	1	-	-	-	Report not yet received by EP
6/3/21	11/23/21	EP ref sent 11/23/21	n/a	-	1	-	-	-	Report not yet received by EP
6/4/21	11/23/21	11/29/21	n/a	1	-	-	-	-	Report pending
6/4/21	n/a	n/a	n/a	-	-	-	1	-	Transferred to psychodiagnostic testing
6/8/21	11/23/21	12/2/21	n/a	1	-	-	-	-	Report pending
6/8/21	n/a	n/a	n/a	-	-	-	1	-	Per MD testing no longer needed
6/8/21	11/23/21	12/1/21	12/22/21	1	-	-	-	-	
6/8/21	11/23/21	12/13/21	n/a	1	-	-	-	-	Report pending
6/8/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
6/9/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
6/9/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
6/9/21	11/23/21	12/1/21	12/22/21	1	-	-	-	-	Approved to bypass testing to med eval
6/9/21	11/24/21	n/a	n/a	-	-	1	-	-	
6/9/21	11/24/21	12/2/21	n/a	1	-	-	-	-	Report pending
6/9/21	11/24/21	n/a	n/a	-	-	1	-	-	
6/10/21	11/24/21	EP ref sent 11/24/21	n/a	-	1	-	-	-	Report not yet received by EP
6/10/21	11/24/21	EP ref sent 11/24/21	n/a	-	1	-	-	-	Report not yet received by EP
6/10/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
6/11/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
6/11/21	n/a	n/a	n/a	-	-	-	1	-	Pt received outside testing
6/11/21	11/26/21	12/27/21	n/a	1	-	-	-	-	Report pending
6/11/21	11/26/21	12/6/21	1/18/22	1	-	-	-	-	
6/15/21	11/29/21	12/13/21	n/a	1	-	-	-	-	Report pending
6/16/21	11/29/21	12/8/21 (pt cancelled), 12/16/21	1/5/22	1	-	-	-	-	
6/16/21	11/29/21	EP ref sent 12/21/21	n/a	-	1	-	-	-	Report not yet received by EP
6/16/21	11/29/21	12/15/21	1/19/22	1	-	-	-	-	
6/17/21	n/a	n/a	n/a	-	-	-	1	-	Pt received outside testing
6/17/21	n/a	n/a	n/a	-	-	-	1	-	No KP coverage
6/17/21	n/a	n/a	n/a	-	-	-	1	-	Per MD testing no longer clinically indicated
6/17/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
6/18/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
6/18/21	n/a	n/a	n/a	-	-	-	1	-	No KP coverage
6/18/21	11/29/21	n/a	n/a	-	-	1	-	-	
6/18/21	11/29/21	12/8/21	1/19/22	1	-	-	-	-	
6/19/21	11/29/21	12/8/21	1/19/22	1	-	-	-	-	
6/19/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
6/21/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
6/21/21	11/29/22	12/6/21	n/a	1	-	-	-	-	Report pending
6/22/21	11/29/22	EP ref sent 11/30/21	n/a	-	1	-	-	-	Report not yet received by EP
6/22/21	11/29/22	12/9/21	n/a	1	-	-	-	-	Report pending
6/23/21	11/29/22	12/16/21	n/a	1	-	-	-	-	Report pending
6/23/21	11/29/22	12/13/21	1/19/22	1	-	-	-	-	
6/23/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
6/24/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
6/24/21	11/29/21	12/6/21	1/10/22	1	-	-	-	-	
6/24/21	11/29/21	12/6/21	n/a	1	-	-	-	-	Report pending
6/25/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
6/25/21	n/a	n/a	n/a	-	-	-	1	-	Per MD testing no longer clinically indicated
6/25/21	11/29/21	12/6/21	1/18/22	1	-	-	-	-	
6/28/21	n/a	n/a	n/a	-	-	-	1	-	No KP coverage
6/28/21	n/a	n/a	n/a	-	-	-	1	-	Per MD testing no longer clinically indicated

REFERRAL DATE	DATE CONTACTED	APPOINTMENT DATE	REPORT DATE	INTERNAL	EXTERNAL	NO RESPONSE	CLOSED	AWAITING CONTACT	
6/29/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
6/29/21	11/30/21	12/30/21	1/6/22	1	-	-	-	-	
6/30/21	11/30/21	n/a	n/a	-	-	1	-	-	
7/1/21	11/30/21	12/13/21	1/19/22	1	-	-	-	-	No KP coverage
7/1/21	11/30/21	n/a	n/a	-	-	1	-	-	
7/1/21	n/a	n/a	n/a	-	-	-	1	-	
7/1/21	11/30/21	n/a	n/a	-	-	1	-	-	Approved to bypass testing to med eval
7/1/21	n/a	n/a	n/a	-	-	-	1	-	
7/1/21	n/a	n/a	n/a	-	-	-	1	-	
7/2/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
7/2/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
7/2/21	11/30/21	1/3/22 (pt cancelled)	n/a	1	-	-	-	-	No KP coverage
7/6/21	n/a	n/a	n/a	-	-	-	1	-	No KP coverage
7/6/21	11/30/21	12/27/21	1/5/22	1	-	-	-	-	
7/7/21	12/3/21	12/13/21 (pt cancelled)	n/a	1	-	-	-	-	
7/7/21	12/3/21	12/27/21	1/6/22	1	-	-	-	-	Report pending
7/7/21	12/3/21	12/20/21	n/a	1	-	-	-	-	
7/7/21	n/a	n/a	n/a	-	-	-	1	-	
7/7/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
7/8/21	12/3/21	1/3/22	n/a	1	-	-	-	-	Approved to bypass testing to med eval
7/8/21	12/3/21	n/a	n/a	-	-	1	-	-	Report pending
7/12/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
7/13/21	n/a	n/a	n/a	-	-	-	1	-	
7/13/21	12/3/21	EP ref sent 12/9/21	n/a	-	1	-	-	-	
7/13/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
7/13/21	12/10/21	12/21/21	1/5/22	1	-	-	-	-	Report not yet received by EP
7/13/21	12/10/21	1/17/22	n/a	1	-	-	-	-	Pt requested to be removed from wait list
7/13/21	n/a	n/a	n/a	-	-	-	1	-	Report pending
7/14/21	12/13/21	EP ref sent 12/28/21	n/a	-	1	-	-	-	
7/14/21	12/13/21	1/3/22 (pt cancelled)	n/a	1	-	-	-	-	
7/14/21	12/15/21	n/a	n/a	-	-	1	-	-	Pt stated they need time to consider testing options
7/14/21	12/15/21	1/17/22	n/a	1	-	-	-	-	
7/14/21	n/a	n/a	n/a	-	-	-	1	-	
7/14/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
7/15/21	12/15/21	12/20/21	n/a	1	-	-	-	-	Approved to bypass testing to med eval
7/15/21	12/22/21	1/3/22, 1/12/22 (cancelled), 1/24/22	n/a	1	-	-	-	-	Report pending
7/16/21	12/22/21	1/3/22, 1/10/22, 1/11/22 (cancelled), 1/24/22	n/a	1	-	-	-	-	Report pending
7/16/21	12/22/21	1/3/22	n/a	1	-	-	-	-	Report pending
7/16/21	1/5/22	n/a	n/a	-	-	1	-	-	Pt waiting to observe effects of medication
7/16/21	1/5/22	1/6/22	n/a	1	-	-	-	-	Report pending
7/19/21	n/a	n/a	n/a	-	-	-	1	-	Receiving treatment from outside provider
7/20/21	1/5/22	n/a	n/a	-	-	1	-	-	Pt received testing at WLA
7/20/21	1/5/22	n/a	n/a	-	-	1	-	-	
7/21/21	n/a	n/a	n/a	-	-	-	1	-	
7/21/21	1/5/22	1/6/22	1/20/22	1	-	-	-	-	No KP coverage
7/21/21	n/a	n/a	n/a	-	-	-	1	-	
7/22/21	1/5/22	n/a	n/a	-	-	1	-	-	
7/23/21	n/a	n/a	n/a	-	-	-	1	-	Pt received outside testing
7/28/21	1/5/22	1/24/22	n/a	1	-	-	-	-	Report pending
7/28/21	1/5/22	n/a	n/a	-	-	1	-	-	Report pending
7/28/21	1/5/22	1/11/22	n/a	1	-	-	-	-	
7/28/21	1/5/22	EP ref sent 1/5/22	n/a	-	1	-	-	-	
7/29/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
7/30/21	1/5/22	1/24/22	n/a	1	-	-	-	-	
7/30/21	n/a	n/a	n/a	-	-	-	1	-	
7/30/21	1/5/22	1/17/22	n/a	1	-	-	-	-	Per MD testing no longer clinically indicated
8/2/21	1/5/22	1/27/22	n/a	1	-	-	-	-	Report pending
8/2/21	n/a	n/a	n/a	-	-	-	1	-	Report pending
8/2/21	n/a	n/a	n/a	-	-	-	1	-	No KP coverage
8/3/21	n/a	n/a	n/a	-	-	-	1	-	Transferred to psychodiagnostic testing
8/3/21	n/a	n/a	n/a	-	-	-	1	-	No KP coverage
8/4/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
8/4/21	1/6/22	n/a	n/a	-	-	1	-	-	Approved to bypass testing to med eval
8/4/21	1/6/22	1/17/22	n/a	1	-	-	-	-	Report pending
8/5/21	1/18/22	n/a	n/a	-	-	1	-	-	
8/6/21	1/18/22	1/20/22	n/a	1	-	-	-	-	
8/9/21	1/18/22	n/a	n/a	-	-	1	-	-	Report pending
8/10/21	1/18/22	1/27/22	n/a	1	-	-	-	-	
8/10/21	1/18/22	1/24/22	n/a	1	-	-	-	-	
8/10/21	1/18/22	1/26/22	n/a	1	-	-	-	-	Report pending
8/10/21	1/18/22	2/1/22	n/a	1	-	-	-	-	Report pending
8/11/21	1/18/22	n/a	n/a	-	-	1	-	-	Duplicate referral
8/11/21	n/a	n/a	n/a	-	-	-	1	-	
8/11/21	n/a	n/a	n/a	-	-	-	1	-	
8/12/21	1/18/22	2/14/22	n/a	1	-	-	-	-	No KP coverage
									Report pending



REFERRAL DATE	DATE CONTACTED	APPOINTMENT DATE	REPORT DATE	INTERNAL	EXTERNAL	NO RESPONSE	CLOSED	AWAITING CONTACT	
8/12/21	n/a	n/a	n/a	-	-	-	1	-	Pt completed outside testing
8/12/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
8/12/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
8/16/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
8/16/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
8/16/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
8/16/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
8/17/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
8/17/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
8/17/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
8/17/21	1/18/22	1/20/22	n/a	1	-	-	-	-	Report pending
8/17/21	1/19/22	1/24/22	n/a	1	-	-	-	-	Report pending
8/17/21	1/19/22	n/a	n/a	-	-	1	-	-	
8/17/21	1/19/22	1/26/22	n/a	1	-	-	-	-	Report pending
8/17/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
8/18/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
8/18/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
8/18/21	n/a	n/a	n/a	-	-	-	1	-	Duplicate referral
8/18/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
8/18/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
8/18/21	n/a	n/a	n/a	-	-	-	1	-	No KP coverage
8/18/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
8/19/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
8/19/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
8/19/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
8/19/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
8/20/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
8/20/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
8/20/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
8/20/21	n/a	n/a	n/a	-	-	-	1	-	No KP coverage
8/20/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
8/23/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
8/23/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
8/23/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
8/24/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
8/24/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
8/24/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
8/24/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
8/25/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
8/25/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
8/26/21	n/a	n/a	n/a	-	-	-	1	-	Pt received testing at WLA
8/26/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
8/26/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
8/27/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
8/27/21	n/a	n/a	n/a	-	-	-	1	-	Per MD testing is no longer needed
8/27/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
8/27/21	n/a	n/a	n/a	-	-	-	1	-	Pt completed outside testing
8/27/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
8/27/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
8/30/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
8/30/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
8/30/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
8/30/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
8/30/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
8/31/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
8/31/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
8/31/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
9/1/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
9/1/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
9/1/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/1/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/1/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/2/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/2/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/3/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/3/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/3/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
9/3/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
9/7/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/8/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/8/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
9/8/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
9/8/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
9/8/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval

REFERRAL DATE	DATE CONTACTED	APPOINTMENT DATE	REPORT DATE	INTERNAL	EXTERNAL	NO RESPONSE	CLOSED	AWAITING CONTACT	
9/9/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
9/9/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/9/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/10/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/10/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/10/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/10/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/13/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/13/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/14/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/14/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/14/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/14/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/15/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/15/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/15/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/16/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/16/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/16/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/17/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/17/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/20/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/17/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
9/17/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
9/17/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
9/20/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
9/20/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	Approved to bypass testing to med eval
9/21/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/21/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/21/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/21/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/21/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
9/22/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
9/22/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
9/22/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	Approved to bypass testing to med eval
9/22/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/23/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/23/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/23/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/23/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/23/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
9/23/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
9/24/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
9/24/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
9/24/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	Approved to bypass testing to med eval
9/24/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/26/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/27/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/28/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/28/21	n/a	n/a	n/a	-	-	-	1	-	Pt provided proof of past diagnosis
9/28/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	Approved to bypass testing to med eval
9/28/21	n/a	n/a	n/a	-	-	-	1	-	
9/29/21	n/a	n/a	n/a	-	-	-	1	-	
9/29/21	n/a	n/a	n/a	-	-	-	1	-	
9/29/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/29/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/29/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/29/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/30/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
9/30/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
10/1/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	No KP coverage
10/1/21	n/a	n/a	n/a	-	-	-	1	-	
10/4/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
10/5/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
10/5/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
10/5/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
10/5/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	Per MD testing no longer needed
10/5/21	n/a	n/a	n/a	-	-	-	1	-	
10/5/21	n/a	n/a	n/a	-	-	-	1	-	
10/6/21	n/a	n/a	n/a	-	-	-	1	-	



REFERRAL DATE	DATE CONTACTED	APPOINTMENT DATE	REPORT DATE	INTERNAL	EXTERNAL	NO RESPONSE	CLOSED	AWAITING CONTACT	
10/28/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
10/29/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
10/29/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
10/29/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
10/30/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/1/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/1/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/2/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/2/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/2/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/2/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
11/3/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
11/3/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/3/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/3/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/3/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/3/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/4/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/4/21	n/a	n/a	n/a	-	-	-	1	-	Pt received outside testing
11/4/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/4/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/4/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/4/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/4/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/4/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
11/5/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/5/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/8/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/8/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/8/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/8/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/8/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/8/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
11/9/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
11/9/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/9/21	n/a	n/a	n/a	-	-	-	1	-	Pt received outside testing
11/9/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/9/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/10/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/10/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/10/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/10/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
11/10/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
11/10/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
11/11/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/11/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/11/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/11/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/11/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/12/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/12/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/12/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
11/15/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
11/15/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/16/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/16/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
11/17/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
11/17/21	n/a	n/a	n/a	-	-	-	1	-	Approved to bypass testing to med eval
11/23/21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1	
TOTAL:				389	184	124	225	201	
				1123					

# **EXHIBIT 10**

1. 9/28/21 – Per Margie Olvera - “Hi Rachel, I have a Member Services complaint, for a member requesting an external referral for ADHD, since our wait is 4-5 months. Faith asked me to reach out to ask if there is anything we can do to do the testing sooner for this member. Thank you.”
2. 9/29/21 – Per Cherminia Legaspi - “Spoke with member - very irate and frustrated about the long wait for ADHD Testing - regarding member's question about using external testing facility - informed member that KP will accept the results but will not cover the cost. Member says, she does not care about the cost which is over \$300 - all she wants to find out is if the result will be accepted.”
3. 10/6/21 – Per Rebecca Coutin – “Clinician is not submitting a referral for ADHD testing per member's request. Member stated his primary physician informed him the wait time for testing is about 6 months, and he stated this wait time is unacceptable. Member was informed that he can seek treatment in another service area as workflows differ and/or seek testing from an out-of-network provider. However, services obtained out-of-network are not reimbursable. Member reported he will follow up with this clinician if he would like a testing referral to be submitted as initially recommended by this clinician.”
4. 10/7/21 – Per Cherminia Legaspi – “I am making the calls and the ones that do not complain - gives a long huge sigh and speaks in a very weak manner after they hear the 4-5 months wait.”
5. 10/7/21 – Per Cherminia Legaspi - Member asked if there is another option for testing due to long wait times
6. 10/13/21 – Per Cherminia Legaspi – “Member called back wanting more information- per member it is insane to wait 4-5 months for Testing, informed member she can go out of network but KP will not cover the cost. Member said that is not what she is looking for. She was wondering if she does the test by zoom via KP if it can be done sooner. Informed member - wait time is still 4-5 months.”
7. 10/19/21 – Pt called asking about alternative options to ADHD testing at KP due to wait being too long.
8. 10/27/21 – Per Cherminia Legaspi – “Member said, that is a very long wait. Member asked if he could find his own testing provider, the answer was yes, but KP will not cover the cost. The other question from member is - KP will not cover the cost even if he files a claim because of the long wait? Informed member his message will be relayed. He asked to be kept on the waitlist.”
9. 11/2/21 – Pt requested expedited testing, “Patient states his symptoms are affecting his work and personal life as he is also dealing with son who is current in chemo treatment.” Informed testing cannot be expedited - Per Veronica Mendez – “Provided pt with information on testing, Per pt he will change insurance because this is not working out for him.
10. 11/4/21 – Per Cassandra Lee – “Patient called requesting A call back to determine when his appointment will be for ADHD testing. Advised patient per email from marlene he is still on the WL. patient because upset saying this does not make any sense and he will like to speed this process up. Patient sates its been 5 months and he has a feeling it will be even longer. requesting a call to discuss other options. Please callback and assist”

11. 11/10/21 – During feedback session When informed that a med eval with an MD was recommended, patient expressed dissatisfaction with the length of time needed to get ADHD diagnosis and the need to continue waiting for a med eval. Patient reported that he had assigned himself an ADHD diagnosis already and stated that he found the testing process to be unnecessary. Pt accepted referral to med eval and was informed that it will be scheduled within 2 weeks. Patient was also reminded of the ADHD Workshop but declined to re-enroll in this group; patient stated it was "useless" because he was able to "find everything online."
12. 11/24/21 – "Would like to know if he would be covered if he goes outside of Kaiser for ADHD testing, due to Kaisers long waitlist for testing."
13. 11/24/21 – "Patient states they are desperate and are not able to wait for ADHD testing. Patient is requesting to have a referral placed with Dr Ehab Yacoub (referral ID number) in order to be able to schedule testing in a week." This provider is not a contracted EP and we are not able to authorize external referral.
14. 11/24/21 – "Pt is asking if they can get other resources for sooner testing? Like other locations can offer the test sooner or if we offer external providers to have request be completed."
15. 11/30/21 – Per Veronica Mendez - "Spoke with pt, offered to schedule fu appt with Provider regarding ADHD report. Informed pt that report has not yet been completed, may take approximately another month. Pt upset that he has to wait this long, pt stated he was informed it would take 6 month, then 8 months now a year. Pt is afraid to loose his job because he is unable to show proof. Pt would like to book appt after he speaks to Admin. He is afraid to decline this appt per pt, he does not want to wait 10 years for results to be ready. Pt main concern is that he his job is requesting proof of his diagnosis. If pt looses his job he is out of Medical Insurance."
16. 11/30/21 – Per Lizette Lopez Palencia, R.N. – "Per pt e-mail sent in separate encounter, is requesting outside testing for ADHD. Does not wish to wait 4-5 months for testing with KP. I do not mind paying out of pocket for the ADHD test, I just want to know what test exactly Dr Shuham requires so I can get that. Since I do not want to wait 4-6 months for a test from Kaiser."
17. 1/5/22 – Per clerical – "Pt sts is unacceptable [to wait 5-6 months to be tested] and is insisting on speaking w/admin to see if there is a way to expedite approval/testing. Pt aware there is a backlog and department is impacted but declined to accept that and further insisted on speaking with admin." "Patient called in again requesting a list of external providers who he can get ADHD testing with. Stated he does not find it acceptable to have to wait 5-6 months to be tested. He also stated he is being seen by an external provider that can send a referral that states it is needed if he has to, stating it is 'high priority informed patient I will route message to admin team.'"

# **EXHIBIT 11**



### Grievance related to Patient Safety/Health and Workload Distribution

#### **Dates of Proposals for hiring more psychologists (authored by all 6 psychologists)**

6/5/15            To:    **Cecelia Mylett, LCSW**

12/17/15        To:    **Michael Nava, Ph.D., LCSW**

9/14/17         To:    **Michael Nava, Ph.D., LCSW**

10/30/17        To:    **Michael Nava, Ph.D., LCSW**

5/23/18         To:    **Julia McLaughlin, Department Administrator, MSN, RN-BC, CNL; Tiffany Sunde, LMFT, Psy.D., Assistant Department Administrator; Margie Olvera, LCSW, Assistant Department Administrator; Vy Doan, MD, Chief Psychiatrist**

6/26/19         To:    **Julia McLaughlin, Department Administrator, MSN, RN-BC, CNL; Tiffany Sunde, LMFT, Psy.D., Assistant Department Administrator; Margie Olvera, LCSW, Assistant Department Administrator; Vy Doan, MD, Chief Psychiatrist**

**December 2020-** DA **Kelsey Smith** began to put together another proposal herself to advocate for more hiring. She had access to all proposals and wait list numbers. Then, she went on maternity leave and left KP. We never heard outcome of proposal. Last email from her was April 2021 regarding collection of this data for her own proposal.

#### **Timeline:**

Since 2015, only one PER DIEM Psychologist position has been approved, and was filled in the fall of 2021, with Dr Perez working 27 hours (going up to 40 later this month). Dr. Perez assists with a handful of ADHD screenings per week and has been doing Spanish speaking neuro and psychodiagnostic testing (has not begun to help with our current list of psychodiagnostic patients)

Since 2016: Our dept has expanded to two additional satellite clinics, **at least doubling in size in terms of clinicians at Romaine and Pasadena**, with additional referring MDs and Therapists. In addition, we have been referring out hundreds of patients a week to EP (who also refer back in for psych testing). No Psychologists have been hired within KP LAMC. And the time it takes to call those patients, make the referrals through ORD, send the referral info to Gunn, document completed reports in HC, is all extra work done by myself and Rachel Liptak.

November and December 2021, Faith Ramirez worked with us to have two therapists assist in making calls to patients on waitlists to see if they could be referred to Gunn more quickly. ADHD waitlist has been prioritized. Only about 8 patients have been called from psychodiagnostic wait list

Finally, EP Provider Gunn Psych Services has been assisting with the following three waitlists since July 2019: ADHD, Neuro and Psychodiagnostic, and he has about 6-8 psychologists employed. But they are also used by at least two other service areas that I know about (Inland Empire/San Bernardino and West LA). Even now, if I refer someone to him who has been waiting on my waitlist, the next appt is end of March, 2022.

#### **Wait Lists:**

1. ADHD Screening (Program began 9/2014)
2. Psychodiagnostic Testing (Complicated ADHD and everything else)
3. Neuro psych (not the focus of this grievance, but wait time is 3 months, and they also use Gunn psych, two per diem neuros in house, and one part time neuropsych in house, Dr Karen Earnest)

#### **Psychodiagnostic Data compiled from waitlists (lists from Janice Schneider and Amber Walser):**

3/2009-4/2010:	60 referrals (13 months)
8/2010-6/2011:	54 referrals (10 months)
X/2011-X/2012:	48 referrals
7/2012-4/2013:	54 referrals (9 months)
8/2013-8/2014:	44 referrals (training year, about 12 months, pulled from proposal)
1/2014-11/2014:	39 referrals (10 months)
3/2015-3/2016:	85 referrals (12 months) (Pasadena clinic opens 2016)
6/2016-6/2017:	83 referrals (12 months) (Pasadena clinic opens 2016)
1/2016-11/2017:	68 referrals (12 months), overlaps with one above
1/2018-9/2018:	<b>83 referrals (9 months)</b>
2/2019-2/2020	<b>114 referrals (12 months)</b> (Romaine clinic opens 12/2019)
2/2020-11/2020:	<b>78 referrals (10 months)</b>
11/2020-1/25/2022	<b>197 referrals (14 months)</b> <b>-54 of these are ASD rule outs for adults, most are ADHD rule outs with competing diagnoses</b>

**CURRENT WAITLISTED PATIENTS THAT HAVE NOT BEEN TESTED: 78 (working through June 2021 referrals).** This is WITH the help of External Psych Testing through Gunn.

#### **Overall Trends:**

1. **Most referrals come from psychiatrists for both ADHD Testing and Psychodiagnostic,** and this effects their treatment planning and their patients' safety.

2. No new hired psychologists until Winter of 2021 (one per diem), despite our own clinic expanding to Sunset, Pasadena and Romaine locations, and hiring of Master's level therapists and MDs for all locations.
3. Increase in referrals over time and the creation of the ADHD Screening program(which otherwise would have been on psychodiagnostic testing list)
4. Large increase in referrals since Covid, but the trend was moving UP since 2016.
5. Autism Spectrum Disorder Rule outs have increased significantly over last 3 years. ADHD rule outs (of a more complicated nature) have increased significantly over the last 3 years.
6. No psychologist in this dept (except for new per diem) does solely testing. As we are running an APA internship (60 years at KP), our duties are spread between didactics, supervision, seminars, and our own therapy clients and groups, in addition to some time to test.

# **EXHIBIT 12**

February 1, 2022

Edan Dhanraj  
NUHW Union Organizer  
225 W. Broadway, Suite 155  
Glendale, CA 91204

**Re: Step II Grievance Response NUHW - Staffing, LA:21:073/41585557**

Dear Mr. Edan Dhanraj

On January 25, 2022, a meeting was held to discuss the grievance submitted by Edan Dhanraj. The statement of complaint for the grievance is “Unethical staffing to provide clinically necessary mental health care evaluations and psych testing for potential ADHD, psychodiagnostics, autism testing for patients in timely consistent with American Psychological Association standards and Kaiser’s Principles of Responsibility, delaying patient care and placing patients in high risk situations unduly”. The Union cited NUHW contract provision Article 29 – Workload Distribution, Article 5 – Health and Safety, Article 39-Paragraph 3406, Conformity to Laws and Regulations.

The following people attended: Edan Dhanraj, NUHW Union Organizer; Aber Walser, Grievant/NUHW Steward; Janice Schneider, Grievant; Rachel Liptak; Grievant, Rebecca Coutin, Grievant; Director, Faith Ramirez, Director – Psychiatry; Gabriel Kassaseya, Assistant Department Administrator – Psychiatry; Carol Hyun, Assistant Department Administrator – Psychiatry; and Raquel Goulsby, Human Resources Consultant. This grievance response is timely.

**Union’s Position**

It is the Union’s position that inadequate staffing causing unethical delays in patient care has been a concern for several years and the Employer has placed patients and providers in “harm’s way”. The Union previously presented proposals and last discussed the concern with the previous Director in April 2021. However, according to the Union, the Psychologist staff have received limited support from Management when attempting to discuss and address the concern. Staffing remains an issue, the patient wait list continues to increase for psych diagnostic testing and ADHD screening, and the referrals have grown significantly.

The Union’s proposed remedy is to add 5 or more full time Psychologist to the current 6 staffed Psychologist and to convert the per diem to a full time benefited position.

### **Management's Position**

To support the Psychiatry Department Operations, over the last 4 – 6 months Management has implemented the following:

- Hired per diem psychologist to perform testing
- Offered per diem psychologist 40 hours
- Have offered additional hours to psychologists on staff who would like to work the additional hours
- Authorized outside referral to testing through Outside Providers to full capacity
- Utilized clerical and clinical staff to assist in outreach and working through the ADHD waitlist
- Utilizing per diem MD for the last three months to assess all ADHD patients that do not require testing
- Recently confirmed outside medical contract with Psychiatrists and RNPs who are able to see patients who need medications (and do not require testing first)

### **Conclusion**

Management and Labor have had productive discussions outside the grievance process about staff concerns, with ongoing efforts to mitigate gaps to improve patient care and service. This will continue and Management will review input from labor as they make decisions based on operational needs of the department.

Based on the review, the Employer did not violate the Collective Bargaining Agreement, and the grievance is denied.

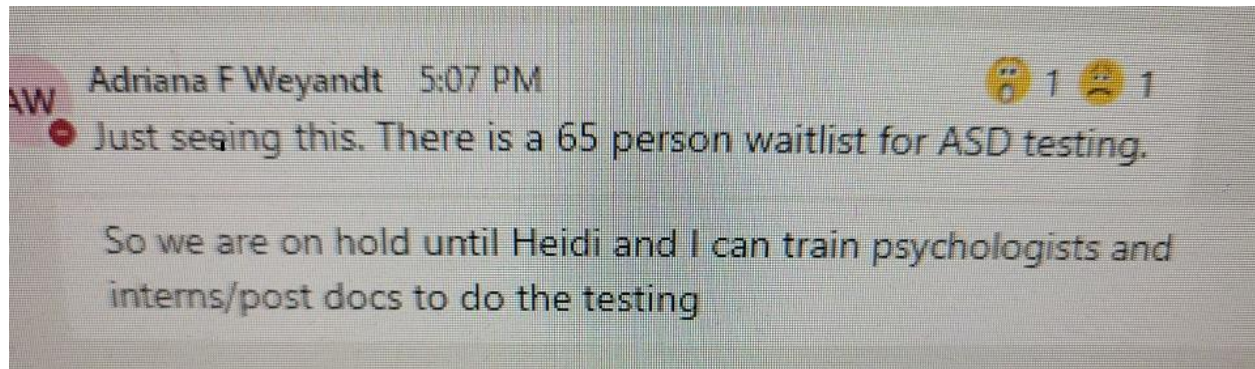
If you should have any questions regarding this matter, please contact me at (323) 783-8866.

Sincerely,

A handwritten signature in cursive script, appearing to read "Samuel Gonzalez".

CC: Amber Walser  
Janice Schneider  
Rachel Liptak  
Rebecca Coutin  
Faith Ramirez  
Gabriel Kassaseya  
Carol Hyun

# EXHIBIT 13



# APPENDIX B

With respect to Kaiser's Learning and Development Clinics in its Southern California region, DMHC should obtain the following records and data from Kaiser for the time period of January 1, 2024 to the present:

DMHC should obtain the elapsed wait times of enrollees (as measured in business days) from the initiation date (that is, the date on which the referral for an autism or ABA therapy evaluation was made) to the dates of the following significant "milestones" in patients' journey through Kaiser's system of autism diagnosis and treatment:

- (a) the first contact by Kaiser staff in response to the patient's referral for an autism evaluation,
- (b) the patient's telephone screening appointment,
- (c) the in-person autism evaluation appointment with a developmental pediatrician
- (d) the in-person autism evaluation appointment with a psychologist
- (e) the in-person autism evaluation appointment with a partial team (developmental pediatrician and psychologist)
- (f) the in-person autism evaluation appointment with a full team (Developmental pediatrician, psychologist, speech pathologist, occupational therapist)
- (g) the date on which the patient is given a diagnosis
- (h) the in-person ABA therapy assessment appointment, and
- (i) the first day on which the patient begins receiving ABA therapy.

Second, DMHC should request wait lists of enrollees awaiting these services.

Third, DMHC should perform chart review of a random sample of enrollees who have received or are awaiting such diagnostic and treatment services.