

Butte County Department of Behavioral Health
FY 18/19 Specialty Mental Health Triennial Review
Corrective Action Plan

System Review

Requirement: 42 C.F.R. § 438.206(c)(1)(i).

The MHP shall meet, and require its providers to meet, Department standards for timely access to care and services, taking into account the urgency of need for services. 42 C.F.R. § 438.206(c)(1)(i).

DHCS Finding: Network Adequacy

MHP did not furnish evidence to demonstrate it complies with 42 C.F.R. § 438.206(c)(1)(i): performance measures ongoing non-compliance with timely access to psychiatric services. The MHP must complete a POC addressing this finding.

Corrective Action Description

BCDBH will training of support staff to track, enter urgent data and scheduling with doctors. Clerical staff will find a psychiatric appointment within our system of care within the 15- day window. Training and procedure is attached (attachments 01 and 02).

This training is ongoing.

Proposed Evidence/Documentation of Correction

01_Process for Scheduling a Psychiatric Appointment. 02_Psychiatric Referral Form

Implementation Timeline:

This training is ongoing.

Requirement. 42 C.F.R. § 438.206(c)(1)(vi).

The MHP shall establish mechanisms to ensure that network providers comply with the timely access requirements 42 C.F.R. § 438.206(c)(1)(iv). And the MHP shall take corrective action if there is a failure to comply with timely access requirements. 42 C.F.R. § 438.206(c)(1)(vi).

DHCS Finding: Network Adequacy

MHP did not furnish evidence to demonstrate it complies with 42 C.F.R. § 438.206(c)(1)(i): performance measures ongoing non-compliance with timely access to

psychiatric services. The MHP will submit evidence of tracking mechanism for ongoing corrective actions to address timely access for psychiatric services.

The MHP must complete a POC addressing this finding.

Corrective Action Description

BCDBH has used the NACT for monitoring timeliness with our clinics and contractors (att. 03).

NACT information is presented in the QIC. Contract providers discussed at QIC how to make certain they stay within timeliness standards (att. 04).

Proposed Evidence/Documentation of Correction

03_Butte NACT. 04_QI Minutes 12-03-2019

Requirement: MHP Contract EX. A, ATT 8

If the MHP identifies deficiencies or areas of improvement, the MHP and the subcontractor shall take corrective action. (MHP Contract EX. A, ATT 8).

DHCS Finding: Network Adequacy

While the chart audit reports indicate areas of deficiencies and disallowance, the MHP did not submit evidence of corrective action taken with identified subcontractors or corrective action form tracking mechanism to ensure completion of the corrective actions implemented. The MHP must complete a POC addressing this finding.

Corrective Action Description

BCDBH uses a form to show and track deficiencies in a chart audit (att. 05). When forms are returned, QM tracks in the Quality Management Review Entry (att. 06).

Proposed Evidence/Documentation of Correction

05_Quality Management Required Action.

06_Quality Management CAP Tracking.

Requirement: MHP Contract, Ex. A, Att.10; 42 C.F.R. § 438.208(b)(2)(i)-(iv), CCR, tit. 9 § 1810.415.

The MHP shall coordinate the services the MHP furnishes to the beneficiary between settings of care, including appropriate discharge planning for short term and long-term hospital and institutional stays. (MHP Contract, Ex. A, Att.10; 42 C.F.R. § 438.208(b)(2)(i)-(iv), CCR, tit. 9 § 1810.415.)

DHCS Finding: Care Coordination and Continuity of Care

There were two cases where documentation did not reflect that services were coordinated. Information from the crisis assessment and intervention was not utilized during outpatient treatment sessions following the crisis incident. The MHP must complete a POC addressing this finding.

Corrective Action Description

Avatar now captures CC for ease of access and coordination of care (att. 07). Crisis staff will inform Care Coordinators when crisis services are accessed. Documentation Manual updated and incorporated into training.

Proposed Evidence/Documentation of Correction

07_ Care Coordinator in Avatar. 08_doc manual screenshot.

Requirement: MHP Contract, Ex. A, Att. 5.

The MHP has mechanisms to assess beneficiary/family satisfaction by evaluating beneficiary grievance, appeals and fair hearings at least annually. (MHP Contract, Ex. A, Att. 5).

DHCS Finding: Quality Assessment and Performance Improvement Program

While the PnP addresses this requirement, the QAPI work plan matrix and lack of detail in the QIC minutes, the MHP did not demonstrate evidence of actual practice to evaluate beneficiary grievance, appeals and fair hearings at least annually. The MHP must complete a POC addressing this finding.

Corrective Action Description

BCDBH monitors Grievances and Appeals at QIC on a quarterly basis (att. 09 and 10).

Proposed Evidence/Documentation of Correction

09_Q2Grievance. 10_QIC Minutes. 01-09-2020

Requirement: MHP Contract, Ex. A, Att. 5.

The Contractor has mechanisms to:

1. Monitor appropriate and timely intervention of occurrences that raise quality of care concerns
2. Take appropriate follow-up action when such an occurrence is identified.
3. Evaluate the results of the intervention at least annually

(MHP Contract, Ex. A, Att. 5)

DHCS Finding: Quality Assessment and Performance Improvement Program

Due to lack of details in the QIC minutes, lack of corrective action plan tracking/monitoring mechanisms for identified quality of care concerns, and no additional data analysis or corrective action tracking mechanism, DHCS was unable to verify MHP's compliance in this area. The MHP must complete a POC addressing this finding.

Corrective Action Description

BCDBH Grievance Committee will monitor and review action plans and inform QIC (att. 09). The new monthly Grievance Committee will monitor quality of care concerns that are identified. Chart Review findings are presented at QIC (see att. 10) quarterly to monitor compliance and trends for training purposes.

Proposed Evidence/Documentation of Correction

11_Grievance Committee Minutes. 12_Network of Care Summary_Q2

Requirement: CCR, title 9, chapter 11, sections 1810.410 (c) (4).

The MHP provides training for staff responsible for the statewide toll-free 24-hour telephone line to ensure linguistic capabilities. (CCR, title 9, chapter 11, sections 1810.410 (c) (4)).

DHCS Finding: Access and Information Requirements

MHP submitted a training plan and call script including many scenarios and resource information to answer the access line. While those items addressed patient rights/problem resolution information and urgent care information extensively, it did not provide detailed information on how to answer the request for SMHS. The MHP must complete a POC addressing this finding.

Corrective Action Description

BCDBH will provide training and ensure all Access staff are trained and retrained annually.

Proposed Evidence/Documentation of Correction

13_Access PowerPoint. 14_Access Call script. 15_Relias Training Tracking.

Requirement: CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1).

Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number: 1) The toll-free telephone number provides information to beneficiaries about

services needed to treat a beneficiary's urgent condition. 2) The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes. (CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1).

DHCS Finding: Access and Information Requirements

MHP submitted a training plan and call script including many scenarios and resource information to answer the access line. While those items addressed patient rights/problem resolution information and urgent care information extensively, it did not provide detailed information on how to answer the request for SMHS. The MHP must complete a

POC addressing this finding.

Corrective Action Description: BCDBH will provide training and ensure all Access staff are trained and retrained annually.

Proposed Evidence/Documentation of Correction

13_Access PowerPoint. 14_Access Call script. 15_Relias Training Tracking

Requirement: CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1).

Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number: 1) The toll-free telephone number provides information to beneficiaries about services. needed to treat a beneficiary's urgent condition. 2) The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes. CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1).

DHCS Finding: Access and Information Requirements

Test Calls/Protocol: 1: #1 Caller did not receive information on how to file a complaint and receive information on the problem resolution and fair hearing process. (caller requested that information). 2: #5: The caller was not provided information about services needed to treat a beneficiary's urgent condition. (was told to come to CSU if needed). The MHP must complete a POC addressing this finding.

Corrective Action Description

BCDBH will provide training and ensure all Access staff are trained and retrained annually.

Proposed Evidence/Documentation of Correction

13_Access PowerPoint. 14_Access Call script. 15_Relias Training Tracking

Requirement

Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number: MHP must maintain a written log of initial requests for SMHS. The requests must be recorded whether made by telephone, in writing, or in person. The log must contain the name of beneficiary, date of request and initial disposition of the request.

DHCS Finding: Access and Information Requirements

Logged Calls/initial request: Call #3: The caller was provided information about services needed to treat a beneficiary's urgent condition. Information provided information to solve the beneficiary's problem through medication management without the need for initial SMHS from the MHP. The MHP must complete a POC addressing this finding

Corrective Action Description

BCDBH will provide training and ensure all Access staff are trained and retrained annually.

Proposed Evidence/Documentation of Correction

13_Access PowerPoint. 14_Access Call script. 15_Relias Training Tracking.

Requirement: MHP Contract, Ex. A, Att 6; 42 C.F.R. § 438.210(c).

The MHP shall notify the requesting provider, and give the beneficiary written notice of any decision by the Contractor to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested. (MHP Contract, Ex. A, Att 6; 42 C.F.R. § 438.210(c).

DHCS Finding: Coverage and Authorization of Services

Verification of the actual NOABDs revealed that one (1) NOABD was missing for one of the TARs that was reviewed. The MHP must complete a POC addressing this finding.

Corrective Action Description

BCDBH will track all NOABDs through Avatar.

Proposed Evidence/Documentation of Correction

16_NOABD. Payment Denial tracking.

Requirement: MHP Contract, Ex. A, Att. 12; 42 C.F.R. § 438.406(b)(1).

The MHP shall acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing. (MHP Contract, Ex. A, Att. 12; 42 C.F.R. § 438.406(b)(1).

DHCS Finding: Beneficiary Rights and Protections

The grievance samples lacked evidence of actual practice as evidenced by missing acknowledgement letters in some of the samples reviewed. The MHP must complete a POC addressing this finding.

Corrective Action Description

New Beneficiary Protections training has been created and is now required for all QM staff to ensure cross- training.

Proposed Evidence/Documentation of Correction

17_Beneficiary Protections PowerPoint.

Requirement

The acknowledgment letter shall include the following: Date of receipt.

DHCS Finding: Beneficiary Rights and Protections

Grievance samples (letters) lacked evidence of actual practice as evidenced by a majority of the samples were missing the date of receipt. The MHP must complete a POC addressing this finding.

Corrective Action Description

New Beneficiary Protections training has been created and is now required for all QM staff to ensure cross-training.

Proposed Evidence/Documentation of Correction

17_Beneficiary Protections PowerPoint.

Requirement: MHSUDS IN 18- 010E.

The written acknowledgement to the beneficiary must be postmarked within five (5) calendar days of receipt of the grievance. MHSUDS IN 18- 010E.

DHCS Finding: Beneficiary Rights and Protections

DHCS was unable to verify the accuracy of the grievance log. While the log indicated acknowledgement letters mailing dates, some of the acknowledgement letters did not have any dates on it. The MHP must complete a POC addressing this finding.

Corrective Action Description

New Beneficiary Protections training has been created and is now required for all QM staff to ensure cross- training.

Proposed Evidence/Documentation of Correction

17_Beneficiary Protections PowerPoint.

Requirement: MHP Contract, Ex. A, Att. 12; Cal. Code Regs., tit. 9, § 1850.205(c)(5).

The MHP shall not subject a beneficiary to discrimination or any other penalty for filing a grievance, appeal, or expedited appeal. (MHP Contract, Ex. A, Att. 12; Cal. Code Regs., tit. 9, § 1850.205(c)(5).

DHCS Finding: Beneficiary Rights and Protections

While the MHP submitted PnPs addressing the beneficiary resolution process, the policy did not address this requirement. The MHP must complete a POC addressing this finding.

Corrective Action Description

Updated Policy (draft).

Proposed Evidence/Documentation of Correction

18_Beneficiary Problem Resolution Process_draft policy (page 4).

Requirement: MHP Contract, Ex. A, Att. 12; Cal. Code Regs., tit. 9, § 1850.205(c)(6).

The MHP's procedures for the beneficiary problem resolution processes shall maintain the confidentiality of each beneficiary's information. MHP Contract, Ex. A, Att. 12; Cal. Code Regs., tit. 9, § 1850.205(c)(6).

DHCS Finding: Beneficiary Rights and Protections

While the MHP submitted PnPs addressing the beneficiary resolution process, the policy did not address this requirement. The MHP must complete a POC addressing this finding.

Corrective Action Description

Updated Policy (draft)

Proposed Evidence/Documentation of Correction

18_Beneficiary Problem Resolution Process_draft policy (page 4).

Requirement: Cal. Code Regs., tit. 9, §1810.440(a)(5). (MHP Contract, Ex. A, Att. 12; Cal. Code Regs., tit. 9, § 1850.205(c)(7).

The MHP shall include a procedure to transmit issues identified as a result of the grievance, appeal or expedited appeal processes to the MHP's Quality Improvement Committee, the MHP's administration or another appropriate body within the Contractor's operations. The MHP shall consider these issues in the MHP's Quality Improvement Program, as required by Cal. Code Regs., tit. 9, §1810.440(a)(5). (MHP Contract, Ex. A, Att. 12; Cal.Code Regs., tit. 9, § 1850.205(c)(7))

DHCS Finding: Beneficiary Rights and Protections

Due to lack of details in the QIC minutes, lack of corrective action plan tracking/monitoring mechanisms for identified as a result of the grievance/appeals/fair hearing process, and no additional data analysis or corrective action tracking mechanism, DHCS was unable to verify MHP's compliance in this area. The MHP must complete a POC addressing this finding.

Corrective Action Description

BCDBH monitors Grievances and Appeals at QIC on a quarterly basis (att. 09 and 10).

Proposed Evidence/Documentation of Correction

09_Q2Grievance. 10_QIC Minutes 01-09-2020.

Requirement: MHP Contract, Ex. A, Att. 12; 42 C.F.R. § 438.406(b)(4).

The MHP shall provide the beneficiary a reasonable opportunity, in person and in writing, to present evidence and testimony and make legal and factual arguments. The MHP must inform the beneficiary of the limited time available for this sufficiently in advance of the resolution timeframe for appeals specified in §438.408(b) and (c) in the case of expedited resolution. (MHP Contract, Ex. A, Att. 12; 42 C.F.R. § 438.406(b)(4).

DHCS Finding: Beneficiary Rights and Protections

While the MHP submitted PnPs addressing the beneficiary resolution process, the policy did not address this requirement. The MHP must complete a POC addressing this finding.

Corrective Action Description

Updated Policy (draft).

Proposed Evidence/Documentation of Correction

18_Beneficiary Problem Resolution Process_draft policy (page 7).

Requirement: MHP Contract, Ex. A, Att. 12; 42 C.F.R. § 438.406(b)(2)(iii); 42 C.F.R. § 438.228(a).

The MHP shall ensure that decision makers on grievances and appeals of adverse benefit determinations take into account all comments, documents, records, and other information submitted by the beneficiary or beneficiary's representative, without regard to whether such information was submitted or considered in the initial adverse benefit determination. MHP Contract, Ex. A, Att. 12; 42 C.F.R. § 438.406(b)(2)(iii); 42 C.F.R. § 438.228(a).

DHCS Finding: Beneficiary Rights and Protections

While the MHP submitted PnPs addressing the beneficiary resolution process, the policy did not address this requirement. The MHP must complete a POC addressing this finding.

Corrective Action Description

Updated Policy (draft).

Proposed Evidence/Documentation of Correction

18_Beneficiary Problem Resolution Process_draft policy (page 8).

Requirement: MHP Contract, Ex. Att. 12; 42 C.F.R. §438.406(b)(3).

The MHP shall treat oral inquiries seeking to appeal an adverse benefit determination as appeals (to establish the earliest possible filing date for the appeal) and must confirm these oral inquiries in writing, unless the beneficiary or the provider requests expedited resolution. (MHP Contract, Ex. Att. 12; 42 C.F.R. §438.406(b)(3).

DHCS Finding: Beneficiary Rights and Protections

While the MHP policy addresses this requirement, the grievance/appeals sample and log revealed the one orally reported grievance logged on 5/16/18 regarding adverse beneficiary determination that was treated as a grievance instead if an appeal. In addition, two appeals were logged as appeals, but the resolution letters addressed these issues as grievance resolution creating confusion in differentiating grievance and appeals. The MHP must complete a POC addressing this finding.

Corrective Action Description

New Beneficiary Protections training has been created and is now required for all QM staff to ensure cross- training. New software.

Proposed Evidence/Documentation of Correction

17_Beneficiary Protections PowerPoint. 32_Grievance Appeal Resolution form.
33_NAR your Rights.

Requirement: 42 C.F.R. § 438.416(b)(1)-(6). Cal. Code Regs., tit. 9, § 1850.205(d)(2). Cal. Code Regs., tit. 9, § 1850.205(d)(3). Cal. Code Regs., tit. 9, § 1850.205(d)(6).

The MHP shall adhere to the following record keeping, monitoring, and review requirements: a. Each record shall include, but not be limited to: a general description of the reason for the appeal or grievance the date received, the date of each review or review meeting, resolution information for each level of the appeal or grievance, if applicable, and the date of resolution at each level, if applicable, and the name of the covered person whom the appeal or grievance was filed. (42 C.F.R. § 438.416(b)(1)-(6). b. Record in the grievance and appeal log or another central location determined by the MHP, the final dispositions of grievances, appeals, and expedited appeals, including the date the decision is sent to the beneficiary. If there has not been final disposition of the grievance, appeal, or expedited appeal, the reason(s) shall be included in the log. (Cal. Code Regs., tit. 9, § 1850.205(d)(2). c. Provide a staff person or other individual with responsibility to provide information requested by the beneficiary or the beneficiary's representative regarding the status of the beneficiary's grievance, appeal, or expedited appeal. (Cal. Code Regs., tit. 9, § 1850.205(d)(3). d. Provide notice, in writing, to any provider identified by the beneficiary or involved in the grievance, appeal, or expedited appeal of the final disposition of the beneficiary's grievance, appeal, or expedited appeal. (Cal. Code Regs., tit. 9, § 1850.205(d)(6).

DHCS Finding: Beneficiary Rights and Protections

While the MHP submitted PnPs addressing the beneficiary resolution process, the policy did not address this requirement. Also, the verification study of the grievance/appeals sample and log revealed that many of the dates in the logs cannot be verified due to a lack of original grievance/appeals information, the date received, the date of each review or review meeting, resolution information for each level of the appeal or grievance, and/or the date of resolution at each level in the grievance/appeals files. The MHP must complete a POC addressing this finding.

Corrective Action Description

Updated Policy (draft). New software.

Proposed Evidence/Documentation of Correction

18_Beneficiary Problem Resolution Process_draft policy: a) page 4 and 6 b) page 4, 6, 10 c) page 3 d) pages 6, 8, 10.

Requirement: Cal. Code Regs., tit. 9, § 1850.206(c).

The MHP's grievance process shall, at a minimum: Provide written notification to the beneficiary or the appropriate representative of the resolution of a grievance and documentation of the notification or efforts to notify the beneficiary, if he or she could not be contacted. Cal. Code Regs., tit. 9, § 1850.206(c).

DHCS Finding: Beneficiary Rights and Protections

While the MHP submitted PnPs addressing the beneficiary resolution process, the policy did not address this requirement. The MHP must complete a POC addressing this finding.

Corrective Action Description

Updated Policy (draft).

Proposed Evidence/Documentation of Correction

18_Beneficiary Problem Resolution Process_draft policy (pages 4, 6, 10).

Requirement: 42 C.F.R. § 438.402(c)(3)(ii). 42 C.F.R. § 438.402(c)(2)(ii).

The MHP's appeal process shall, at a minimum:

a. Allow a beneficiary, or a provider or authorized representative acting on the beneficiary's behalf, to file an appeal orally or in writing. (42 C.F.R. § 438.402(c)(3)(ii). The beneficiary may file an appeal within 60 calendar days from the date on the adverse benefit determination notice (42 C.F.R. § 438.402(c)(2)(ii)); b. Provide the beneficiary and his or her representative the beneficiary's case file, including medical records, and any other documents and records, and any new or additional evidence considered, relied upon, or generated by the MHP in connection with the appeal of the adverse benefit determination, provided that there is no disclosure of the protected health information of any individual other than the beneficiary (42 C.F.R. § 438.406(b)(5).

DHCS Finding:

While the MHP submitted PnPs addressing the beneficiary resolution process, the policy did not address this requirement. The MHP must complete a POC addressing this finding.

Corrective Action Description

Updated Policy (draft)

Proposed Evidence/Documentation of Correction

18_Beneficiary Problem Resolution Process_draft policy: a) Page 6 b) Page 8.

Requirement: 42 C.F.R. § 438.408(e)(1).

The MHP includes in the written Notice of Appeal Resolution (NAR) results of the resolution process and the date the process was completed. (42 C.F.R. § 438.408(e)(1).

DHCS Finding: Beneficiary Rights and Protections

Though the MHP's PnP addresses this requirement, samples of two resolution letters did not include the beneficiary's right to request and receive benefits while the State fair hearing is pending, and how the beneficiary makes the request. The MHP must complete a POC addressing this finding.

Corrective Action Description

New Beneficiary Protections training has been created and is now required for all QM staff to ensure cross- training.

Proposed Evidence/Documentation of Correction

17_Beneficiary Protections PowerPoint.

Requirement: 42 C.F.R. § 438.408(e)(2)(i).

The MHP includes in the NAR the beneficiary's right to a State fair hearing and the procedure to request one if the appeal resolution is not wholly in favor of the beneficiary. (42 C.F.R. § 438.408(e)(2)(i).

DHCS Finding: Beneficiary Rights and Protections

Though the MHP's PnP addresses this requirement, samples of two resolution letters did not include the beneficiary's right to request and receive benefits while the State fair hearing is pending, and how the beneficiary makes the request. The MHP must complete a POC addressing this finding.

Corrective Action Description

New Beneficiary Protections training has been created and is now required for all QM staff to ensure cross- training.

Proposed Evidence/Documentation of Correction

17_Beneficiary Protections PowerPoint.

Requirement: 42 C.F.R. § 438.408(e)(2)(ii).

The MHP includes in the written notice of the appeal resolution the beneficiary's right to request and receive benefits while the State fair hearing is pending, and how the beneficiary makes this request. 42 C.F.R. § 438.408(e)(2)(ii).

DHCS Finding Beneficiary Rights and Protections

Though the MHP's PnP addresses this requirement, samples of two resolution letters did not include the beneficiary's right to request and receive benefits while the State fair hearing is pending, and how the beneficiary makes the request. The MHP must complete a POC addressing this finding.

Corrective Action Description

New Beneficiary Protections training has been created and is now required for all QM staff to ensure cross- training.

Proposed Evidence/Documentation of Correction

17_Beneficiary Protections PowerPoint.

Requirement: CCR, title 9, § 1850.205(d)(6).

The MHP provides notice, in writing, to any provider identified by the beneficiary or involved in the of the final disposition of the beneficiary's grievance, appeal, or expedited appeal. (CCR, title 9, § 1850.205(d)(6)).

DHCS Finding: Beneficiary Rights and Protections

Though the MHP's PnP addresses this requirement, the grievance/appeals sample did not include evidence of written notice to any provider identified by the beneficiary or involved in the grievance/appeal/expedited appeal of the final disposition of the beneficiary's grievance/appeal/ expedited appeal. No other evidence was provided to show how any provider identified by the beneficiary or involved in the grievance/appeal/expedited appeal is notified of the disposition. The MHP must complete a POC addressing this finding.

Corrective Action Description

BCDBH monitors Grievances and Appeals at QIC on a quarterly basis (att. 09 and 10).

Proposed Evidence/Documentation of Correction

09_Q2Grievance

Requirement: 42 C.F.R. § 438.410(b).

Ensure that punitive action is not taken against a provider who requests an expedited resolution or supports a beneficiary's expedited appeal. (42 C.F.R. § 438.410(b)).

DHCS Finding: Beneficiary Rights and Protections

While the MHP submitted PnPs addressing the beneficiary resolution process, the policy did not address this requirement. The MHP must complete a POC addressing this finding.

Corrective Action Description

Updated Policy (draft).

Proposed Evidence/Documentation of Correction

18_Beneficiary Problem Resolution Process_draft policy (page 9).

Requirement: 42 C.F.R. § 438.420(c).

If, at the beneficiary's request, the MHP continues or reinstates the beneficiary's benefits while the appeal or State Hearing is pending, the benefits must be continued until one of the following occurs: a) The beneficiary withdraws the appeal or request for a State Hearing; b) The beneficiary fails to request a State Hearing and continuation of benefits within 10 calendar days after the MHP sends the notice of adverse resolution (i.e., NAR) to the beneficiary's appeal, c) A State Hearing office issues a hearing decision adverse to the beneficiary. (42 C.F.R. § 438.420(c)).

DHCS Finding: Beneficiary Rights and Protections

While the MHP submitted PnPs addressing the beneficiary resolution process, the policy did not address this requirement. The MHP must complete a POC addressing this finding.

Corrective Action Description

Updated Policy (draft).

Proposed Evidence/Documentation of Correction

18_Beneficiary Problem Resolution Process_draft policy (page 9)

Requirement: W&I Code Sections 14705(c) and 14712(e)

The MHP must comply with the requirements of W&I Code Sections 14705(c) and 14712(e) regarding timely submission of its annual cost reports.

DHCS Finding: Other Contractual Obligations

Due to the Camp Fire devastation, the FY 1718 Cost Report due date was extended from 12/31/18 to 6/30/19. However, the FY 1617 was submitted on 4/7/18 while the due date was 12/31/17. Therefore FU 1617 Cost Report was considered late. The MHP must complete a POC addressing this finding.

Corrective Action Description

Essence has emails showing/clarifying why the cost report was late. This appeal was granted.

Proposed Evidence/Documentation of Correction

Amended—No POC.

Requirement

Network Adequacy and Available Services: The MHP must provide Therapeutic Foster Care (TFC) services to all children and youth who meet medical necessity criteria for TFC. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018)

DHCS Finding: Survey Finding Only

DHCS suggests at a minimum, the MHP the following action to meet regulatory and/or contractual requirements, or to strengthen current processes in this area: 1) Maintain PnPs to address the requirements 2) Continue discussion with interested contractors in providing TFC; and 3) Update Provider Contract Boilerplate to reflect the requirements as needed.

Corrective Action Description

BCDBH is conducting an RFP jointly with Social Services (DESS) for Therapeutic Foster Care.

BCDBH Documentation Manual supports a link to the *Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi- Cal Beneficiaries* for staff.

Proposed Evidence/Documentation of Correction

19_Final TFC RFP. 20_link to Medi- Cal manual

Requirement: MHP contract Ex A, Att 10; 42 C.F.R. § 438.62 (b)(1) and (2).

Care Coordination and Continuity of Care: The MHP will implement a transition of care policy that is consistent with federal requirements and complies with the DHCS's transition of care policy. MHP contract Ex A, Att 10; 42 C.F.R. § 438.62 (b)(1) and (2).

DHCS Finding: Survey Finding Only

DHCS suggests at a minimum, the MHP develop PnPs on DHCS's transition of care policy in an effort to meet regulatory and/or contractual requirements, or to strengthen current processes in this area.

Corrective Action Description

BCDBH has drafted a policy for continuity of care. BCDBH has drafted and released a memo regarding continuity of care for foster children going to placement that will be included in the documentation manual.

Proposed Evidence/Documentation of Correction

21_Continuity of Care Draft. 22_STRTP Billing Update. 30_Adult CTS Referral form. 31_CTS Memo.

Requirement

Coverage and Authorization of Services: MHPs must review and make a decision regarding a provider's request for authorization w/in 5 business days after receiving the request.

DHCS Finding: Survey Finding Only

DHCS is not requiring any action at this time, pending release of the relevant DHCS guidance.

Corrective Action Description

Wait for DHCS guidelines.

Chart Review

Requirement: CCR, title 9, chapter 11, §§1830.205 (b)(3)(B)(1-4).

The beneficiary must meet medical necessity criteria for reimbursement? (CCR, title 9, chapter 11, §§1830.205 (b)(3)(B)(1-4).

DHCS Finding: Survey Finding Only

1A-3b: The MHP shall submit a POC that describes how the MHP will ensure that the focus of the intervention is to address the beneficiary's mental health condition.

Corrective Action Description

BCDBH has implemented a robust tracking of documentation training for clinical staff. To date, 93.05% of BCDBH clinical staff not on leave have taken the annual documentation training.

Proposed Evidence/Documentation of Correction

23_ Documentation Training Tracking. 24_ Documentation Training PowerPoint.
25_ DRAFT 214. Quality Management Chart Review. 26_ Continuing Documentation Training draft policy.

Requirement: MHP contract, Ex A, Att. 9

The MHP must establish written standards for (1) timeliness and (2) frequency of the assessment of documentation. (MHP contract, Ex A, Att. 9). The Assessments must include all the areas specified in the MHP Contract with the Department.

DHCS Finding: Assessment

2A: The MHP shall submit a POC that describes how the MHP will ensure that assessments are completed in accordance with timeliness and frequency requirements specified in the MHPs written documentation standards. **2B:** The MHP shall submit a POC that describes how the MHP will ensure that every assessment contains the mental health history and response to previous treatment.

Corrective Action Description

Documentation PowerPoint Provided as well as the screenshot from the documentation manual of BCDBH's assessment timeline. BCDBH trains that all elements of the assessment must be completed.

Proposed Evidence/Documentation of Correction

24_ Documentation Training PowerPoint. 26_ Doc manual Screenshot.
27_ Assessment.

Requirement. MHP contract Ex. A, Att. 9.

The provider will obtain and retain a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication.

MHP contract Ex. A, Att. 9. The medication consent for psychiatric medications shall include the required elements. (MHP contract Ex. A, Att. 9)

DHCS Finding: Medication Consents

3A: The MHP shall submit a POC to address actions it will implement to ensure the following: a. a written medication consent form is obtained and retained for each medication prescribed and administered under the direction of the MHP. b. written medication consent forms are completed in accordance with the MHPs doc standards.

3B: The MHP shall submit a POC that describes how the MHP will ensure that every medication consent process addresses all the required elements specified in the MHP Contract.

Corrective Action Description

BCDBH has all medication consents in Avatar. The medication consent has all the required elements as described in the MHP contract.

All new doctors are trained on obtaining a medication consent with each client.

Proposed Evidence/Documentation of Correction

28_Medication Consent in Avatar. 29_Screenshot of Doctor Documentation Training.

Requirement: MHP contract Ex. A, Att. 9. MHP contract, Ex. A, Att 2. MHP contract, Ex. A, Att 9; CCR, title 9, chapter 11, §1810 (c)(2).

The client plan shall be updated at least annually and/or when there are significant changes in the beneficiary's condition. MHP contract Ex. A, Att. 9. Services shall be provided in an amount, duration, and scope as specified in the individualized Client Plan for each beneficiary. (MHP contract, Ex. A, Att 2. The MHP shall ensure that client plans: 1. Have specific, observable, and/or specific quantifiable goals/treatment objectives related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis. 2. Identify the proposed type(s) of intervention/modality including a detailed description of the intervention to be provided. 3. Have the proposed frequency and duration of the intervention(s). 4. Have interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance. (MHP contract, Ex. A, Att 9). The MHP shall ensure the beneficiary's participation and agreement with the client plan: (MHP contract, Ex. A, Att 9; CCR, title 9, chapter 11, §1810 (c)(2).

DHCS Finding: Treatment Plans

4A: The MHP shall submit a POC to address actions it will implement to ensure the following: a) the client plans are completed prior to a planned service being provided. b. the client plans are updated at least annually as required and within the timelines and

frequency specified in the MHP doc manual. c) that planned services are not claimed when the service provided is not in the current client plan d. that the client plans are reviewed and updated whenever there is a significant change in the beneficiary's condition.

4A: The MHP shall submit a POC that describes how the MHP will ensure that services are provided in an amount, duration and scope as specified in the individualized client plan.

4C: The MHP shall submit a POC to address actions it will implement to ensure the following: a. The client plans objectives are specific, observable, and/or quantifiable and relate to the client's documented MH needs and functional impairment as a result of a MH diagnosis. b. MH interventions proposed on the client plan include a detailed description of the intervention described. c. All MH interventions proposed indicate both an expected frequency and duration for each intervention d. All MH interventions proposed on the client plans address the mental health needs and identified functional impairments of the client as a result of a MH disorder.

4E: The MHP shall submit a POC that describes how the MHP will: a) ensure that each client's participation in and agreement with the client plan is obtained and documented. b. ensure the client's signature is obtained on the client plan.

Corrective Action Description

BCDBH has implemented a robust tracking of documentation training for clinical staff. To date, 93.05% of BCDBH clinical staff not on leave have taken the annual documentation training.

Proposed Evidence/Documentation of Correction

23_Documentation Training Tracking. 24_Documentation Training PowerPoint. 25_DRAFT 214 Quality Management Chart Review. 26_Continuing Documentation Training draft policy.

Requirement: (CCR, title 9, chapter 11, §1830.205 (b)(3)(A). CCR, title 9, sections 1830.205(b)(2)(A– C), 1830.210(a)(3), 1810.345(a) and 1840.112(b)(1)(4).

Do the progress notes document the following: 1. Documentation of the involvement in the context of the mental health needs of the beneficiary. (CCR, title 9, chapter 11, §1830.205 (b)(3)(A). Progress note provided does not match the claim in terms of : 1) SMHS which would be claimed as a Mental Health Services. 2) Date of service, and/or 3) Units of time. Documentation in the medical record must establish that, as a result of a mental disorder, how the intervention: 1) A significant impairment in an important area of the beneficiary's life functioning 2) Significantly diminish the impairment 3) Prevent

significant deterioration in an important area of life functioning. 4. Allow the child to progress developmentally as individually appropriate. CCR, title 9, sections 1830.205(b)(2)(A– C), 1830.210(a)(3), 1810.345(a) and 1840.112(b)(1)(4). The progress notes must document the following: 1. Timely documentation of relevant aspects of client care, including documentation of medical necessity; 2. The date the documentation was entered in the HER; 3. The exact number of minutes used to provide the service; 4. Documentation of the involvement in the context of the mental health needs of the beneficiary. The progress note indicates that the service provided was solely for: Clerical

DHCS Finding: Progress Notes

5A: Progress Notes—MHP shall submit a POC that describes how the MHP will ensure that interventions are focused on a significant impairment that is directly related to the MH condition.

5B: Progress Notes— The MHP shall submit a POC that describes how the MHP will ensure that progress notes document: a. Timely completion by the person providing the service and relevant aspects of client care b. The date the progress note was completed in the HER c. The claim must accurately reflect the amount of time taken to provide the service d. Documentation is individualized for each service provided e. Each progress note describes how the service reduced impairment, restored functioning or prevented deterioration in an important life function.

5D: Progress Notes—The MHP shall submit a POC that describes how the MHP will: a. Ensure all SMHS claims are documented in the medical record and the service is claimed for the correct service modality billing code and units of time b. Ensure that all progress notes are: i. Accurate, complete and meet documentation requirement ii. Describe type of service or service activity, the date of service and the time taken to provide the service iii. Are completed within the timeline and frequency specified.

5E2: Progress Note— The MHP shall submit a POC that describes how the MHP will ensure that: a. Each progress note describes how the service reduced impairment, restored functioning or prevented deterioration in an important life function b. Services provided are not solely clerical c. All services claimed are appropriate, relate to the qualifying diagnosis and identified functional impairment, and are medically necessary.

Corrective Action Description

BCDBH has implemented a robust tracking of documentation training for clinical staff. To date, 93.05% of BCDBH clinical staff not on leave have taken the annual documentation training.

Proposed Evidence/Documentation of Correction

23_Documentation Training Tracking. 24_Documentation Training PowerPoint.
25_DRAFT 214 Quality Management Chart Review. 26_Continuing Documentation
Training draft policy.

Requirement: MHP contract, Ex. A, Att 2.

Services shall be provided, in accordance with the State Plan, to beneficiaries, who meet medical necessity criteria, based on the beneficiary's need for services established by an assessment and documented in the client plan. Services shall be provided in an amount, duration, and scope as specified in the individualized Client Plan for each beneficiary. (MHP contract, Ex. A, Att 2)

DHCS Finding: Individual Need

6A: Individualized Need— The MHP shall submit a POC that describes how the MHP will ensure that each beneficiary under age 22 who is authorized to receive SMHS also receives individualized determination of eligibility and need for ICC and IHBS, prior to or during the on-going development of the client plan.

Corrective Action Description: BCDBH recognizes there are youth that require urgent services before a treatment plan is completed. BCDBH has developed training in order to make certain each client receives individualized determination of appropriate and timely services.

Proposed Evidence/Documentation of Correction

22_STRTP Billing Memo. 34_Memo Urgent Services. 20_Link to Medi-Cal Manual.