

**CALAVERAS COUNTY MENTAL HEALTH PLAN**

**Fiscal Year (FY) 19/20 Specialty Mental Health Triennial Review**

**Corrective Action Plan**

**System Review**

**Review Dates: November 30, 2020 to December 1, 2020**

**1. Requirement NETWORK ADEQUACY AND AVAILABILITY OF SERVICES**

The MHP must 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.

Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i)

**DHCS Finding Number: Question 1.1.3**

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i).]

The MHP submitted the following documentation as evidence of compliance with this requirement:

- PP Access to Outpatient Services-Urgent Need
- PP Client Service Information (CSI), throughout the Policy
- Initial Request Documentation
- Policy 1002
- Access Log Sample 20180701-20200630
- Network Adequacy Email
- CSI Assessment Record Psychiatry Manual Entry 20190701-20200630

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP requires its providers to meet Department standards for timely access to care and services, taking into account the urgency of need for services. This requirement was not included in any of the evidence provided by the MHP. Per the discussion during the review, the MHP maintains a spreadsheet that includes a column for the type of request and date of request, however, the date column was blank and as such timeliness could not be determined

**Corrective Action Description**

This discussion pertained to the MHP's Fee for Service (FFS) providers. The MHP will ensure that the FFS providers are in compliance with the timeliness requirements and CSI data requirements through training and ongoing communication.

Each Wednesday, FFS providers will provide a Capacity Report to the children's Clinical Supervisor. During the authorization and assignment meeting on Thursdays, the Clinical Supervisor will use the capacity reports to determine the most appropriate FFS provider

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for beneficiary. Following the authorization/assignment meeting, the Clinical Supervisor, or designee, will telephone the FFS provider(s) and alert them to the new client, including if urgent condition. The Clinical Supervisor will follow up the telephone call with an encrypted email with the beneficiary's assessment and other related information. The FFS provider will then take responsibility for contacting the beneficiary within 48 hours/2 business days and offering an appointment for clinical services and documenting on the CSI form the offered dates, scheduled date and kept date.

Psychiatry appointment are scheduled through the MHP.

Completing the CSI data elements requirements and P&P will be included with the FFS provider contracts. FFS providers will have the CSI data monitored monthly for compliance. A Corrective Action Plan (CAP) will be required for failure to meet compliance standards.

**Proposed Evidence/Documentation of Correction**

FFS provider contract.

Sample of weekly Capacity Report from FFS provider

The MHP will evaluate monthly the FFS provider(s) for compliance with the CSI data report.

**Ongoing Monitoring (if included)**

Monitoring of CSI data collection will be a monthly activity assigned to the Behavioral Health Admin Services Manager

**Person Responsible (job title)**

Behavioral Health Admin Services Manager

Children's System of Care Clinical Supervisor

**Implementation Timeline:** June 30<sup>th</sup>, 2021

**2. Requirement** NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

The MHP must provide TFC services to all children and youth who meet medical necessity criteria for TFC.

**DHCS Finding Number: Question 1.2.7**

The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, 3<sup>rd</sup> Edition, January 2018.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- P&P Consumer Services - Continuum of Care

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides TFC services to all children and youth who meet medical necessity criteria for TFC. This requirement was not included in any of the evidence provided by the MHP. Per the discussion during the review, the MHP does not provide TFC in the county and does not assess for the need of TFC services.

DHCS deems the MHP out of compliance with the Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care Services (TFC) for Medi-Cal Beneficiaries, 3<sup>rd</sup> Edition, January, 2018. The MHP must complete a CAP addressing this finding of non-compliance

**Corrective Action Description**

The MHP shall provide TFC services under the EPSDT benefit to all children and youth who:

- Are under the age of 21
- Are eligible for full scope medi-cal services
- Meet medical necessity criteria for SMHS.

The MHP Children's System of Care (CSOC) works in tandem with Child Welfare and Probation in providing a collaborative system of care for the youth in Calaveras County. Since the implementation of Continuum of Care Reform, Calaveras County has not received any interest from its community members to be foster parents under the TFC model. Child Welfare continues to use all resources available in attempts to recruit foster parents/homes for TFC needs within the county. The MHP will provide TFC services as determined through CFT and assessment.

**Proposed Evidence/Documentation of Correction**

Revised P & P: Consumer Services- Continuum of Care

- Policy Section III; page 6

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**Ongoing Monitoring (if included)**

N/A.

**Person Responsible (job title)**

Director, Mental Health Plan  
Children’s System of Care Clinical Supervisor  
Child Welfare Director

**Implementation Timeline:**

Policy and Procedure revision to be signed and implemented June 30, 2021

**3. Requirement** NETWORK ADEQUACY AND AVAILABILITY OF SERVICES  
The MHP has an affirmative responsibility to determine if children and youth who meet medical necessity criteria need TFC. (Medi-Cal Manual for Intensive Care Coordination).

**DHCS Finding Number: Question 1.2.8**

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The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, 3<sup>rd</sup> Edition, January 2018.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- P&P Consumer Services - Continuum of Care

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP determines if children and youth who meet medical necessity criteria need TFC. (Medi-Cal Manual for Intensive Care Coordination).

DHCS deems the MHP out of compliance with the Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care Services (TFC) for Medi-Cal Beneficiaries, 3<sup>rd</sup> Edition, January 2018. The MHP must complete a CAP addressing this finding of non-compliance.

**Corrective Action Description**

1. A child /youth referral received by the MHP from any source will receive a screening to determine eligibility for SMH services.
  - a. If the referral does not meet eligibility for Medi-cal Specialty Mental Health, they will be referred to their Managed Care Plan (MCO) for an assessment.
  - b. If the referral does meet Medi-cal eligibility, an appointment will be scheduled for an assessment with the County MHP.
2. At any time before or during the screening, it is determined to be an urgent condition, an assessment to determine medical necessity and needs & services will be expedited.
  - a. If medical necessity criteria is met, the Medi-cal beneficiary will be authorized and scheduled for services, including a referral to the ICC Coordinator for ICC determination and individualized services.
  - b. If medical necessity criteria is not met, the Medi-cal beneficiary and/or legal representative will receive the appropriate Notice of Adverse Benefit Determination (NOABD) and a referral sent to the MCO.

**Proposed Evidence/Documentation of Correction**

P&P, 'Determination & Delivery', specific to the provisions of determination and delivery of ICC, IHBS and TFC procedures

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**Ongoing Monitoring (if included)**

N/A

**Person Responsible (job title)**

Deputy Director, Child Welfare  
Children’s System of Care Clinical Supervisor

**Implementation Timeline:**

Policy and Procedure revision to be signed and implemented June 30, 2021

**4. Requirement** NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

The MHP must certify, or use another MHP’s certification documents to certify, the organizational providers that subcontract with the MHP to provide SMHS, in accordance with California Code of Regulations, title 9, section 1810, subsection 435. The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 8

**DHCS Finding Number:**     **Question 1.4.4**

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The MHP submitted the following documentation as evidence of compliance with this requirement:

- Certification and Recertification Policy
- Cert-Recert PROTOCOL ROP 02202020
- ROP Certification Letter
- INTERNAL DOCUMENT
- DHCS Monitoring Report

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP certifies, or uses another MHP's certification documents to certify, the organizational providers that subcontract with the MHP to provide SMHS, in accordance with California Code of Regulations, title 9, section 1810, subsection 435. Specifically, one (1) of twelve (12) providers was overdue for recertification at the time of the review, which was discussed with the MHP, which was discussed during the review.

**Corrective Action Description**

The MHP shall certify, or use another mental health plan's certification documents to certify or recertify, the organizational providers that subcontract with the MHP to provide covered services in accordance with California Code of Regulations, title 9, section 1810.435 in order to meet the MHP's obligation under Attachment 8, Sections 7 and 8.

The MHP may accept the certification of a provider by another MHP or by the department, in order to meet the MHP's obligation under Attachment 8, section 8 (N

When on-site review of an organizational provider is required, the CCMHP shall conduct an on-site review at least once every three years MHP will use the most current monitoring tool provided by the Department of Health Care Services (DHCS).

Additional certification reviews of organizational providers may be conducted by the Contractor or Department, as applicable, at its discretion, if:

- 1) The provider makes major staffing changes
- 2) The provider makes organizational and/or corporate structure changes (example: conversion to non-profit status).
- 3) The provider adds an additional mode of services, i.e. day treatment or medication support services when medications are administered or dispensed from the provider site. *(See Exhibit A, Attachment 8)*
- 4) There are significant changes in the physical plant of the provider site (some physical plant changes could require a new fire clearance)
- 5) There is a change of ownership or location.
- 6) There are complaints regarding the provider.
- 7) There are unusual events, accidents, or injuries requiring medical treatment for clients, staff or members of the community

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- It shall be the responsibility of the provider to notify Administration at least thirty (30) days prior to any changes

**Proposed Evidence/Documentation of Correction**

P & P: Performance Monitoring of Network Providers

- Procedure Section III: number 2
- Procedure Section III: number 3(a)(b)
- Procedure Section III; number 1

**Ongoing Monitoring (if included)**

Procedure Section III; number 1: *Behavioral Health Admin Services Manager, will review PIMS monthly to review certification dates of all organizational providers ensuring all re-certifications and termination of contracts occur prior to expiration date*

**Person Responsible (job title)**

Stacey Meily; Behavioral Health Program Manager  
Dianne Johnson; Quality Management Specialist  
Leeann Burns; Behavioral Health Admin Services Manager,

**Implementation Timeline:**

Policy and Procedure revision to be signed and implemented June 30, 2021

**5. Requirement NETWORK ADEQUACY AND AVAILABILITY OF SERVICES**

The MHP must monitor the performance of its subcontractors and network providers on an ongoing basis for compliance with the terms of the MHP contract and shall subject the subcontractors' performance to periodic formal review

**DHCS Finding Number: Questions 1.4.5**

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 8



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The MHP submitted the following documentation as evidence of compliance with this requirement:

- Evidence was not provided

The MHP did not submit evidence to demonstrate compliance with this requirement. Per the discussion during the review, the MHP stated they speak with the providers on a weekly and or daily basis. They monitor certifications and licensing as well as monitoring informing materials via a visual check of lobbies and monitor services via Anasazi.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 8. The MHP must complete a CAP addressing this finding of non-compliance.

### **Corrective Action Description**

The MHP shall monitor the performance of its subcontractors on an ongoing basis for compliance with the terms of this contract and shall subject the subcontractors' performance to periodic formal review, at a minimum in accordance with the recertification requirements. If the MHP identifies deficiencies or areas for improvement, the MHP and the subcontractor shall take corrective action.  
(Contract, exhibit A, attachment 8, (M))

### **Proposed Evidence/Documentation of Correction**

P & P: Performance Monitoring of Network Providers

- Policy Section II: number 3
- Procedure Section III: number 1-3(a-c), 1-15

### **Ongoing Monitoring (if included)**

When on-site review of an organizational provider is required, the CCMHP shall conduct an on-site review at least once every three years.

Additional certification reviews of organizational providers may be conducted by the Contractor or Department, as applicable, at its discretion, if:

- 1) The provider makes major staffing changes
- 2) The provider makes organizational and/or corporate structure changes (example: conversion to non-profit status).
- 3) The provider adds day treatment or medication support services when medications are administered or dispensed from the provider site. (See Exhibit A, Attachment 8)
- 4) There are significant changes in the physical plant of the provider site (some physical plant changes could require a new fire clearance)
- 5) There is a change of ownership or location.
- 6) There are complaints regarding the provider.

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7) There are unusual events, accidents, or injuries requiring medical treatment for clients, staff or members of the community

- It shall be the responsibility of the provider to notify Administration at least thirty (30) days prior to any changes

**Person Responsible (job title)**

Behavioral Health Program Manager  
Quality Management Specialist  
Behavioral Health Admin Services Manager,

**Implementation Timeline:**

Policy and Procedure revision to be signed and implemented June 30, 2021

**6. Requirement:** NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 8. . If the MHP identifies deficiencies or areas of improvement, the MHP and the subcontractor shall take corrective action.

**DHCS Finding Number:** **Questions 1.4.6**

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, The MHP submitted the following documentation as evidence of compliance with this requirement:

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- Evidence was not provided

Evidence was not submitted to demonstrate compliance with this requirement. Per the discussion during the review, the MHP stated that the provider updates the MHP regarding identified deficiencies, areas of improvement, and corrective actions taken via email.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 8. The MHP must complete a CAP addressing this finding of non-compliance

**Corrective Action Description**

The MHP shall maintain compliance with the MHP contract, exhibit A, attachment 8. When the MHP identifies deficiencies or areas of improvement with an organizational provider, the MHP and the subcontractor shall take corrective action

**Proposed Evidence/Documentation of Correction**

P & P: Performance Monitoring of Network Providers

- Policy Section II: number 3
- Procedure Section numbers 11 & 12

**Ongoing Monitoring (if included)**

When on-site review of an organizational provider is required, the CCMHP shall conduct an on-site review at least once every three years.

Additional certification reviews of organizational providers may be conducted by the Contractor or Department, as applicable, at its discretion, if:

- 1) The provider makes major staffing changes
- 2) The provider makes organizational and/or corporate structure changes (example: conversion to non-profit status).
- 3) The provider adds day treatment or medication support services when medications are administered or dispensed from the provider site. (*See Exhibit A, Attachment 8*)
- 4) There are significant changes in the physical plant of the provider site (some physical plant changes could require a new fire clearance)
- 5) There is a change of ownership or location.
- 6) There are complaints regarding the provider.
- 7) There are unusual events, accidents, or injuries requiring medical treatment for clients, staff or members of the community

- It shall be the responsibility of the provider to notify Administration at least thirty (30) days prior to any changes
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**Person Responsible (job title)**

Behavioral Health Program Manager  
Quality Management Specialist

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**Implementation Timeline:**

Policy and Procedure revision to be signed implemented June 30, 2021

**7. Requirement** QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

The MHP shall implement mechanisms to monitor the safety and effectiveness of medication practices meeting requirements under the supervision of a person licensed to prescribe or dispense medication, performed at least annually, and inclusive of medication prescribed to adults and youth.

MHP contract, exhibit A, attachment 5

**DHCS Finding Number:** **Question 3.1.8**

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5.

The MHP submitted the following documentation as evidence of compliance with this requirement:

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- P&P Med.Services - Minors
- P&P Medical Consent
- P&P Medication Services Overview  
Medication Monitoring Form

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP implemented a mechanism to monitor the safety and effectiveness of medication meeting requirements under the supervision of a person licensed to prescribe or dispense medication, performed at least annually, and inclusive of medications prescribed to adults and youth. Per the discussion during the review, the MHP does not have an established medication monitoring process. This is a gap in their process

**Corrective Action Description**

The MHP shall implement mechanisms to monitor the safety and effectiveness of medication practices. The monitoring mechanism shall be under the supervision of a person licensed to prescribe or dispense prescription drugs. Monitoring shall occur at least annually.

The MHP has hired a new psychiatrist, effective 05-24-2021, who will be responsible to review client medication services of 4-6 youth and adult charts per month to ensure medication safety practices. Charts for review will be chosen at random.

**Proposed Evidence/Documentation of Correction**

See Attachment: Medication monitoring tool

**Ongoing Monitoring (if included)**

4-6 hours Monthly

**Person Responsible (job title)**

Psychiatrists

Quality Improvement Committee

**Implementation Timeline:** Start date July 2021

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**8. Requirement** QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT  
MHP must disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries (MHP contract, exhibit A, attachment 5, Federal Code of Regulations, title 42, section 438, subdivision 236(b), and California Code of Regulations, title 9, section 1810, subdivision 326)

**DHCS Finding Number: Question 3.5.2**

The MHP submitted the following documentation as evidence of compliance with this requirement

- Documentation P&P Aug 2019
- FFS Provider Manual 5
- TEMPLATE - FFS-Individuals
- 24/7 Manual

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While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP disseminates the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries. Per the discussion during the review, the MHP provides in person training and pertinent changes and updates are discussed during weekly staff and authorization meetings. However, no documentation of these meetings was provided to show evidence of these trainings being provided or pertinent changes and updates being discussed, i.e, minutes, agendas, handouts. The MHP could not demonstrate how they disseminate the guidelines.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, Federal Code of Regulations, title 42, section 438, subdivision 236(b), and California Code of Regulations, title 9, section 1810, subdivision 326. The MHP must complete a CAP addressing this finding of non-compliance

**Corrective Action Description**

CCMHP shall disseminate the practice guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries (MHP contract, exhibit A, attachment 5, Federal Code of Regulations, title 42, section 438, subdivision 236(b), and California Code of Regulations, title 9, section 1810, subdivision 326)

**Proposed Evidence/Documentation of Correction**

Dissemination of Practice Guidelines' policy & procedure written to meet the regulations stated above.

Meeting minutes from implementation to include staff signature of attendance and information discussed during meeting(s), date and time.

BHS manual will be updated FY 21/22 and disseminated to all providers.

**Ongoing Monitoring (if included)**

N/A

**Person Responsible (job title)**

Behavioral Health Program Manager  
Quality Management Specialist  
Behavioral Health Admin Services Manager,

**Implementation Timeline:**

Policy & Procedure will be signed and implemented by June 30, 2021

**9. Requirement ACCESS AND INFORMATION REQUIREMENTS**

DHCS' review team made seven (7) calls to test the MHP's statewide 24/7 toll-free number. The seven (7) test calls must demonstrate compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1). The tollfree telephone number provides information to beneficiaries about 1) how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met; 2) services needed to treat a beneficiary's urgent condition; and 3) provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

**DHCS Finding Number: Question 4.3.2**



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TEST CALL #1: The call is deemed in compliance

TEST CALL #2: The call is deemed in compliance

TEST CALL #3: The call is deemed partial compliance

Test call was placed on Wednesday, October 28, 2020, at 7:45 a.m. The call was answered after four (4) rings via a live operator. The operator asked the caller how he/she could help. The caller asked the operator how to access services and to refill a medication. The operator informed the caller that the office was closed at this time and to call back during business hours to make an appointment. The operator informed the caller that he/she did not have access to the system. The operator informed the caller that he/she could walk in for services as well. The operator provided the caller with hours of operation. **The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, nor was the caller provided information about services needed to treat a beneficiary's urgent condition**

TEST CALL #4: The call is deemed in partial compliance

Test call was placed on Friday, October 30, 2020, at 7:41 a.m. The call was answered after two (2) rings via a live operator. The operator asked the caller if he/she was in crisis and the caller replied in the negative. The caller stated he/she had just moved to the area and had been taking care of his/her elderly mother. The caller stated how he/she was feeling and that his/her doctor recommended him/her to call about SMHS. The operator stated that the caller had called the right number for behavioral health but had reached the after-hours line. The operator advised the caller that the clinic would open in about 18 minutes at 8:00 a.m. The caller was advised to call back during business hours to speak to clinic staff. **The caller was not provided with any information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met.** The caller was provided information about services to treat an urgent condition.

TEST CALL #5: The call is deemed in compliance

TEST CALL #6: The call is deemed in compliance

TEST CALL #7: The call is deemed in compliance

**Corrective Action Description**

Quality Management maintains regular and on-going contact with the after-hours 24/7 crisis line Supervisor. On average, 5 test calls are conducted per month between the crisis line and the MHP's contract provider. Each after-hours test call to the 24/7 crisis line is sent to the supervisor (D. Lopez) with feedback from the Quality Management Specialist. Each test call conducted during business hours is reviewed and forwarded to the Administrative Services Manager for additional review and training with staff as needed. If there are compliance issues with the test call, a training may be requested.

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Due to time constraints, center call volume, and other variables, proof of the training(s) is provided by the Supervisor (D. Lopez) attesting to the training via email.

**Proposed Evidence/Documentation of Correction:**

(See Attached email addressed to Central Valley Suicide Prevention Hotline, D. Lopez).

Example of test call

**Ongoing Monitoring (if included)**

Monthly

**Person Responsible (job title)**

Behavioral Health Program Manager:

Quality Management Specialist:

Behavioral Health Admin Services Manager

**Implementation Timeline:**

Present and On-going

**10. Requirement**

The MHP must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing. The written log(s) must contain name of the beneficiary, date of the request, and initial disposition of the request

**DHCS Finding Number: Questions 4.3.4**

The MHP did not furnish evidence to demonstrate compliance with California Code for Regulations, title 9, chapter 11, section 1810, subdivision 405(f).

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Access Log Sample 20180701-20200630
- Calaveras Call
- Test Call Evidence

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While the MHP submitted evidence to demonstrate compliance with this requirement, one (1) of five (5) required DHCS test calls were not logged on the MHP's written log of initial request. The table below summarizes DHCS' findings pertaining to its test calls:

**Corrective Action Description**

Quality Management maintains regular and on-gong contact with the after-hours 24/7 crisis line. On average, 5 test calls are conducted per month between the crisis line and CCMHP, by a contract provider. Each test call to the crisis line is sent to the supervisor (D. Lopez) with feedback from the Quality Management Specialist. If there are compliance issues with the test call, a training may be requested. Due to time constraints, center call volume, and other variables, proof of the training(s) is provided by the Supervisor (D. Lopez) attesting to the training via email.

**Proposed Evidence/Documentation of Correction**

(See Attached email addressed to Central Valley Suicide Prevention Hotline, D. Lopez).

**Ongoing Monitoring (if included)**

Monthly

**Person Responsible (job title)**

Stacey Meily; Behavioral Health Program Manager:  
Dianne Johnson; Quality Management Specialist:  
Leeann Burns, Behavioral Health Admin Services Manager

**Implementation Timeline:**

Present and on-going

**11. Requirement BENEFICIARY RIGHTS AND PROTECTIONS**

The MHP must ensure that punitive action is not taken against a provider who requests an expedited resolution or supports a beneficiary's expedited appeal.

**DHCS Finding Number: Questions 6.4.13**

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, and subdivision 402, 410, 408, and California Code of Regulations, title 9, section 1850, subdivision 207(h).

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Problem Resolution Process

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While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures that punitive action is not taken against a provider who requests an expedited resolution or supports a beneficiary's expedited appeal. Per the discussion during the review, the MHP could not locate the requirement in the submitted policy

**Corrective Action Description**

The MHP shall ensure that punitive action is not taken against a provider who requests an expedited resolution or supports a beneficiary's expedited appeal.

**Proposed Evidence/Documentation of Correction**

Revised P & P: Problem Resolution Grievance & Appeal Process

- Section F, number 3 (page 8)

**Ongoing Monitoring (if included)**

N/A

**Person Responsible (job title)**

Behavioral Health Program Manager  
Quality Management Specialist

**Implementation Timeline:**

Policy and procedure will be signed and implemented by June 30, 2021

**12. Requirement:** PROGRAM INTEGRITY

The MHP must implement and maintain written policies for all employees of the MHP, and of any contractor or agent, that provide detailed information about the False Claims Act and other Federal and State Laws, including information about rights of employees to be protected as whistleblowers.

**DHCS Finding Number: Question 7.2.3**

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 13, and Federal Code of Regulations, title 42, section 438, subdivision 608(a)(6).

The MHP submitted the following documentation as evidence of compliance with this requirement:

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- Compliance Overview Policy
- Compliance Plan

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP implements and maintains written policies for all employees of the MHP and of any contractor or agent that provides detailed information about the False Claims Act and other Federal and State Laws, including information about rights of employees to be protected as whistleblowers.

**Corrective Action Description**

The MHP shall implement and maintain a written policy for all employees of the MHP, and of any contractor or agent, that provides detailed information about the False Claims Act and other Federal and State Laws, including information about rights of employees to be protected as whistleblowers.

Code of Conduct presented to all new hires upon employment and signed by the new hire. New language has been added to include regulations and whistleblower protections pertaining to the False Claim Act

**Proposed Evidence/Documentation of Correction**

See Attachment: Revised Code of Conduct.

**Ongoing Monitoring (if included)**

N/A

**Person Responsible (job title)**

Behavioral Health Program Manager  
Quality Management Specialist

**Implementation Timeline:**

Code of Conduct revision is written. Will be signed and implemented by June 30, 2021

**13. Requirement**

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 13, and Federal Code of Regulations, title 42, section 438, subdivision 608(a)(6).

**DHCS Finding Number: Question 7.2.4**

The MHP must implement and maintain arrangements or procedures that include provision for the Contractor's suspension of payments to a network provider for which there is a credible allegation of fraud.

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The MHP submitted the following documentation as evidence of compliance with this requirement:

- Compliance Overview Policy
- Compliance Plan

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP implements and maintains arrangements or procedures that includes a provision for the Contractor's suspension of payments to a network provider for which there is a credible allegation of fraud.

**Corrective Action Description**

The MHP shall implement and maintain arrangements or procedures that include provision for the Contractor's suspension of payments to a network provider for which there is a credible allegation of fraud

**Proposed Evidence/Documentation of Correction**

Revised P & P: Provider Network Enrollment, Retention and Referral Criteria

**Ongoing Monitoring (if included)**

N/A

**Person Responsible (job title)**

Behavioral Health Program Manager  
Quality Management Specialist

**Implementation Timeline:**

Policy and procedure revision will be signed and implemented by June 30, 2021

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