

**Kings County Mental Health Plan (MHP)**  
**[FY 19/20] Specialty Mental Health Triennial Review**  
**Corrective Action Plan**

**System Review**

**Requirement**

The MHP must ensure that the Fee-for-Service/Medi-Cal contract hospital rates negotiated by the MHP are submitted annually. (Cal. Code Regs., tit. 9, chap. 11, § 1810.375(c), W&I Code, § 5613(b)(4))

**DHCS Finding 1**

The MHP did not attest that it ensures that the Fee-for-Service/Medi-Cal contract hospitals rates negotiated by the MHP are submitted annually.

**Corrective Action Description/Implementation Timeline**

The MHP will develop a policy and procedure (P&P) outlining how the MHP will submit Fee-for-Service/Medi-Cal contract hospital rates negotiated by the MHP no later than June 1 prior to the start of the new fiscal year, as outlined in Cal. Code Regs., tit. 9, chap. 11, § 1810.375(c), W&I Code, § 5613(b)(4). The P&P will be developed no later than April 1, 2021: to be implemented June 1, 2021 for the 21/22 fiscal year.

**Proposed Evidence/Documentation of Correction**

The proposed evidence will be the Policy and Procedure, developed by April 1, 2020 and implemented June 1, 2021, as well as all applicable supporting documentation (i.e., contract rate sheets, submission receipts to DHCS, etc.)

**Measures of Effectiveness**

The MHP Fiscal Analyst III will work with the MHP Contract Manager frequently to ensure all new and existing hospital contracts have rate sheets, which will need to be submitted to DHCS as per Cal. Code Regs., tit. 9, chap. 11, § 1810.375(c), W&I Code, § 5613(b)(4).

**Requirement**

The MHP must allocate (for services to persons under age 18) 50% of any new funding received for new or expanded mental health programs until the amount expended for mental health services to persons under age 18 equals not less than 25% of the county's gross budget for mental health or not less than the percentage of persons

under age 18 in the total county population, whichever percentage is less. (W&I Code, § 5704.6)

## **DHCS Finding 2**

The MHP did not attest it allocates (for services to persons under age 18) 50% of any new funding received for new or expanded mental health programs until the amount expended for mental health services to persons under age 18 equals not less than 25% of the county's gross budget for mental health or not less than the percentage of persons under age 18 in the total county population, whichever percentage is less.

### **Corrective Action Description/Implementation Timeline**

The MHP will develop a policy and procedure (P&P) outlining how the MHP will track and calculate new mental health funding sources to ensure proper amounts are allocated to new or expanded programs serving persons under the age of 18. This P&P will also require up-to-date calculations of the percentage of persons under the age of 18 to the county population as a whole as well as reporting of the MHP's entire budget. This will ensure the MHP has all appropriate benchmarks to properly determine allocations of new mental health funding sources to new and expanded programs serving persons under the age of 18. This P&P will be developed no later than April 1, 2021 for implementation starting FY 21/22.

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

The proposed evidence will be the Policy and Procedure, developed by April 1, 2020 and implemented June 1, 2021, as well as evidence of all benchmarks needed to comply with W&I Code, § 5704.6, such as up-to-date Census data, MHP budget data, and new funding award letters and/or notices.

### **Measures of Effectiveness**

As the manager of all new and existing funding, the Fiscal Analyst III is always made aware of the MHP receiving any new funding. When such time comes, the Fiscal Analyst III, the author of the proposed P&P, will know what information to gather to ensure proper allocations are made to expanded services.

## **Requirement**

The MHP shall offer an appropriate range of SMHS that is adequate for the number of beneficiaries in the county. (Fed. Code Regs., tit. 42, § 438, subd.207(b)(1).)

## **DHCS Finding 3**

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP offers an appropriate range of SMHS that is adequate for the number of beneficiaries in the county. In addition to the evidence submitted by the

MHP, DHCS reviewed the most recent Network Adequacy Findings Report and the Remediation Tool. The MHP received a conditional pass on the Network Adequacy Findings Report for Outpatient Specialty Mental Health Services (SMHS) Provider Capacity for Children/Youth, and is required to complete a CAP.

### **Corrective Action Description/Implementation Timeline**

Per the DHCS triennial Medi-Cal Audit Findings, the MHP was found to need a corrective action with this requirement due to the MHP receiving a conditional pass on the Network Adequacy Findings Report from the April 2019 annual certification for outpatient SMHS provider capacity for child/youth services. Per the Network Adequacy Findings Report, the MHP needed to increase its network by 0.67 FTE children/youth psychiatry providers, and increase its network by 37.70 FTE children/youth non-psychiatric SMHS outpatient providers.

On January 15, 2020, the MHP provided DHCS with a Network Adequacy Certification Tool (NACT) and supporting documentation. Within the NACT, it was demonstrated the MHP increased its network by 2.0 FTE children/youth psychiatric providers, and 36.0 FTE children/youth non-psychiatric SMHS outpatient providers, therein correcting the conditional pass. However, DHCS replied to the MHP it could not verify this increase due to data integrity issues within the NACT (per their email: "The age group(s) served (Column AO) for several providers has parenthesis in it, which breaks our scripts for calculating numbers"), but released the MHP from any administrative or financial sanctions due to COVID stipulating they would continue to monitor and recertify the MHP during the April 2020 annual submission (see attachment 3a & 3b).

Contracted Providers are vital to the MHP maintaining an adequate network of providers, and as such, the MHP receives network provider updates via the NACT quarterly from contract providers and then updates an internal monitoring spreadsheet to track changes and compliance with ratios (attachment 3c).

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

The MHP is currently awaiting results of their April 2020 submission and will use results as demonstration of correction to this requirement.

### **Measures of Effectiveness**

The MHP continues to meet and exceed provider ratios, as it has maintained an increase in both areas well above the ratio as demonstrated through the internal monitoring of provider FTE count in comparison to DHCS provider ratio (attachment 3c). This tool is maintained within the MHP's Quality Assurance Team and updated every quarter to monitor any changes to network (network adequacy) and compliance with ratios.

### **Requirement**

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. (Fed. Code Regs, tit. 42, § 438, subd. 206(c)(1)(i).)

#### **DHCS Finding 4**

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP meets this requirement. Based on the Network Adequacy CAP Remediation Tool, the MHP received a conditional pass in the area of reporting service requests meeting thresholds and is required to submit timely access standard reports with all the requested data elements.

#### **Corrective Action Description/Implementation Timeline**

Per the DHCS triennial Medi-Cal Audit Findings, the MHP was found to need a corrective action with this requirement due to the MHP receiving a conditional pass on the Network Adequacy Findings Report from the April 2019 annual certification timely access. Per the Network Adequacy Findings Report, the MHP needed to resubmit their timely access standard report with all requested data elements as DHCS stated it was missing an explanation for records where request for services did not result in a service (i.e. due to no-show of client to offered appointment, etc).

On January 15, 2020, the MHP provided DHCS with a Network Adequacy Certification Tool (NACT) and supporting documentation. The MHP ensured the timeliness report included the data elements DHCS stated were missing in the April 2019 submission, and DHCS sent the MHP a Jan 2020 submission checklist which indicated the MHP's Timely Access Report was complete and required no further action at that time (attachment 4a). Therefore, the MHP considers this evidence as corrected. The MHP is awaiting their April 2020 certification in regards to an ongoing 'pass' related to timely access report.

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

DHCS sent the MHP a Jan 2020 submission checklist which indicated the MHP's Timely Access Report was complete and required no further action at that time (attachment 4a). Therefore, the MHP considers this evidence as corrected. The MHP is awaiting their April 2020 certification in regards to an ongoing 'pass' related to timely access report.

#### **Measures of Effectiveness**

The MHP continues to measure timely access via the Network Adequacy process, and submits the report and raw data to DHCS as required for each NACT submission for which DHCS certifies the MHP each April as passing, conditionally passing, or not passing on timely access.

## **Requirement**

The MHP shall establish mechanisms to ensure that network providers comply with the timely access requirements. (Fed. Code of Regs, tit. 42, § 438, subd. 206(c)(1)(iv)). The MHP shall monitor network providers regularly to determine compliance with timely access requirements. (Fed. Code of Regs, tit. 42, § 438, subd. 206(c)(1)(v)). The MHP shall take corrective action if there is a failure to comply with timely access requirements. (Fed. Code of Regs, tit. 42, § 438, subd. 206(c)(1)(vi)).

## **DHCS Finding 5**

The Quality Work Plan Evaluation FY 2018/19 identifies that the MHP is monitoring this requirement. However, the policies and procedures do not identify that the MHP will take corrective action if there is a failure to comply with timely access requirements. Additionally evidence was not submitted that would validate that a CAP was provided when the requirement was not met.

## **Corrective Action Description/Implementation Timeline**

The MHP has Policy & Procedure (P&P) A-047 pertaining to Timely Access, but this does not stipulate corrective actions that will be taken in the event MHP programs fall outside timely access standards. Therefore, the MHP will revise this P&P by February 1, 2020 to stipulate what corrective actions or corrective action plans will be required by the MHP of the programs that fall outside the timely access standard during the quarterly MHP data review and reporting.

The MHP currently has one (1) provider that is considered the MHP's primary access point for SMHS. This contracted provider will be consulted with during the revision of the P&P (Sept 2020-Jan 2020) related to how they may want to be engaged with the quarterly assessment of timely access and advisement of any need for corrective actions depending on results of quarterly assessment.

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

Revised Policy & Procedure A-047 pertaining to Timely Access.

## **Measures of Effectiveness**

The MHP's Quality Assurance Team completes a quarterly review of timely access data, and reports this to the Quality Improvement Committee for review and discussion of any necessary action to address any disparities or non-compliance demonstrated by the data. However, in addition to this, the MHP will work individually with the access point provider which may be out of compliance to order to obtain corrective actions when compliance issues arise, and document these efforts within the Quality Work Plan.

## **Requirement**

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 6**

The MHP did not furnish evidence to demonstrate compliance with Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and TFC Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must provide TFC services to all children and youth who meet medical necessity criteria for TFC. Specifically, the MHP is not currently able to provide TFC services to all children and youth who meet medical necessity criteria for TFC. They are currently in the process of identifying a provider.

### **Corrective Action Description/Implementation Timeline**

The MHP in collaboration with Human Services Agency and probation drafted and released the Request for Proposal (RFP) for TFC homes for average of 8 youth at any given time on September 26, 2019. The RFP was released to several FFA agencies and closed on October 4, 2019 and there were no proposals received.

After receiving no proposals for TFC homes, the MHP followed up with Golden State Family Services via email and phone call on October 11, 2019. The MHP purpose was to request meeting to further discuss their previous email to Kings County's purchasing department about proposing their TFC program directly to Kings County without going through the formal process of the RFP. On October 25, 2019, the MHP received an email from Golden State that after further discussion with their Executive Director they had decided not to participate in the proposal.

The MHP in collaboration with Human Services Agency and probation will release another Request for Proposal (RFP) for TFC homes for average of 8 youth at any given time on October 1, 2020 and close on January 31, 2021.

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

The MHP will submit copy of the RFP for TFC homes and list of FFA the RFP was send to by October 1, 2020.

### **Measures of Effectiveness**

The MHP will monitor it's actions by ensuring that the RFP is released on time and that the review panel and award notification is completed on time.

### **Requirement**

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, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018)

### **DHCS Finding 7**

The MHP did not provided evidence that it determines if children and youth who meet medical necessity criteria need TFC.

### **Corrective Action Description/Implementation Timeline**

The MHP will create a policy and procedure by April 1, 2021 to include criteria that determines if children and youth who meet medical necessity criteria need TFC services.

The MHP will develop a screening tool by April 1, 2021 for TFC services.

The MHP will train MHP staff that facilitate CFT to complete the screening tool by April 30, 2021.

The policy and screening tool will be implemented by July 1, 2021.

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

The MHP will submit the TFC policy, screening tool and sign in sheet of those trained by May 1, 2021.

### **Measures of Effectiveness**

TFC screening tools will be included in the monthly Utilization Review Committee Audit Tool.

### **Requirement**

The County uses its 1991 Realignment funding to provide an array of community mental health services, including acute psychiatric inpatient hospital services provided in Institutions for Mental Disease (IMD), to target populations. (MHSUDS, IN., No. 18-008; Cal. W&I Code, § 5600, subd. (a), 4(f), 5(e), 6(e), and 7(e).)

### **DHCS Finding 8**

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-008, California Welfare and Institution Code, section 5600, subdivision (a), 4(f), 5(e), 6(e) and 7(e). The MHP must use its 1991 Realignment funding to provide an array of community mental health services, including acute psychiatric inpatient hospital services provided in Institutions for Mental Disease (IMD), to target populations. The evidence provided did not provide information regarding how the MHP meets this requirement. The document "IMD Billing

for Services while Consumers are in IMDs” briefly explains the allowable Medi-Cal billable service. The evidence did not validate that the county uses 1991 Realignment funding to provide acute psychiatric inpatient hospital services in Institutions for Mental Disease (IMD).

### **Corrective Action Description/Implementation Timeline**

N/A. Evidence is provided stating compliance.

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

Document titled “8. 1991 Realignment – IMD” illustrates that the MHP’s 1991 Realignment funding is used to pay for IMD services.

### **Measures of Effectiveness**

N/A. Evidence is provided stating compliance.

### **Requirement**

The MHP is required to cover acute psychiatric inpatient hospital services provided in an Institution for Mental Disease (IMD) to Medi-Cal beneficiaries under the age of 21, or 65 years or older. (MHSUDS IN No. 18-008; Cal. W&I Code §14053, subd. (a) and (b)(3); Fed. Code of Regs, tit. 42, § 1396, subd. d(a)(29)(B), (a)(16) & (h)(1)(c); Fed. Code of Regs, tit. 42, § 441, subd.13 and §435, subd.1009)

### **DHCS Finding 9**

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-008, California Welfare and Institutions Code, section 14053, subdivision (a) and (b)(3), and Federal Code of Regulations, title 42, section 1396, subdivision d(a)(29)(B), (a)(16), (h)(1)(c), and Federal Code of Regulations, title 42, section 441.subdivision 13 and section 435, subdivision 1009. The MHP must cover acute psychiatric inpatient hospital services provided in an Institution for Mental Disease (IMD) to Medi-Cal beneficiaries under the age of 21, or 65 years or older. Specifically, the evidence provided did not identify that the MHP covers acute psychiatric inpatient hospital services provided in an Institution for Mental Disease (IMD) to Medi-Cal beneficiaries under the age of 21, or 65 years or older.

### **Corrective Action Description/Implementation Timeline**

The MHP will draft and implement an acute psychiatric inpatient hospital services Policy and Procedure by March 31, 2021 which within it will include that the MHP covers acute psychiatric inpatient hospital services provided in an Institution for Mental Disease (IMD) to Medi-Cal beneficiaries under the age of 21, or 65 years or older.

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



The expected outcome is a policy and procedure by March 31, 2021 regarding acute psychiatric inpatient hospital services including the MHP's coverage of these services when provided in an Institution for Mental Disease (IMD) to Medi-Cal beneficiaries under the age of 21, or 65 years or older.

### **Measures of Effectiveness**

The monitoring of the effectiveness of this corrected action will be through the receipt and payment of TARs for these services for which the MHP currently received and pays, but did not have a policy to that fact.

### **Requirement**

All contracts or written agreements between the MHP and any network provider specify the following:

- The activities and obligations, including services provided, and related reporting responsibilities. (Fed. Code Regs., tit. 42, § 438, subd. 230(c)(1)(i).)
- The delegated activities and reporting responsibilities in compliance with the Contractor's obligations in this Contract. (Fed. Code Regs, tit. 42, § 438, subd. 230(c)(1)(ii).)
- Subcontractor's agreement to submit reports as required by the Contractor and/or the Department.
- A requirement that the subcontractor make all of its premises, physical facilities, equipment, books, records, documents, contracts, computers, or other electronic systems pertaining to Medi-Cal enrollees, Medi-Cal-related activities, services and activities furnished under the terms of the subcontract, or determinations of amounts payable available at any time for inspection, examination or copying by the Department, CMS, HHS Inspector General, the United States Comptroller General, their designees, and other authorized federal and state agencies. (Fed. Code Regs., tit. 42, §438, subd. 3(h).) This audit right will exist for 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later. (Fed. Code Regs., tit. 42, § 438, subd.230(c)(3)(iii).) The Department, CMS, or the HHS Inspector General may inspect, evaluate, and audit the subcontractor at any time if there is a reasonable possibility of fraud or similar risk, then. (Fed. Code Regs., tit. 42, § 438, subd. 230(c)(3)(iv).)
- The Department's inspection shall occur at the subcontractor's place of business, premises or physical facilities, in a form maintained in accordance with the general standards applicable to such book or record keeping, for a term of at least ten years from the close of the state fiscal year in which the subcontract was in effect. Subcontractor's agreement that assignment or delegation of the subcontract shall be void unless prior written approval is obtained from the Contractor.
- A requirement that the Contractor monitor the subcontractor's compliance with the provisions of the subcontract and this contract and a requirement that the subcontractor provide a CAP if deficiencies are identified.

(MHP Contract, Ex. A, Att. 1; Fed. Code Regs., tit. 42, § 438, subd. 230)

### **DHCS Finding 10**

The MHP's current contracts or written agreements did not include the required elements listed above.

### **Corrective Action Description/Implementation Timeline**

The MHP plans to construct a contractual attachment such as an exhibit by February 15, 2021 that will be included in all contracts or written agreements, and will provide in detail the necessary requirements stipulated within this finding. The attachment will ensure the below mentioned regulations are included in all agreements. The MHP's Contracts department in collaboration with the MHP's Quality Assurance department will ensure that the provider is aware of the requirements and that the requirements are met prior to seeking to execute a written agreement or contract.

The activities and obligations, including services provided, and related reporting responsibilities. (Fed. Code Regs., tit. 42, § 438, subd. 230(c)(1)(i).)

The delegated activities and reporting responsibilities in compliance with the Contractor's obligations in this Contract. (Fed. Code Regs, tit. 42, § 438, subd. 230(c)(1)(ii).)

Subcontractor's agreement to submit reports as required by the Contractor and/or the Department.

A requirement that the subcontractor make all of its premises, physical facilities, equipment, books, records, documents, contracts, computers, or other electronic systems pertaining to Medi-Cal enrollees, Medi-Cal-related activities, services and activities furnished under the terms of the subcontract, or determinations of amounts payable available at any time for inspection, examination or copying by the Department, CMS, HHS Inspector General, the United States Comptroller General, their designees, and other authorized federal and state agencies. (Fed. Code Regs., tit. 42, §438, subd. 3(h).) This audit right will exist for 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later. (Fed. Code Regs., tit. 42, § 438, subd.230(c)(3)(iii).) The Department, CMS, or the HHS Inspector General may inspect, evaluate, and audit the subcontractor at any time if there is a reasonable possibility of fraud or similar risk, then. (Fed. Code Regs., tit. 42, § 438, subd. 230(c)(3)(iv).)

The Department's inspection shall occur at the subcontractor's place of business, premises or physical facilities, in a form maintained in accordance with the general standards applicable to such book or record keeping, for a term of at least ten years from the close of the state fiscal year in which the subcontract was in effect. Subcontractor's agreement that assignment or delegation of the subcontract shall be void unless prior written approval is obtained from the Contractor.

A requirement that the Contractor monitor the subcontractor's compliance with the provisions of the subcontract and this contract and a requirement that the subcontractor provide a CAP if deficiencies are identified.

(MHP Contract, Ex. A, Att. 1; Fed. Code Regs., tit. 42, § 438, subd. 230)

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

The outcome of this correction plan will be a newly constructed contractual attachment/exhibit by February 15, 2021 that will be included in contracts and written agreements to ensure compliance with all code regulations stipulated in this finding.

### **Measures of Effectiveness**

The contracts department will create a mechanism to ensure that the newly constructed attachment/exhibit is included in all written agreements and contracts. Any time there are requested changes to the regulations stipulated as released by DHCS or as noted through the release and review of the annual SMHS Protocol, the MHP Contracts department will ensure those changes or edits are implemented accurately.

### **Requirement**

The MHP shall 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 1810.435. (MHP contract, Ex. A, Att. 8)

### **DHCS Finding 11**

While the MHP submitted evidence to demonstrate compliance with this requirement. DHCS also reviewed its internal Overdue Provider Report, which identified that two (2) providers were overdue for re-certification.

### **Corrective Action Description/Implementation Timeline**

The MHP shall draft and implement by February 28, 2021 a process by which is monitors the tracks the certification of and the recertification period for it's MHP subcontractors to ensure certifications are maintained without becoming overdue. Additionally, it was found that of the two providers overdue on the DHCS report, one was a closed subcontract and the other was a piggy-back certification. Therefore, the MHP will ensure mechanisms for addressing the termination of a certification for a terminated subcontractor and the maintenance of piggy-back certification as evidence of current certification.

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

The expected outcome will be a policy and procedure drafted and implemented by February 28, 2021 that addresses the process by which the MHP maintains up-to-date certification for its subcontracted providers.

### **Measures of Effectiveness**

The MHP will monitor its subcontract provider certification dates through an internal log which was developed off the Overdue Provider Report DHCS gave to the MHP during the 2020 Triennial Medi-Cal Audit. The MHP will add to that log any new providers, archive any terminated providers, and add dates or recertification as they take place.

### **Requirement**

The MHP shall comply with the provisions of the MHP's Implementation Plan as approved by the Department. (MHP contract, Ex. A, Att. 1; Cal. Code Regs., tit. 9, § 1810, subd..310)

### **DHCS Finding 12**

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 1, and California Code of Regulations, title 9, section 1810, subdivision 310. The MHP must comply with the provisions of the MHP's Implementation Plan as approved by the Department

### **Corrective Action Description/Implementation Timeline**

The county Implementation plan is a county document that threads together all services provided to Medi-Cal beneficiaries. The Plan has not been updated since July 1997. Due to the depth of revision necessary, a workgroup will be established and convened by Jan 1, 2021 to review and revise the 1997 Plan with current MHP services and operations as well as to assure compliance with the most current regulations related to the contents of a County MHP's Implementation Plan. Because certain elements of required components of the Implementation Plan are overseen by some of the MHP's contracted providers such as the Admission to Non-Contracted Hospitals, the MHP will include contract providers within the workgroup as applicable.

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

The outcome of this corrective action will be a fully revised Kings County MHP Implementation Plan in compliance with current regulations related to components within an MHP Implementation Plan, to be completed by March 1, 2022.

### **Measures of Effectiveness**

Any time there are proposed changes in services, providers, or the policies and procedures that would modify the MHP's current Implementation Plan as defined in California Code of Regulations (CCR) Title 9, Chapter 11, §1810.310(c), the MHP's

Quality Assurance Team will submit notification to DHCS prior to implementing the proposed changes.

### **Requirement**

The MHP shall implement a transition of care policy that is consistent with federal requirements and complies with the Department's transition of care policy. (MHP contract, Ex. A, Att.10; Fed. Code Regs., tit. 42, § 438, subd. 62(b)(1)-(2).)

### **DHCS Finding 13**

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 10, and Federal Code of Regulations, title 42, subdivision 62(b)(1)-(2). The MHP must implement a transition of care policy that is consistent with federal requirements and complies with the Department's transition of care policy.

### **Corrective Action Description/Implementation Timeline**

The MHP will draft a Transition of Care Policy and Procedure by March 1, 2021, with collaboration from the Adult and Children's System of Care Program Managers that is consistent with the federal and state requirements. Due to the widespread impact of the policy, the MHP will submit the drafted policy to Documentation Committee members for review and feedback in April 2021. Once the policy is approved in Documentation Committee, the policy will be sent to executive management for signature and adoption before being released to program providers for implementation (anticipated implementation date July 1, 2021).

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

The outcome of this corrective action plan will be a fully implemented Transition of Care Policy that is consistent with federal requirements and complies with DHCS's policy by July 1, 2021.

### **Measures of Effectiveness**

Compliance will be monitored through monthly Utilization Review of clinical charts. See Utilization Review Audit Tool (attachment 13A, questions 34i, 34k, 47 & 48)

### **Requirement**

The Quality Assessment and Performance Improvement Work Plan includes evidence of the monitoring activities including, but not limited to, review of beneficiary grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals, and clinical records review. (MHP contract, Ex. A, Att. 5)

### **DHCS Finding 14**

The Work Plan for FY 19/20 had an objective that the MHP would provide a grievance and appeals system for consumers to include expedited appeal and state fair hearing. However, no data or any other evidence of implementation was provided. The Work Plan FY 17/18 provided a statement that grievances, appeals, expedited appeals, fair hearings, and expedited fair hearings, are continuously monitored, and analyzed for trends. However, there was no evidence of monitoring activities included as part of the plan.

### **Corrective Action Description/Implementation Timeline**

As of fiscal year (FY) 2019/2020, the MHP's Clinician who oversees appeals, expedited appeals, state fair hearings and utilization reviews, as well as the MHP's Patients' Rights Advocate (PRA) who oversees grievances began attending monthly and reporting quarterly at the MHP's Quality Improvement Committee (QIC) about the monitoring of each aforementioned processes or systems. In addition to reporting quarterly at QIC on these items to review the data on number, type, and outcome of appeals, expedited appeals, state fair hearings, and grievances, as well as utilization review criteria reviewed and results; these data are maintained within the MHP's Quality Work Plan. Attachment 14a is one of the quarterly QIC meeting minutes which was the first quarterly reporting meeting after quarterly reporting implementation in FY 2019/2020 as well as the reports that were disseminated at the QIC meeting in relation to these quarterly reporting elements (beneficiary protections and utilization review).

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

The MHP is submitting the Nov 2019 QIC minutes and meeting's beneficiary protections and utilization review reports (attachment 14a) as evidence that it began its monitoring and reporting efforts beginning FY 2019/2020. The MHP will also submit its FY 2020/2021 Quality Work Plan Quarter 1 update on December 1, 2020 to demonstrate the inclusion of monitoring activities and interpretation of data for analysis of trends or patterns because it will begin this additional documentation measure at its first quarterly reporting QIC meeting of FY 2020/2021 on November 18, 2020.

### **Measures of Effectiveness**

These processes and systems are a standing reporting element on the quarterly QIC reporting agenda for reporting of data and analysis as well as any applicable actions necessary based on results. These data, monitoring activities, and interpretations will also be documented on a quarterly basis in the QIC minutes for the meeting where report was disseminated and discussed, and in the Quality Work Plan.

### **Requirement**

The Quality Assessment and Performance Improvement Work Plan includes evidence that Quality Improvement activities, including performance improvement projects, have

contributed to meaningful improvement in clinical care and beneficiary service. (MHP contract, Ex. A, Att. 5)

### **DHCS Finding 15**

The QAPI Work Plans submitted, did not include information regarding how the PIPs have contributed to meaningful improvement in clinical care and beneficiary services.

#### **Corrective Action Description/Implementation Timeline**

The MHP's FY 19/20 Quality Assessment and Performance Improvement (QAPI) Work Plan did not include information related to the MHP's current and active Performance Improvement Projects (PIPs) nor how those projects were or had contributed to meaningful improvement in clinical care. However, this is being added to the FY 19/20 QAPI Work Plan Evaluation associated with the data points within the Work Plan that are associate with the expected improvement from the PIP (e.g. the Clinical PIP is anticipated to improve service utilization and decrease hospitalizations, so this PIP will be mentioned within those data sections). It is anticipated the FY 19/20 QAPI Work Plan Evaluation be completed and presented at the September 23, 2020 Quality Improvement Committee.

Additionally, this will be added to the FY 20/21 QAPI Work Plan which will be drafted and presented at the September 23, 2020 Quality Improvement Committee, and will also include a specific section within the QAPI to describe and monitor PIPs active during each FY (not to replicate EQRO PIP Development Tools, but to synthesize this information).

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

The expected outcome will be within the FY 19/20 QAPI Work Plan Evaluation and FY 20/21 QAPI Work Plan for presentation at the September 23, 2020 Quality Improvement Committee, and contingent upon and requested revision by Committee, the two documents will be ready for submission to DHCS that date.

#### **Measures of Effectiveness**

With the inclusion of a specific section within the Kings County MHP QAPI Work Plan starting in FY 20/21, this section will remain a required section moving forward. The QAPI Work Plan is updated and presented each quarter to the Quality Improvement Work Plan and thus the PIP section will also be updated as well to include a subsection stating how it is or has contributed to meaningful improvement in clinical care and beneficiary service.

#### **Requirement**

The Quality Assessment and Performance Improvement Work Plan includes a description of mechanisms the Contractor has implemented to assess the accessibility

of services within its service delivery area, including goals for (MHP contract, Ex. A, Att. 5):

- Responsiveness for the Contractor’s 24-hour toll-free telephone number.
- Timeliness for scheduling of routine appointments.
- Timeliness of services for urgent conditions.
- Access to after-hours care.

### **DHCS Finding 16**

The MHP submitted a QAPI Work Plan for FY 17/18, which provides assessment data related to access to after-hours care, timeliness of services for urgent conditions, and timeliness for scheduling of routine appointments. However, it did not include assessment data related to the MHP’s Responsiveness for the Contractor’s 24-hour toll-free telephone number. Additionally, the QAPI Work Plan submitted for FY 19/20 included an objective for the 24-hour toll free telephone number but no additional information, and it did not include objective or assessment data regarding access to after-hours care, timeliness for scheduling of routine appointments, or urgent appointments. The MHP did not submit a QAPI Work Plan for FY 18/19.

### **Corrective Action Description/Implementation Timeline**

In developing the FY 20/21 QAPI Work Plan, the MHP will review the FY 17/18 Quality Improvement Work Plan wherein DHCS’ findings state they found “assessment data related to access to after-hours care, timeliness of services for urgent conditions, and timeliness for scheduling of routine appointments” but did not find it in the FY 19/20 QAPI Work Plan and will reinstate those assessment data. The FY 20/21 QAPI Work Plan is anticipated to be drafted and presented at the September 23, 2020 Quality Improvement Committee.

Additionally, the MHP will review the ability to assess responsiveness for the 24/7 Access Line and the methodology therein to then include that data within the FY 20/21 QAPI Work Plan as an amendment once completed. It is the goal of the MHP to complete this review and amendment by April 1, 2020, as this will align with the MHP’s work with the 24/7 Access Line contract provider related to the Access Line Test Call Corrective Actions included within this document.

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

The expected outcome will be within the FY 20/21 QAPI Work Plan for presentation at the September 23, 2020 Quality Improvement Committee, and contingent upon and requested revision by Committee, the two documents will be ready for submission to DHCS that date.

### **Measures of Effectiveness**

With the inclusion of and reinstatement of these measures within the Kings County MHP QAPI Work Plan starting in FY 20/21, this section will remain a required section moving



forward. The QAPI Work Plan is updated and presented each quarter to the Quality Improvement Work Plan and thus these data elements will be assessed and reviewed quarterly or at other frequencies applicable.

## **Requirement**

The Quality Assessment and Performance Improvement Work Plan includes evidence of compliance with the requirements for cultural competence and linguistic competence. (MHP contract, Ex. A, Att. 5)

## **DHCS Finding 17**

The Work Plan Evaluation submitted for FY 18/19 states that Cultural Humility Training is to be completed by Kings County Behavioral Health (KCBH) with no objectives or assessment data. Therefore, DHCS was not be able to make determination for the MHP's compliance with this requirement.

## **Corrective Action Description/Implementation Timeline**

The MHP's Quality Assurance Manager will work with the MHP's Ethnic Services Manager (ESM) to gather all cultural and linguistic competence requirements and how to appropriate include them within the FY 20/21 QAPI Work Plan for measurement. To allot a sufficient time to collaborate with the ESM and possibly the Cultural Humility Task Force, it is anticipated these measure will be included in the FY 20/21 QAPI Work Plan as an amendment that is anticipated to occur on April 1, 2020 when the above 24/7 Access Line corrective actions are also anticipated to amend the FY 20/21 QAPI Work Plan. The MHP has a Cultural Competency Plan that meets all Cultural Competency Plan Requirements (CCPR), and as such this will also be used as a reference for measures to include within the FY 20/21 QAPI Work Plan.

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

Expected outcome is the FY 20/21 QAPI Work Plan amendment to occur on April 1, 2020 to allow for sufficient time to collaborate with the ESM and Cultural Humility Task Force to identify required cultural and linguistic competence measures.

## **Measures of Effectiveness**

With the inclusion of these measures within the Kings County MHP QAPI Work Plan starting in FY 20/21, this Cultural and Linguistic Competence section will remain a required section moving forward. The QAPI Work Plan is updated and presented each quarter to the Quality Improvement Work Plan and thus these data elements will be assessed and reviewed quarterly or at other frequencies applicable.

## **Requirement**

The MHP Quality Assessment and Performance Improvement program includes active participation by the MHP's practitioners and providers, as well as beneficiaries and family members, in the planning, design and execution of the Quality Improvement program. (MHP contract, Ex. A, Att. 5)

### **DHCS Finding 18**

While the MHP submitted the evidence of compliance with this requirement, the evidence did not indicate that the QAPI program includes active participation by beneficiaries. The MHP stated during the onsite that they are actively seeking beneficiary participation.

### **Corrective Action Description/Implementation Timeline**

The MHP's Quality Assessment and Performance Improvement (QAPI) program is overseen by the MHP's Quality Improvement Committee (QIC) which is comprised of administrative and clinical staff to include practitioners and providers. It is the desire of the MHP to also ensure representation of beneficiaries and family members through membership by Peer Support Specialists and Parent Partners. The MHP also uses the results of the consumer perception survey to help steer the QAPI program. The MHP will begin Peer and Parent Partner recruitment efforts at the QIC on Sept 23, 2020, and anticipates the addition of Peer and Parent Partner membership by the November 18, 2020 QIC continuing forward. Additionally, within the FY 20/21 QAPI Work Plan, this representation will be delineated as well as any interpretation gleaned from the Consumer Perception Survey results as to focal areas of the QAPI program.

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

The expected outcome is the inclusion of Peer Support Specialists and Parent Partners on the MHP QIC roster by November 18, 2020, and a more clear interpretation of the use of the consumer perception survey as it pertains to influence with the QAPI program by the FY 20/21 amendment date of April 1, 2020.

### **Measures of Effectiveness**

Peer Support Specialists and Parent Partner membership on the roster of the QIC will remain once instated on November 18, 2020, thus keeping a continuous representation of beneficiary and family member participation within the MHP's QAPI program.

### **Requirement**

The MHP obtains input from providers, beneficiaries and family members in identifying barriers to delivery of clinical care and administrative services. (MHP contract, Ex. A, Att. 5)

### **DHCS Finding 19**

Evidence did not demonstrate that the MHP receives input from beneficiaries and family members in identifying barriers to delivery of clinical care and administrative services.

### **Corrective Action Description/Implementation Timeline**

The MHP uses input from beneficiaries and family members through the bi-annual Consumer Perception Survey in identifying barriers to delivery of clinical care and administrative services. The results of the Consumer Perception Survey are reviewed twice per year, or as obtained by release through CIBHS, at the Quality Improvement Committee and captured within the MHP's QAPI Work Plan and Evaluation. Any results that identify barriers are discussed for possible action. However, this presentation, interpretation and discussion of results at QIC will be better documented for demonstration through QIC Minutes and within the MHP's QAPI Work Plan, starting with the presentation of the May 2020 results at the February 24, 2021 QIC.

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

The expected outcome will be the documented evidence in the February 24, 2021 QIC minutes and in the April 1, 2021 amendment of the FY 20/21 QAPI Work Plan of use of the Consumer Perception Survey as beneficiary and family member identification of barriers to delivery of clinical care and administrative services.

### **Measures of Effectiveness**

The MHP currently completes this but will ensure to document the evidence within the QIC minutes and QAPI Work Plan.

### **Requirement**

The MHP shall conduct a minimum of two PIPs per year, including any Performance Improvement Projects required by DHCS or CMS. (MHP contract, Ex. A, Att. 5; Fed. Code Regs., tit. 42, § 438, subd.330(b)(1) and (d)(1).)

### **DHCS Finding 20**

The MHP informed the DHCS team that their non-clinical PIP provided to the External Quality Review Organization (EQRO) was not approved. The MHP is currently exploring other areas of performance for their non-clinical PIP.

### **Corrective Action Description/Implementation Timeline**

The MHP had two PIPs but one was found to be not viable during the 2019 EQRO review in October 2019. Therefore, the MHP constructed a new concept-PIP for presentation at the October 14, 2020 EQRO.

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

The expected outcome will be the completed non-clinical PIP development tool and presentation which will be completed by September 11, 2020 for the required EQRO submission 30-days pre-review.

### **Measures of Effectiveness**

The MHP has maintained two PIPs each year; however, in 2019 EQRO found the non-clinical PIP submitted to be not viable due to finding it too far outside the span of control by the MHP. Therefore, this requirement is and has been maintained as the MHP having two PIPs.

### **Requirement**

The MHP has practice guidelines, which meet the requirements of the MHP Contract.(MHP contract, Ex. A, Att. 5; Fed. Code Regs., tit. 42. § 438, subd.236(b); Cal. Code Regs., tit. 9, § 1810, subd.326.)

### **DHCS Finding 21**

The MHP submitted a statement as an evidence, that a new provider manual has not been developed due to the transition of managed care oversight to the county from Kings View. The MHP stated that the update is planned for 2021 after oversight transition and conversion to new Electronic Health Record will be completed.

### **Corrective Action Description/Implementation Timeline**

Practice Guidelines state current best practices for mental health providers and beneficiaries when making clinical and treatment related decisions. Due to the depth and scope of practices to be reviewed, the MHP will establish and convene a workgroup by Jan 1, 2021 and begin drafting Practice Guidelines consistent with the MHP Contract requirements. Practice Guidelines will be submitted to Documentation Committee for review and feedback. Anticipated completion date is June 30, 2022.

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

The outcome of this corrective action plan is a completed Practice Guideline manual which meets MHP Contract and State requirements by June 30, 2022.

### **Measures of Effectiveness**

As required per 42 C.F.R 438.236 (b), Practice Guidelines will be reviewed and updated periodically as appropriate.

### **Requirement**

The MHP disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries. (MHP contract, Ex. A, Att. 5; Fed. Code Regs., tit. 42, § 438, subd. 236(b); Cal. Code Regs., tit. 9, § 1810, subd. 326.)

## **DHCS Finding 22**

The MHP did not submit evidence of compliance with this requirement.

### **Corrective Action Description/Implementation Timeline**

Practice Guidelines, once drafted and approved through Documentation Committee, will be made available by the MHP on the county website for providers, beneficiaries, and potential beneficiaries to access and review in both English and Spanish. A hard copy of the Practice Guidelines will also be made available at each provider site in both English and Spanish. Anticipated completion date June 30, 2022.

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

The corrective action plan will result in Practice Guidelines being available to providers, current beneficiaries, and potential beneficiaries electronically and in hard copy at each provider site in English as well as our threshold language of Spanish.

### **Measures of Effectiveness**

The MHP Quality Assurance Team will verify at least annually that Practice Guidelines are available electronically via the county website and hard copy at each provider site.

## **Requirement**

The MHP take steps to assure that decisions for utilization management, beneficiary education, coverage of services, and any other area to which the guidelines apply are consistent with the guidelines adopted. (MHP contract, Ex. A, Att. 5; Fed. Code Regs., tit. 42, § 438, subd. 236(b); Cal. Code Regs., tit. 9, § 1810, subd. 326.)

## **DHCS Finding 23**

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

- Policy & Procedure Service Authorization and Utilization Management
- Policy & Procedure Utilization Review/Quality Assurance
- Utilization Review Committee Audit Tool
- Performance Outcomes System Report (children's/adults) March 13, 2018

Specifically, the evidence provided did not demonstrate that the MHP take steps to assure that decisions for beneficiary education and coverage of services are applied consistently with the guidelines adopted.

Specifically, the MHP reported that they are in the process of developing practice guidelines that would include beneficiary education and coverage of services and how they are applied. The evidence provided did not meet this requirement.

### **Corrective Action Description/Implementation Timeline**

To ensure that Practice Guidelines are compliant with the requirement that decisions for utilization management, beneficiary education, coverage of services, and any area which the guidelines apply are consistent with the guidelines, the MHP will establish and convene a workgroup of staff representative of the Adult and Children/Youth system of care providers by Jan 1, 2021. Practice Guidelines will be submitted to Documentation Committee for review and feedback allowing for additional provider feedback to ensure thorough and accurate information regarding coverage of services is captured. Anticipated completion date for Practice Guidelines is June 30, 2022 after which the MHP will conduct a training for all MHP providers to ensure understanding of the Guidelines as they relate to clinical practices and availability to beneficiaries to be included with Informing Materials.

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

The corrective action plan will result in Practice Guidelines that thoroughly and accurately describe the services and best practices utilized by the MHP.

### **Measures of Effectiveness**

As required per 42 C.F.R 438.236 (b), Practice Guidelines will be reviewed and updated periodically as appropriate to ensure the guidelines continue to meet all necessary requirements.

### **Requirement**

Beneficiary information required in Federal Code of Regulations, title 42, section 438, subdivision 10 (e.g., information about managed care, beneficiary handbook, provider directory) may only be provided electronically by the MHP if all of the following conditions are met (Fed. Code Regs., tit. 42, §438, subd.10(c)(6).):

The beneficiary is informed that the information is available in paper form without charge upon request and provides it upon request within 5 business days.

### **DHCS Finding 24**

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

- Beneficiary Handbook
- Provider Directory

Specifically, the documents submitted did not include information that the beneficiary is informed that the information is available in paper form without charge upon request within 5 business days.

### **Corrective Action Description/Implementation Timeline**

The MHP will revise the Beneficiary Handbook and Provider Directory by October 15, 2020 with the language that notifies a beneficiary the material is available in paper form without charge upon request within five business days.

All Beneficiary Handbooks and Provider Directories will be updated in Spanish and on the KCBH websites and lobbies.

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

The proposed evidence of correction to be submitted to DHCS will be the revised Provider Directory and Beneficiary Handbook templates available by October 15, 2020

### **Measures of Effectiveness**

Once the templates are updated, to include the missing information, those templates will continue to be used moving forward.

### **Requirement**

Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number (Cal. Code Regs., tit. 9, chap. 11, § 1810, subd.405(d) and 410(e)(1).):

- The MHP provides a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county.
- The toll-free telephone number provides information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met.
- The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.

The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

### **DHCS Finding 25**

Based on the test calls, DHCS deems the MHP in partial compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1). The MHP must complete a CAP addressing this finding of partial compliance.

### **Corrective Action Description/Implementation Timeline**

The MHP's Access Line is contracted to Kings View for operation. The MHP will meet with Kings View by December 18, 2020 to review and discuss the DHCS triennial Medi-Cal Review test call results as well as the local MHP monthly test call results, to work through the areas that may have been found in partial compliance or out-of-compliance. Using the results of DHCS's test calls and the MHP's monthly test calls, Kings View will be asked to create a refresher training and materials such as scripts for all call operators ensuring to include afterhours operators. The training will be held by the end of April 2021, and all training curricula, Access Line materials, and sign-in sheets will be obtained as evidence for submission to DHCS for this CAP.

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

The expected outcome is the notes from the meeting to review with the Access Line contract provider's DHCS and MHP test call results no later than December 18, 2020, as well as the training curricula, Access Line materials, and sign-in sheets for the Access Line call operator training to occur by the end of April 2021.

### **Measures of Effectiveness**

The compliance of the Access Line will continue to be monitored through the MHP's monthly test calls wherein the results will be shared with the Access Line contract provider for their review and response related to any issues found in partial compliance or out-of-compliance. Test Call results are also logged into the QAPI Work Plan and reported at the QIC on a quarterly basis, wherein the contracted provider will report on any action taken for issues that show patterns and trends related to non-compliance which the report out will be noted within the QIC minutes as well as within the QAPI Work Plan via interpretation of results.

### **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. (Cal. Code Regs., tit. 9, chap. 11, §1810, subd.405(f)). The written log(s) contain the following required elements:

- Name of the beneficiary.
- Date of the request.
- Initial disposition of the request.

### **DHCS Finding 26**

While the MHP submitted evidence to demonstrate compliance with this requirement, three (3) of the five (5) required DHCS test calls were not logged on the MHP's written log of initial request. DHCS deems the MHP in partial compliance with California Code of Regulations, title 9, section 1810, subdivision 405(f). The MHP must complete a CAP addressing this finding of partial compliance. This is a repeated deficiency identified in the previous triennial review.



## **Corrective Action Description/Implementation Timeline**

The MHP's Access Line is contracted to Kings View for operation. The MHP will meet with Kings View by December 18, 2020 to review and discuss the DHCS triennial Medi-Cal Review test call results as well as the local MHP monthly test call results, to work through the areas that may have been found in partial compliance or out-of-compliance. Using the results of DHCS's test calls and the MHP's monthly test calls, Kings View will be asked to create a refresher training for all call operators ensuring to include after hours operators and emphasize within this training the requirement of and the process for logging calls. The training will be held by the end of April 2021, and all training curricula, Access Line materials, and sign-in sheets will be obtained as evidence for submission to DHCS for this CAP.

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

The expected outcome is the notes from the meeting to review with the Access Line contract provider's DHCS and MHP test call results no later than December 18, 2020, as well as the training curricula, Access Line materials, and sign-in sheets for the Access Line call operator training to occur by the end of April 2021.

## **Measures of Effectiveness**

The compliance of the Access Line will continue to be monitored through the MHP's monthly test calls which monitors if calls were logged, and the results will be shared with the Access Line contract provider for their review and response related to any issues found in partial compliance or out-of-compliance. Test Call results are also logged into the QAPI Work Plan and reported at the QIC on a quarterly basis, wherein the contracted provider will report on any action taken for issues that show patterns and trends related to non-compliance which the report out will be noted within the QIC minutes as well as within the QAPI Work Plan via interpretation of results.

## **Requirement**

The MHP has evidence of policies, procedures, and practices that demonstrate the Cultural Competence Committee activities include the following:

Provides reports to the Quality Assurance and/or the Quality Improvement Program. (Cal. Code Regs., tit.9, §1810, subd.410).

## **DHCS Finding 27**

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 410. The MHP must have a Cultural Competence Committee or other group that addresses cultural issues and has participation from cultural groups that is reflective of the community, and evidence of policies, procedures, and practices that demonstrate the Cultural Competence activities

include above listed elements. Specifically, the evidence provided by the MHP did not demonstrate that the Cultural Competence Committee provided reports to the Quality Assurance and/or the Quality Improvement Program.

### **Corrective Action Description/Implementation Timeline**

The Cultural Competency Committee began reporting monthly to the Quality Improvement Committee (QIC) on April 15, 2019.

The MHP started monthly updates of the activities and work of the Cultural Competence committee on May 27, 2020.

The Ethnic Services Manager reports in behalf of the Cultural competence committee on these activities on continues monthly basis.

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

The MHP shall submit to DHCS copies of recent QIC minutes to demonstrate compliance by November 1, 2020.

### **Measures of Effectiveness**

The Cultural Competency report is a standing agenda on the QIC agenda.

### **Requirement**

The MHP shall have any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested be made by a health care professional who has appropriate clinical expertise in addressing the beneficiary's behavioral health needs. (MHP contract, Ex. A, Att 6; Fed. Code Regs., tit. 42, § 438, subd. 210(b)(3).)

### **DHCS Finding 28**

DHCS inspected samples of seventy four (74) service authorizations to verify compliance with regulatory requirements of which two (2) were found out of compliance (97% compliance rate). DHCS deems the MHP in partial compliance with the MHP contract, exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(b)(3). The MHP must complete a CAP addressing this finding of partial compliance.

### **Corrective Action Description/Implementation Timeline**

A Service Authorization Request Policy and Procedure will be drafted consistent with the State requirements, including the requirement for decisions to deny, authorize, or modify a service authorization request be made by a healthcare professional with the appropriate clinical expertise to address the beneficiary's behavioral health needs by Jan 1, 2021. The policy will be submitted to Documentation Committee for review and

feedback prior to being sent to executive management for signature and adoption. Once the policy is signed into effect by executive management, it will be dispersed to providers.

As part of the transition of oversight from Kings View to the MHP, effective June 1, 2020 all Service Authorization Requests are reviewed and processed by the MHP Quality Assurance Clinician (Amy Brisky, LMFT). On Aug 3, 2020, the MHP Children's System of Care Program Manager (Yadira Amial-Cota, LMFT) was trained to review and process SARs and serves as a secondary reviewer in the event that the QA Clinician is unavailable.

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

Service Authorization Requests received by the MHP are reviewed and processed by the MHP's QA Clinician, who is a healthcare professional with the appropriate clinical expertise to address beneficiaries behavioral health needs.

Attachment 28A is a sample of those SARs completed by the MHP's QA Clinician.

### **Measures of Effectiveness**

The MHP's QA Clinician receives, reviews, and responds to all Service Authorization Requests that are received by the MHP (see attachment 28A).

### **Requirement**

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; Fed. Code. Regs., tit. 42, § 438, subd.406(b)(1)). The acknowledgment letter shall include the following:

- Date of receipt
- Name of representative to contact
- Telephone number of contact representative
- Address of Contractor (MHSUDS., IN., No. 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). In addition, DHCS reviewed fifty (50) grievance, appeals and expedited appeals samples to verify compliance with this requirement. Thirty-one (31) were found to be out of compliance (38% compliance rate).

### **DHCS Finding 29**

DHCS deems the MHP in partial compliance with the MHP contract, exhibit A, attachment 12, Federal Code of Regulations, title 42, section 438, subdivision 406(b)(1),

and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-010E. The MHP must complete a CAP addressing this finding of partial compliance.

### **Corrective Action Description/Implementation Timeline**

The MHP drafted and adopted Policy and Procedure A-023 Beneficiary Problem Resolution Process in January 2020 which superseded all previous policy. This policy requires that all grievances, appeals, and requests for expedited appeals are acknowledged in writing within 5 calendar days of receipt by the MHP. The acknowledgement notice contains the date of grievance, appeal, or expedited appeal receipt, name of representative to contact, telephone number of contact representative, and the address of the contractor.

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

This corrective action plan has brought the MHP into compliance with the State requirement as outlined in DHCS IN 18-010E. As evidence that the MHP is compliant with this policy, please see attachment 29A- acknowledgment receipt samples.

### **Measures of Effectiveness**

Appeals and Expedited Appeals are received, logged, and processed by the MHP QA Clinician, and grievances by the Patient Rights Advocate in accordance with the guidance in DHCS IN 18-010E.

### **Requirement**

The MHP shall adhere to the following record keeping, monitoring, and review requirements:

- Maintain a grievance and appeal log and record grievances, appeals, and expedited appeals in the log within one working day of the date of receipt of the grievance, appeal, or expedited appeal. (Fed. Code Regs., tit. 42, § 438, subd.416(a); Cal. Code Regs., tit. 9, § 1850, subd.205(d)(1).)
- 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 for whom the appeal or grievance was filed. (Fed. Code Regs., tit. 42, § 438, subd.416(b)(1)-(6).)
- 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, subd.205(d)(2).)

### **DHCS Finding 30**

While the MHP submitted evidence to demonstrate compliance with this requirement, the FY 2017-2018 and FY 2018-2019 grievance logs did not have mechanisms to track compliance for recording grievances, appeals, and expedited appeals in the log within one (1) working day of the date of receipt of the grievance, appeal, or expedited appeal. All logs lacked the date of each review or review meeting, resolution information for each level of the appeal or grievance if applicable, and the final disposition or reason for not having final disposition.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 416(a), and California Code of Regulations, title 9, section 1850, subdivision 205(d)(1). However, the MHP demonstrated corrections made in the log for FY 2019-2020 and has hired a dedicated grievance/appeal coordinator to monitor the process. Therefore, a CAP is not necessary for this deficiency. The MHP must complete a CAP addressing on going monitoring compliance with this requirement utilizing updated log and newly hired grievance/appeal coordinator.

### **Corrective Action Description/Implementation Timeline**

The log has been updated as of August 14, 2020 with the required elements such as the date and time the appeal/expedited appeal is received, a description of the requested action and reason provided by the beneficiary, beneficiary's name and contact, beneficiary's representative name (if applicable) and contact, provider's name and contact, date the appeal/expedited appeal acknowledgement is sent to the beneficiary, review date/review meeting date, resolution, and date the disposition NAR is sent to the beneficiary and provider; and requests are logged by the KCBH QA Clinician on the day of receipt.

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

This corrective action plan has brought the MHP into compliance as the elements missing from the log during the review, including the date of each review or review meeting, resolution information for each level of the appeal or grievance if applicable, and the final disposition or reason for not having final disposition have been added to the log. The MHP has no outstanding appeal, expedited appeal, or State Fair Hearings. See attachment 30A.

### **Measures of Effectiveness**

Appeals and Expedited Appeals are received, logged within 1 day of receipt, and processed by the MHP QA Clinician in accordance with the guidance in DHCS IN 18-010E. The log is updated throughout the appeal/expedited appeal process as required.

### **Requirement**

Resolve each grievance as expeditiously as the beneficiary's health condition requires not to exceed 90 calendar days from the day the Contractor receives the grievance. (Fed. Code Regs., tit. 42, § 438, subd. 408(a)-(b)(1).).

### **DHCS Finding 31**

While the MHP submitted evidence to demonstrate compliance with this requirement, the grievance sample verification indicated some grievance samples did not have information necessary to verify the compliance in this area.

In addition, DHCS reviewed fifty (50) grievances, appeals, and expedited appeal samples to verify compliance with standards, and found thirty-seven (37) out of compliance (26% compliance rate). DHCS deems the MHP in partial compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(a)-(b)(1). The MHP must complete a CAP addressing this finding of partial compliance

### **Corrective Action Description/Implementation Timeline**

During the time period for which the grievances reviewed by DHCS covered, the process for grievances was in transition from being oversee by the prior contracted provider, Kings View, who oversaw the MHP to the County for oversight. During this transition, the County contracted with a Patient Rights Advocate to oversee it's grievance process, and that PRA was revising the policy and procedure, templates, and log to be in compliance with the DHCS requirements. That process was completed by July 1, 2019 for which all of the above was updated and released as well.

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

The MHP will submit the P&P, templates, samples, and the log as proposed outcomes on September 30, 2020.

### **Measures of Effectiveness**

Grievance and complaints are received then logged within 1 day of receipt, and processed according to the procedures and timeframes specified in DHCS IN 18-010E by the MHP contracted PRA, Ruby Soliz. If a Grievance is not resolved within the 90-day time period, the PRA issues the filer a Notice of Adverse Benefit Determination using the template released by DHCS for which all NOABDs are logged by the MHP QA Clinician and scanned into the beneficiaries medical record.

### **Requirement**

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, subd.206(c).)

## **DHCS Finding 32**

While the MHP submitted evidence to demonstrate compliance with this requirement, the grievance sample verification indicated thirty four (34) of the fifty (50) were missing written Notices of Grievance Resolutions (32% compliance rate).

### **Corrective Action Description/Implementation Timeline**

During the time period for which the grievances reviewed by DHCS covered, the process for grievances was in transition from being overseen by the prior contracted provider, Kings View, who oversaw the MHP to the County for oversight. During this transition, the County contracted with a Patient Rights Advocate to oversee its grievance process, and that PRA was revising the policy and procedure, templates, and log to be in compliance with the DHCS requirements. That process was completed by July 1, 2019 for which all of the above was updated and released as well.

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

The MHP will submit the P&P, templates, samples, and the log as proposed outcomes on September 30, 2020.

### **Measures of Effectiveness**

Grievance and complaints are received then logged within 1 day of receipt, and processed according to the procedures and timeframes specified in DHCS IN 18-010E by the MHP contracted PRA, Ruby Soliz.

### **Requirement**

The MHP must continue the beneficiary's benefits if all of the following occur:

- The beneficiary files the request of an appeal timely in accordance with Federal Code of Regulations, title 42, section 438, subdivision 402(c)(1)(ii) and (c)(2)(ii);
- The appeal involves the termination, suspension, or reduction of previously authorized services;
- The services were ordered by an authorized provider;
- The period covered by the original authorization has not expired; and,
- The beneficiary timely files for continuation of benefits.
- (Fed. Code Regs., tit. 42, § 438, subd. 420(b).)

## **DHCS Finding 33**

While the MHP submitted evidence to demonstrate compliance with this requirement, the Policy & Procedure only states that the beneficiary has the right to request current aid or services continue until the resolution of an Appeal or State Fair Hearing. It does not include all the circumstances where the MHP must continue services.

### **Corrective Action Description/Implementation Timeline**

The Beneficiary Problem Resolution Policy and Procedure has been revised as of 8/14/2020 to include the circumstances in which a beneficiary's services would be continued provided all of the criteria are met, including: the beneficiary files the request of an appeal timely, the appeal involves the termination, suspension, or reduction of previously authorized services, the services were ordered by an authorized provider, the period covered by the original authorization has not expired; and, the beneficiary timely files for continuation of benefits. Once the policy is finalized, the revised policy will be disseminated to providers. Anticipated completion date Jan 1, 2021.

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

Once the Revised Beneficiary Problem Resolution (see attachment 33A) is adopted and executed, the MHP believes that this corrective action plan will be resolved.

### **Measures of Effectiveness**

The MHP's QA Clinician currently is responsible for ensuring compliance with the Beneficiary Problem Resolution Policy and Procedure and service continuation for those beneficiaries who request them during an appeal or state fair hearing and meet necessary requirements. The MHP QA Clinician reports the status of Beneficiary Problem Resolution actions at the Quality Improvement Committee quarterly.

### **Requirement**

The MHP has a Compliance program designed to detect and prevent fraud, waste and abuse. (Fed. Code Regs., tit. 42, § 455, subd.1(a)(1) and 608).

### **DHCS Finding 34**

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 455, subdivision 1(a)(1) and 608. The MHP must have a Compliance program designed to detect and prevent fraud, waste and abuse. The MHP is using the Tulare County Compliance Plan to guide them in their development of their own county plan. The MHP identified that they are currently meeting monthly and the compliance plan is in development.

### **Corrective Action Description/Implementation Timeline**

The MHP is developing a Compliance Plan with applicable policies and procedures and trainings which will be gleaned from the Tulare County and other county Compliance Plans. The Compliance Plan will address the process in which fraud, waste, and abuse is prevented and detected. It is anticipated that this Compliance Plan will be drafted by August 31, 2021, approved by December 31, 2021, and implemented through on-site trainings and Plan dissemination by March 31, 2022.

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



The expected outcome is an MHP Compliance Plan drafted by August 31, 2021, approved for implementation by December 31, 2021, and implemented through release of the Plan and on-site trainings by March 31, 2022 with the Plan, training curricula and sign-in sheets maintained as evidence of completion.

### **Measures of Effectiveness**

The MHP will monitor effectiveness of correction over time using the mechanisms of fraud, waste, and abuse detection and prevention noted within the Plan, once the Plan is drafted and approved. At this time, that process or method is not yet written.

### **Requirement**

The MHP Compliance program includes:

- A Regulatory Compliance Committee (RCC) at the senior management level charged with overseeing the organization's compliance program and its compliance with the requirements of this contract. (MHP contract, Ex. A, Att. 13; Fed. Code Regs., tit. 42, §438, subd.608(a)(1).)
- Effective lines of communication between the CO and the organization's employees. (MHP contract, Ex. A, Att. 13; Fed. Code Regs., tit. 42, §438, subd.608(a)(1).)
- Enforcement of standards through well publicized disciplinary guidelines. (MHP contract, Ex. A, Att. 13; Fed. Code Regs., tit. 42, §438, subd.608(a)(1).)
- The establishment and implementation of procedures and a system with dedicated staff for routine internal monitoring and auditing of compliance risks, prompt response to compliance issues as they are raised, investigation of potential compliance problems as identified in the course of self-evaluation and audits, correction of such problems promptly and thoroughly (or coordination of suspected criminal acts with law enforcement agencies) to reduce the potential for recurrence, and ongoing compliance with the requirements under the contract. (Fed. Code Regs., tit. 42, §438, subd.608(a)(1).)

### **DHCS Finding 35**

The MHP identified that the compliance meetings began in 2019 on a monthly basis. The MHP is currently in the process of developing a checklist, which will allow for better communication between the organizations employees and their CO. The policies and procedures developed by the MHP require annual audits, however, evidence of this practice was not provided. Additional policies were provided after the review however, they are specifically related only to the subcontracted provider Kings View but not for the MHP's compliance program entirely.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attached 13, and Federal Code of Regulations, title 42, section 438, subdivision 608(a)(1). The MHP must complete a CAP addressing this finding of non-compliance.

## **Corrective Action Description/Implementation Timeline**

The MHP has developed a Regulatory Compliance Committee title Title 42/Compliance Committee which will keep minutes of their regular meetings. That committee is developing a Compliance Plan with applicable policies and procedures and trainings which will be gleaned from the Tulare County and other county Compliance Plans. The requirements noted within this 2020 Triennial Medi-Cal Audit Report will also be reviewed and worked through to be addressed within the Compliance Plan. It is anticipated that this Compliance Plan will be drafted by August 31, 2021, approved by December 31, 2021, and implemented through on-site trainings and Plan dissemination by March 31, 2022.

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

The expected outcome is an MHP Compliance Plan drafted by August 31, 2021, approved for implementation by December 31, 2021, and implemented through release of the Plan and on-site trainings by March 31, 2022 with the Plan, training curricula and sign-in sheets maintained as evidence of completion.

## **Measures of Effectiveness**

The MHP will monitor effectiveness of correction over time using the monitoring mechanisms outlined within the Compliance Plan and associated Policies and Procedures, once drafted and approved. At this time, that process or method is not yet written.

## **Requirement**

The MHP shall 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. (MHP contract, Ex. A, Att. 13; Fed. Code Regs., tit. 42, § 438, subd.608(a)(6).)

## **DHCS Finding 36**

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.

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

- Comprehensive Health Insurance Portability and Accountability Act Policies
- Fraud with County Compliance Policies

Specifically, the MHP does not have written policies that provide detail information about the False Claims Act and other Federal and State Laws.

### **Corrective Action Description/Implementation Timeline**

The MHP is developing a Compliance Plan with applicable policies and procedures and trainings which will be gleaned from the Tulare County and other county Compliance Plans. The Compliance Plan will include written policies that provide detail information about the False Claims Act and other Federal and State Laws. It is anticipated that this Compliance Plan will be drafted by August 31, 2021, approved by December 31, 2021, and implemented through on-site trainings and Plan dissemination by March 31, 2022.

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

The expected outcome is an MHP Compliance Plan drafted by August 31, 2021, approved for implementation by December 31, 2021, and implemented through release of the Plan and on-site trainings by March 31, 2022 with the Plan, training curricula and sign-in sheets maintained as evidence of completion.

### **Measures of Effectiveness**

The MHP will monitor effectiveness of correction over time using the monitoring mechanisms outlined within the Compliance Plan and associated Policies and Procedures, once drafted and approved. At this time, that process or method is not yet written.

### **Requirement**

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. (MHP contract, Ex. A, Att. 13; Fed. Code Regs., tit.42, § 438, subd.608(a)(8).)

### **DHCS Finding 37**

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

- Comprehensive Health Insurance Portability and Accountability Act Policies

Specifically, the evidence does not include the MHP's ability to suspend payments to its network providers.

### **Corrective Action Description/Implementation Timeline**

The MHP is developing a Compliance Plan with applicable policies and procedures and trainings which will be gleaned from the Tulare County and other county Compliance Plans. The Compliance Plan will include written policies that provide detail information

about the prevention and detection of fraud, waste, and abuse. As such, this will also include the MHP's ability to suspend payments to its network provider for which there is a credible allegation of fraud. It is anticipated that this Compliance Plan will be drafted by August 31, 2021, approved by December 31, 2021, and implemented through on-site trainings and Plan dissemination by March 31, 2022.

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

The expected outcome is an MHP Compliance Plan drafted by August 31, 2021, approved for implementation by December 31, 2021, and implemented through release of the Plan and on-site trainings by March 31, 2022 with the Plan, training curricula and sign-in sheets maintained as evidence of completion.

### **Measures of Effectiveness**

The MHP will monitor effectiveness of correction over time using the monitoring mechanisms outlined within the Compliance Plan and associated Policies and Procedures, once drafted and approved. At this time, that process or method is not yet written.

### **Requirement**

The MHP implements and maintains procedures designed to detect fraud, waste and abuse that includes provisions to verify that services reimbursed by Medicaid were received by the beneficiary.

(Fed. Code Regs., tit. 42, § 438, subd.608(a)(5).)

### **DHCS Finding 38**

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

- Revised Verification Form
- Service Verification Report
- Memo Service Verification Forms

While the MHP submitted evidence for this requirement, the MHP did not provide evidence of beneficiary service verification being conducted of one of their subcontractors.

### **Corrective Action Description/Implementation Timeline**

The MHP is revising the current services verification process to ensure it is conducted across all MHP providers uniformly. Currently, this process is overseen by its former MHP contract provider, Kings View, but it is the process of transitioning to the oversight of the County who now oversees the MHP for which the correction of ensuring all MHP

providers complete the service verification process will occur. This transition is anticipated to be completed by March 1, 2021.

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

The proposed outcome to provide DHCS with evidence of completion of correction will be a completed MHP-wide service verification, completed and submitted to DHCS by June 30, 2021.

### **Measures of Effectiveness**

Service Verification process will be done once a quarter for randomly selected services across the span of the MHP providers for one week within that quarter, and results will be at the MHP's Regulatory Compliance Committee for review and action if applicable.

### **Requirement**

The MHP ensures collection of disclosures of ownership, control, and relationship information for persons who have an ownership or control interest in the MHP, if applicable, and ensures its subcontractors and network providers submit disclosures to the MHP regarding the network provider's (disclosing entities) ownership and control. (Fed. Code Regs., tit. 42, § 455, subd.101 and 104).

### **DHCS Finding 39**

The MHP did not submit evidence of compliance with this requirement.

### **Corrective Action Description/Implementation Timeline**

The MHP will construct by February 15, 2021 a contractual attachment/exhibit that will be included in all contracts or written agreements, and provide in detail the necessary requirements stipulated in this finding. The MHP Contracts department will ensure that the provider is aware of the requirements and that the requirements are met prior to seeking to execute a written agreement or contract

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

The outcome of this correction plan will be a newly constructed contractual attachment/exhibit completed by February 15, 2021 that will be included in contracts and written agreements to ensure compliance with all code regulations stipulated within these findings.

### **Measures of Effectiveness**

The MHP Contracts department will create a mechanism to ensure that the newly constructed attachment/exhibit is included in all written agreements and contracts. Any time there are requested changes to the regulations stipulated either by DHCS or

through the DHCS-released annual SMHS Protocol, the MHP Contracts department will ensure those changes or edits are implemented accurately.

### **Requirement**

As a condition of enrollment, the MHP must require providers to consent to criminal background checks including fingerprinting when required to do so by DHCS or by the level of screening based on risk of fraud, waste or abuse as determined for that category of provider. (Fed. Code Regs., tit. 42, § 455, sube.434(a).)

### **DHCS Finding 40**

The MHP did not submit evidence of compliance with this requirement.

### **Corrective Action Description/Implementation Timeline**

The MHP will construct by February 15, 2021 a contractual attachment/exhibit that will be included in all contracts or written agreements, and provide in detail the necessary requirements stipulated in this finding. The MHP Contracts department will ensure that the provider is aware of the requirements and that the requirements are met prior to seeking to execute a written agreement or contract

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

The outcome of this correction plan will be a newly constructed contractual attachment/exhibit completed by February 15, 2021 that will be included in contracts and written agreements to ensure compliance with all code regulations stipulated within these findings.

### **Measures of Effectiveness**

The MHP Contracts department will create a mechanism to ensure that the newly constructed attachment/exhibit is included in all written agreements and contracts. Any time there are requested changes to the regulations stipulated either by DHCS or through the DHCS-released annual SMHS Protocol, the MHP Contracts department will ensure those changes or edits are implemented accurately.

### **Requirement**

The MHP requires providers, or any person with a 5% or more direct or indirect ownership interest in the provider, to submit fingerprints when applicable. (Fed. Code Regs., tit. 42, § 455, subd.434(b)(1) and (2)).

### **DHCS Finding 41**

The MHP did not submit evidence of compliance with this requirement.

## **Corrective Action Description/Implementation Timeline**

The MHP will construct by February 15, 2021 a contractual attachment/exhibit that will be included in all contracts or written agreements, and provide in detail the necessary requirements stipulated in this finding. The MHP Contracts department will ensure that the provider is aware of the requirements and that the requirements are met prior to seeking to execute a written agreement or contract

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

The outcome of this correction plan will be a newly constructed contractual attachment/exhibit completed by February 15, 2021 that will be included in contracts and written agreements to ensure compliance with all code regulations stipulated within these findings.

## **Measures of Effectiveness**

The MHP Contracts department will create a mechanism to ensure that the newly constructed attachment/exhibit is included in all written agreements and contracts. Any time there are requested changes to the regulations stipulated either by DHCS or through the DHCS-released annual SMHS Protocol, the MHP Contracts department will ensure those changes or edits are implemented accurately.

## **Requirement**

The MHP shall ensure that its subcontractors and network providers submit the disclosures below to the MHP regarding the network providers' (disclosing entities') ownership and control. The MHP's network providers must be required to submit updated disclosures to the MHP upon submitting the provider application, before entering into or renewing the network providers' contracts, within 35 days after any change in the subcontractor/network provider's ownership, annually and upon request during the re-validation of enrollment process under Federal Code of Regulations, title 42, section 455, subd.104. (MHP contract, Ex. A, Att. 13). Disclosures must include:

- The name, address, date of birth, and Social Security Number of any managing employee of the managed care entity.
- The name and address of any person (individual or corporation) with an ownership or control interest in the network provider.
- The address for corporate entities shall include, as applicable, a primary business address, every business location, and a P.O. Box address.
- Date of birth and Social Security Number (in the case of an individual).
- Other tax identification number (in the case of a corporation with an ownership or control interest in the managed care entity or in any subcontractor in which the managed care entity has a 5 percent or more interest)
- Whether the person (individual or corporation) with an ownership or control interest in the Contractor's network provider is related to another person with

ownership or control interest in the same or any other network provider of the Contractor as a spouse, parent, child, or sibling; or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the managed care entity has a 5 percent or more interest is related to another person with ownership or control interest in the managed care entity as a spouse, parent, child, or sibling;

- The name of any other disclosing entity in which the Contractor or subcontracting network provider has an ownership or control interest; and
- The MHP shall provide DHCS with all disclosures before entering into a network provider contract with the provider and annually thereafter and upon request from DHCS during the re-validation of enrollment process under Federal Code of Regulations, title 42, section 455, subdivision 104.

### **DHCS Finding 42**

The MHP did not submit evidence of compliance with this requirement.

### **Corrective Action Description/Implementation Timeline**

The MHP will construct by February 15, 2021 a contractual attachment/exhibit that will be included in all contracts or written agreements, and provide in detail the necessary requirements stipulated in this finding. The MHP Contracts department will ensure that the provider is aware of the requirements and that the requirements are met prior to seeking to execute a written agreement or contract

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

The outcome of this correction plan will be a newly constructed contractual attachment/exhibit completed by February 15, 2021 that will be included in contracts and written agreements to ensure compliance with all code regulations stipulated within these findings.

### **Measures of Effectiveness**

The MHP Contracts department will create a mechanism to ensure that the newly constructed attachment/exhibit is included in all written agreements and contracts. Any time there are requested changes to the regulations stipulated either by DHCS or through the DHCS-released annual SMHS Protocol, the MHP Contracts department will ensure those changes or edits are implemented accurately.

### **Requirement**

The MHP must submit disclosures and updated disclosures to the Department of Health and Human Services including information regarding certain business transactions within 35 days, upon request. (MHP contract, Ex. A, Att. 13). The ownership of any subcontractor with whom the MHP has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request; and any



significant business transactions between the MHP and any wholly owned supplier, or between the MHP and any subcontractor, during the 5-year period ending on the date of the request. The MHP must obligate network providers to submit the same disclosures regarding network providers as noted under subsection 1(a) and (b) within 35 days upon request.

### **DHCS Finding 43**

The MHP did not submit evidence of compliance with this requirement.

#### **Corrective Action Description/Implementation Timeline**

The MHP will construct by February 15, 2021 a contractual attachment/exhibit that will be included in all contracts or written agreements, and provide in detail the necessary requirements stipulated in this finding. The MHP Contracts department will ensure that the provider is aware of the requirements and that the requirements are met prior to seeking to execute a written agreement or contract

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

The outcome of this correction plan will be a newly constructed contractual attachment/exhibit completed by February 15, 2021 that will be included in contracts and written agreements to ensure compliance with all code regulations stipulated within these findings.

#### **Measures of Effectiveness**

The MHP Contracts department will create a mechanism to ensure that the newly constructed attachment/exhibit is included in all written agreements and contracts. Any time there are requested changes to the regulations stipulated either by DHCS or through the DHCS-released annual SMHS Protocol, the MHP Contracts department will ensure those changes or edits are implemented accurately.

#### **Requirement**

The MHP shall submit the following disclosures to DHCS regarding the MHP's management:

- The identity of any person who is a managing employee of the MHP who has been convicted of a crime related to federal health care programs. (Fed. Code Regs., tit.42, § 455, subd.106(a)(1), (2).)
- The identity of any person who is an agent of the MHP who has been convicted of a crime related to federal health care programs. (Fed. Code Regs., tit. 42, § 455, subd.106(a)(1), (2).) For this purpose, the word "agent" has the meaning described in Federal Code of Regulations, title 42, section 455, sbud.101.

### **DHCS Finding 44**

The MHP did not submit the evidence of compliance with this requirement.

### **Corrective Action Description/Implementation Timeline**

The MHP will construct by February 15, 2021 a contractual attachment/exhibit that will be included in all contracts or written agreements, and provide in detail the necessary requirements stipulated in this finding. The MHP Contracts department will ensure that the provider is aware of the requirements and that the requirements are met prior to seeking to execute a written agreement or contract

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

The outcome of this correction plan will be a newly constructed contractual attachment/exhibit completed by February 15, 2021 that will be included in contracts and written agreements to ensure compliance with all code regulations stipulated within these findings.

### **Measures of Effectiveness**

The MHP Contracts department will create a mechanism to ensure that the newly constructed attachment/exhibit is included in all written agreements and contracts. Any time there are requested changes to the regulations stipulated either by DHCS or through the DHCS-released annual SMHS Protocol, the MHP Contracts department will ensure those changes or edits are implemented accurately.

### **Requirement**

The MHP has a process to confirm monthly that no providers is on the:

- OIG List of Excluded Individuals/Entities (LEIE).
- System of Award Management (SAM) Excluded Parties List System (EPLS).
- DHCS Medi-Cal List of Suspended or Ineligible Providers (S&I List).
- (Fed. Code Regs., tit. 42, § 438, subd. 608(d) and §455, subd.436)

### **DHCS Finding 45**

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

- Policy & Procedure Credentialing/re-credentialing of Providers
- Kings View Network Provider Credentialing template
- Conflict of Interest Codes
- OIG HHS DHCS MediCal Suspended Ineligible database
- Provider Application

While the MHP submitted evidence to demonstrate compliance with this requirement, the report provided did not include the month of October 2019 and reviewer was unable

to verify the MHP's compliance with this requirement for October 2019. The MHP stated that this was due to staffing issues.

### **Corrective Action Description/Implementation Timeline**

The Quality Assurance (QA) Team worked to set up the Access Database provided by Tulare County at 2019 CalQIC. The newest OIG List of Excluded Individuals/Entities, SAM, EPLS, and the DHCS Medi-Cal List of suspended or Ineligible Providers was imported into the database. Using our most recent Network Adequacy Certification Tool Data (NACT), the QA Team was able to run a test of our current provider lists against the newly imported files that had been added to the database. It is anticipated that the mastery of the use of this database and process will conclude December 31, 2020, with the MHP conducting all these provider database checks monthly thereafter.

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

The proposed outcome is a log showing monthly database checks which will be provided to DHCS for evidence of compliance by December 31, 2020.

### **Measures of Effectiveness**

This monthly database checks process will be reported at the monthly MHP's Regulatory Compliance Committee for oversight.

### **Requirement**

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

### **DHCS Finding 46**

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

- P&P Annual Mental Health Plan Cost Report
- Cost Report extension email from DHCS
- Cost Report submission extension request from MHP

In addition, DHCS reviewed internal compliance data on timely cost report submission. The Cost Reports for FY 16/17 and 17/18 were submitted on time. However, the Cost Report for FY 18/19 was not submitted within the 30-day extension period that was approved by DHCS.

### **Corrective Action Description/Implementation Timeline**

The MHP contracts with Kings View for the completion of Cost Reporting. Forces outside the MHP and Kings View's control prevented the 18/19 Cost Report from being completed on time. The process was previously being handled by one individual. To

mitigate potential future delays, Kings View and the MHP have suggested and implemented that more than one person be available and trained for the completion of Cost Reports to ensure compliance with the previously submitted Policy and Procedure on submission.

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

The MHP has a written an approved P&P outlining submission timeliness with Cost Reports. The P&P was submitted during the last review. The P&P was in place, yet the MHP still missed the deadline due to forces beyond the control of the MHP or the contractor. No additional evidence or proposed evidence will be submitted to DHCS.

### **Measures of Effectiveness**

N/A. The MHP already has a P&P in place, accounts for general circumstances of the CAP needing to be addressed.

### **Requirement**

The MHP, and subcontractors, shall allow the Department, CMS, the Office of the Inspector General, the Comptroller General of the United States, and other authorized federal and state agencies, or their duly authorized designees, to evaluate Contractor's, and subcontractors', performance under this contract, including the quality, appropriateness, and timeliness of services provided, and to inspect, evaluate, and audit any and all records, documents, and the premises, equipment and facilities maintained by the Contractor and its subcontractors pertaining to such services at any time. (MHP contract, Ex. E; Fed. Code Regs., tit. 42, § 438, subd. 3(h) and 230(c)(3)(i-iii).). The MHP shall allow such inspection, evaluation and audit of its records, documents and facilities, and those of its subcontractors, for 10 years from the term end date of this Contract or in the event the Contractor has been notified that an audit or investigation of this Contract has been commenced, until such time as the matter under audit or investigation has been resolved, including the exhaustion of all legal remedies, whichever is later. (MHP contract, Ex. E; Fed. Code Regs., tit. 42, § 438, subd. 3(h) and 230(c)(3)(i-iii).).

### **DHCS Finding 47**

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

- Boilerplate contract
- 24/7 Agreement

While the MHP submitted evidence to demonstrate compliance with this requirement, the contract has a records and inspection section but does not include inspection,

evaluation and audit of its records, documents and facilities, and those of its subcontractors, for 10 years from the term end date of this Contract.

In addition, the records and inspection section of the boilerplate contract does not include the inspection of and the premises, equipment, and facilities.

### **Corrective Action Description/Implementation Timeline**

The MHP will construct by February 15, 2021 a contractual attachment/exhibit that will be included in all contracts or written agreements, and provide in detail the necessary requirements stipulated in this finding. The MHP Contracts department will ensure that the provider is aware of the requirements and that the requirements are met prior to seeking to execute a written agreement or contract

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

The outcome of this correction plan will be a newly constructed contractual attachment/exhibit completed by February 15, 2021 that will be included in contracts and written agreements to ensure compliance with all code regulations stipulated within these findings.

### **Measures of Effectiveness**

The MHP Contracts department will create a mechanism to ensure that the newly constructed attachment/exhibit is included in all written agreements and contracts. Any time there are requested changes to the regulations stipulated either by DHCS or through the DHCS-released annual SMHS Protocol, the MHP Contracts department will ensure those changes or edits are implemented accurately.

### **Requirement**

The MHP must establish written standards for (1) timeliness and (2) frequency of the Assessment documentation.

(MHP Contract, Ex. A, Att. 9)

### **DHCS Finding 48 (2A)**

Assessments were not completed in accordance with regulatory and contractual requirements, specifically:

One or more assessments were not completed within the update frequency requirements specified in the MHP's written documentation standards. Per the MHP's policies, the initial assessment is conducted at the "initiation of clinical services" and re-assessments are conducted "every two years (one year for CSOC) in which clinical services are provided".

The following are specific findings from the chart sample:

- Line 3: The prior assessment was completed on 3/7/16, but no updated assessment could be located by MHP staff. Per MHP's standards of timeliness, an updated assessment would have been due for completion on 3/7/18, 2 years after the completion of the prior assessment.

The MHP shall submit a CAP that describes how the MHP will ensure that assessments are completed in accordance with the initial timeliness and update frequency requirements specified in the MHP's written documentation standards.

### **Corrective Action Description/Implementation Timeline**

The MHP has adopted a new Policy and Procedure (A-073 Mental Health Assessment (Adult and Children)) that went into effect February 2020 which supersedes previous policy and states "all Kings County persons served, adult and children, who receive outpatient Specialty Mental Health Services (SMHS) have a comprehensive assessment upon accessing services, and that appropriate updated assessments/re-assessments are completed at least annually."

Additionally, the Quality Assurance Clinician has drafted a document "Assessment Timeliness Report" which was given to Program Managers and Clinic Leads along with training on how to run and utilize the report on April 21, 2020 during Documentation Committee.

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

Policy and Procedure A-073 Mental Health Assessment (Adult and Children) (attachment 48A Assessment Policy) establishes written standards for timeliness and frequency for assessment documentation.

The MHP provided Program Managers and Clinic Leads with a report and training on how to run that report to monitor assessment timeliness during Documentation Committee on 4/21/20

(see attachment 48C- Assessment Timeliness Report, attachment 48D- Documentation Committee Agenda 4/21/20)

### **Measures of Effectiveness**

Standard Compliance with this policy is monitored through monthly Utilization Review of clinical charts (see attachment 48B- Utilization Review Audit Tool, question #9).

Additionally, providers at the local level have been given access to an electronic health record report, and training on how to utilize the report to monitor compliance with the assessment timeliness within their programs to run on a monthly, or as needed basis for real-time monitoring of timeliness compliance within each program. (see attachment 48C and 48D)

### **Requirement**

The MHP shall ensure that the following areas are included, as appropriate, as part of a comprehensive beneficiary record when an assessment has been performed:

- a) Presenting Problem. The beneficiary's chief complaint, history of the presenting problem(s), including current level of functioning, relevant family history and current family information;
- b) Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health; including, as applicable, living situation, daily activities, social support, cultural and linguistic factors and history of trauma or exposure to trauma;
- c) History of trauma or exposure to trauma;
- d) Mental Health History. Previous treatment, including providers, therapeutic modality (e.g., medications, psychosocial treatments) and response, and inpatient admissions;
- e) Medical History, including: Relevant physical health conditions reported by the beneficiary or a significant support person; Name and address of current source of medical treatment; For children and adolescents, the history must include prenatal and perinatal events and relevant/significant developmental history;
- f) Medications, including: Information about medications the beneficiary has received, or is receiving, to treat mental health and medical conditions, including duration of medical treatment; Documentation of the absence or presence of allergies or adverse reactions to medications; Documentation of informed consent for medications;
- g) Substance Exposure/Substance Use. Past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications) and over-the-counter drugs, and illicit drugs;
- h) Client Strengths. Documentation of the beneficiary's strengths in achieving client plan goals related to their mental health needs and functional impairment(s);
- i) Risks. Situations that present a risk to the beneficiary and others, including past or current trauma;
- j) Mental Status Examination;
- k) A Complete Diagnosis. A diagnosis from the current ICD-code that is consistent with the presenting problems, history, mental status exam and/or other clinical data; including any current medical diagnosis

(MHP Contract, Ex. A, Att. 9; CCR, title 9, §§ 1810.204 and 1840.112)

#### **DHCS Finding 49 (2A)**

One or more of the assessments reviewed did not address all of the required elements specified in the MHP Contract. Specifically:

a) Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health, including history of or exposure to trauma:

Line numbers 1 and 2: For example for Line 2: although the MHP uses a checkbox on the diagnosis form to indicate a history of trauma, the form indicates "unknown/not reported".

b) Medications: Line numbers 2, 3, 5, 6, 7, and 8.

**DHCS Finding 49 (2A):** The MHP shall submit a CAP that describes how the MHP will ensure that every assessment contains all of the required elements specified in the MHP Contract with the Department.

### **Corrective Action Description/Implementation Timeline**

The MHP has adopted a new Policy and Procedure A-073 Mental Health Assessment (Adult and Children) that went into effect February 2020 and supersedes all other policies which outlines the required elements of a Mental Health Assessment.

The MHP QA Clinician drafted a Memo regarding Clinical Documentation Reminders which was submitted and reviewed in Documentation Committee on June 16, 2020, July 21, 2020, and August 18, 2020. The Memo will be released to providers prior to October 1, 2020 and training offered to all providers. Anticipated completion date for training Dec 31, 2020.

Finally, the MHP QA Clinician drafted a document to assist providers with capturing the required elements of a comprehensive mental health assessment in the electronic mental health assessment called the MHA\_EHR Crosswalk. This was submitted to the Documentation Committee on May 19, 2020 and will be released to providers along with the Clinical Documentation Reminder Memo prior to October 1, 2020 and training offered to all providers. Anticipated completion date for training Dec 31, 2020.

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

Policy and Procedure A-073 Mental Health Assessment (Adult and Children) states the minimum required elements of a comprehensive mental health assessment (See attachment 49A).

By Oct 1, 2020, the MHP will release a Memo on Clinical Documentation Reminders (See attachment 49B) as well as a guide to crosswalk the required assessment elements into the electronic mental health assessment (See attachment 49C). The MHP will offer training to all clinical providers related to Assessment Documentation; anticipated completion date Dec 31,2020).

### **Measures of Effectiveness**

Compliance with this Policy and Procedure is monitored through ongoing monthly Utilization Review of clinical charts (See attachment 49D-Utilization Review Audit Tool, question 10a-10k).



## **Requirement**

The provider obtains and retains 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)

## **DHCS Finding 50 (3A)**

The provider did not obtain and retain a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication, and there was no documentation in the medical record of a written explanation regarding the beneficiary's refusal or unavailability to sign the medication consent:

- Line number 1: Although there was a written medication consent form in the medical record, there was no medication consent for each of the medications prescribed. The MHP was given the opportunity to locate the medication consent(s) in question but was unable to locate it/them in the medical record.

Specifically, per progress notes, the beneficiary was prescribed Vistaril, but MHP staff could not locate a medication consent that included this medication in the medical record.

The MHP shall submit a CAP to address actions it will implement to ensure the following:

- 1) A written medication consent form is obtained and retained for each medication prescribed and administered under the direction of the MHP.
- 2) Written medication consent forms are completed in accordance with the MHP's written documentation standards.

## **Corrective Action Description/Implementation Timeline**

The MHP shall update the medication consent policy and procedure by April 30, 2021 to ensure medication consents are in place and up to date. The policy and procedure shall detail the expectation of the MHP in regards to medication consent compliance and will ensure contractors add policy and procedure to their operational policies. The MHP shall further provide a training for prescribers and nurses regarding the policy and procedure for medication consent.

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

By April 30, 2021, the MHP Shall submit updated policy and procedure for obtaining medication consent form, and evidence of training on medication consent form and updated policy and procedure

## **Measures of Effectiveness**

The MHP shall continue to monitor compliance of medication consent forms during the monthly medication monitoring chart reviews.

## **Requirement**

Written medication consents shall include, but not be limited to, the following required elements:

- 1) The reasons for taking such medications.
- 2) Reasonable alternative treatments available, if any.
- 3) Type of medication.
- 4) Range of frequency (of administration).
- 5) Dosage.
- 6) Method of administration.
- 7) Duration of taking the medication.
- 8) Probable side effects.
- 9) Possible side effects if taken longer than 3 months.
- 10) Consent once given may be withdrawn at any time.

(MHP Contract, Ex. A, Att. 9)

## **DHCS Finding 51 (3B)**

Written medication consents did not contain all of the required elements specified in the MHP Contract with the Department. The following required elements were not documented on the medication consent form, and/or documented to have been reviewed with the beneficiary, and/or provided in accompanying written materials to the beneficiary:

- 1) Range of Frequency: Line numbers 1 and 7.
- 2) Dosage: Line numbers 1 and 7.
- 3) Method of administration (oral or injection): Line numbers 1, 7, and 9.
- 4) Duration of taking each medication: Line numbers 1 and 7.
- 5) Possible side effects if taken longer than 3 months: Line numbers 1, 7, and 9.

The MHP shall submit a CAP that describes how the MHP will ensure that every medication consent process addresses all of the required elements specified in the MHP Contract with the Department.

### **Corrective Action Description/Implementation Timeline**

The MHP shall include in the updated policy and procedure all required elements pertaining to the medication consent, which shall be audited for compliance during the medication monitoring chart reviews. The MHP shall provide training for prescribers and nursing staff to ensure all elements of the medication consent are obtained. The MHP plans to provide new medication consent form and training by April 30, 2021.

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

By April 30, 2021, the MHP Shall submit updated policy and procedure for obtaining medication consent form. The MHP shall provide evidence of training on medication consent form and updated policy and procedure

### **Measures of Effectiveness**

The MHP shall continue to monitor compliance of medication consent forms during the monthly medication monitoring chart reviews

### **Requirement**

All entries in the beneficiary record (i.e., Medication Consents) include:

- 1) Date of service.
- 2) The signature of the person providing the service (or electronic equivalent).
- 3) The person's type of professional degree, licensure, or job title of the person providing the service.
- 4) Relevant identification number (e.g., NPI number), if applicable.
- 5) The date the documentation was entered in the medical record.

(MHP Contract, Ex. A, Att. 9)

### **DHCS Finding 52 (3C)**

Medication Consent(s) in the chart sample did not include the signature of the provider of service (or electronic equivalent) that includes the provider's professional degree, licensure, job title, and/or the date the provider completed and entered the document into the medical record. Specifically:

- The type of professional degree, licensure, or job title of person providing the service:

- Line number 1.

The MHP shall submit a CAP that describes how the MHP will ensure that all Medication Consents include the provider's signature (or electronic equivalent) that includes professional degree, licensure or title.

### **Corrective Action Description/Implementation Timeline**

The MHP shall create a medication consent form that shall be used by all MHP providers. The medication consent shall include signature and printed name along with professional degree, license or title. The MHP shall provide a training on including professional degree, licensure or title when providing signature or name. The MHP plans to provide new medication consent form and training by April 30, 2021.

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

By April 30, 2021, the MHP shall submit new medication consent form along with verification of training for prescribers and nursing staff.

### **Measures of Effectiveness**

The MHP shall continue to monitor compliance of medication consent forms during the monthly medication monitoring chart reviews

### **Requirement**

The client plan has been updated at least annually and/or when there are significant changes in the beneficiary's condition.

MHP Contract, Ex. A, Att. 2)

### **DHCS Finding 53 (4B-2)**

One or more client plan(s) was not updated at least annually and/or when there were significant changes in the beneficiary's condition. Specifically:

- Line number 3: There was no Updated Client Plan found in the medical record. During the review, MHP staff was given the opportunity to locate the document in question but could not find written evidence of it in the medical record. The prior plan was completed as signed on 3/24/17, but no Updated Client Plan was found in the medical record. There are no recoupments associated with this finding, as the progress notes for this client were primarily for services provided as part of discharge planning process from an inpatient facility, and therefore reflect services that are reimbursable without a plan being in place (TCM or Plan Development).

**DHCS Finding 53 (4B-2):** The MHP shall submit a CAP that describes how the MHP will ensure that:

1) Client plans are updated at least on an annual basis, as required by the MHP Contract with the Department, and within the timelines and frequency specified in the MHP's written documentation standards.

2) Client Plans are reviewed and updated whenever there is a significant change in the beneficiary's mental health condition.

### **Corrective Action Description/Implementation Timeline**

The MHP has adopted a new Policy and Procedure A-068 Plan of Care that went into effect February 2020 which supersedes all previous policy and states that a Plan of Care will be developed in collaboration with the beneficiary prior to the provision of SMHS and "updated at least annually, or more frequently if clinically indicated."

Additionally, the MHP Quality Assurance Clinician has drafted a document called "Assessment Timeliness Monitoring Report" which also includes instructions on the utilization of an electronic health record feature called a "Target Date" which notifies staff of a pending expiration date for a client plan. This was given to Program Managers and Clinic Leads along with training on how to run and utilize the report on April 21, 2020 during Documentation Committee to share with their clinical staff and implementation.

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

Policy and Procedure A-068 Plan of Care (attachment 53A Plan of Care Policy) establishes written standards for timeliness and frequency for client plan documentation.

The MHP provided Program Managers and Clinic Leads with a training on how to use an electronic health record feature called a Target Date (See attachment 53B- Assessment Timeliness Monitoring Report) which notifies clinical staff of a pending client plan expiration date and serves as a reminder to update the plan within the MHP timeliness standards during Documentation Committee on 4/21/20 (See attachment 53C Documentation Committee agenda 4/21/20).

### **Measures of Effectiveness**

Compliance with this Policy and Procedure is monitored through ongoing monthly Utilization Review of clinical charts (See attachment 53D-Utilization Review Audit Tool, questions 15 and 16).

### **Requirement**

C. 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 a proposed frequency of the intervention(s).
- 4) Have a proposed duration of intervention(s).
- 5) Have interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance (CCR, title. 9, § 1830.205(b).
- 6) Have interventions that are consistent with client plan goal(s)/treatment objective(s).
- 7) Have interventions consistent with the qualifying diagnosis.

MHP Contract, Ex. A, Att. 9)

#### **DHCS Finding 54 (4C)**

Client Plans did not include all of the required elements specified in the MHP Contract. Specifically:

- One or more proposed intervention did not include an expected frequency or frequency range that was specific enough. Line number 10. Collateral and Linkage and Consultation (TCM) interventions were listed with "Ad Hoc" as their frequency, which do not meet the requirement for a specifically stated frequency.
- One or more proposed intervention did not include an expected duration. Line numbers 1, 2, 5, 6, 8, 9, and 10.

The MHP shall submit a CAP that describes how the MHP will ensure that:

- 1) Mental health interventions/modalities proposed on client plans include a detailed description of the interventions to be provided and do not just identify a type or modality of service (e.g. "therapy", "medication", "case management", etc.).
- 2) Mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.

#### **Corrective Action Description/Implementation Timeline**

The MHP has adopted a new Policy and Procedure A-068 Plan of Care that went into effect February 2020 which supersedes all previous policy and states the required elements of a Client Plan as required by the State.

On March 4, 2020, the MHP provided two trainings (one morning session and one afternoon session) on Client Plans for all MHP Clinical Staff and higher to ensure understanding of MHP and State expectations related to Client Plans.

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

Policy and Procedure A-068 Plan of Care (attachment 54A Plan of Care Policy) establishes written standards for client plan documentation consistent with State requirements.

The MHP has provided clinical staff who complete Client Plans with training on March 4, 2020 relevant to Client Plan expectations and standards (See attachment 54B- Client Plan Training Agenda and 54C- Client Plan Training Materials).

## **Measures of Effectiveness**

Compliance with this Policy and Procedure is monitored through ongoing monthly Utilization Review of clinical charts (See attachment 54D-Utilization Review Audit Tool, questions 17-23).

## **Requirement**

Items that shall be contained in the client record (i.e., Progress Notes) related to the beneficiary's progress in treatment include all of the following:

- a) Timely documentation of relevant aspects of client care, including documentation of medical necessity;
- b) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions;
- c) Interventions applied, beneficiary's response to the interventions and the location of the interventions;
- d) The date the services were provided;
- e) Documentation of referrals to community resources and other agencies, when appropriate;
- f) Documentation of follow-up care, or as appropriate, a discharge summary; and
- g) The amount of time taken to provide services; and
- h) The signature of the person providing the service (or electronic equivalent) with the person's type of professional degree, licensure, or job title.

(MHP Contract, Ex. A, Att. 9)

Reason for Recoupment (RR) 8: The MHP did not submit a progress note corresponding to the claim submitted to DHCS for reimbursement, as follows:

- a) No progress note submitted

b) The progress note provided by the MHP does not match the claim submitted to DHCS for reimbursement in terms of the following:

- 1) Specialty Mental Health Service claimed.
- 2) Date of service, and/or
- 3) Units of time.

(MHSUDS IN No. 18-054, Enclosure 4)

### **DHCS Finding 55 (5B)**

Progress notes did not include all required elements specified in the MHP Contract, and/or were not in accordance with the MHP's written documentation standards. Specifically:

- Line numbers 3, 5, 8, 9, and 10. One or more progress note was not completed within the MHP's written timeliness standard of 3 business days after provision of service.
- Line numbers 2, 4, and 7. One or more progress notes did not match its corresponding claim in terms of the amount of time to provide services: Specifically, these progress notes did not indicate the amount of time of the service provided as required by the MHP Contract. RR8b3, refer to Recoupment Summary for details.
- Line number 2: For Medication Support claims (Service Function 60) for the dates of 2/14/19; 2/28/19 (60 units of time each) and 02/15/2019; 02/16/2019; 02/17/2019; 02/18/2019; 02/20/2019; 02/21/2019; 03/01/2019; 03/02/2019; 03/03/2019; 03/06/2019 (30 units of time each), MHP submitted copies of "Kaweah Delta Mental Health" inpatient notes summary. Units of time for visits on these dates could not be located on the associated progress notes, and as such, DHCS was unable to match the progress notes with the claims information.
- Line number 4: For Medication Support claims (Service Function 60) for the dates of 3/1/19 (60 units of time), and 3/02/2019; 3/03/2019; 03/07/2019; 03/09/2019; 03/10/2019; 03/12/2019; 03/15/2019 (30 units of time each), MHP submitted copies of "Kaweah Delta Mental Health" inpatient notes summary. Units of time for visits on these dates could not be located on the associated progress notes, and as such, DHCS was unable to match the progress notes with the claims information.
- Line number 7: For Medication Support claims (Service Function 60) for the dates of 3/28/19 (60 units of time) and 3/29/19; 3/30/19; 3/31/19 (30 units of time each), MHP submitted copies of records from Adventist Health Vallejo when the beneficiary was admitted to an inpatient setting. Units of time for visits could not be located on the associated progress notes, and as such, DHCS was unable to match the progress notes with the claims information.



1) The MHP shall submit a CAP that describes how the MHP will ensure that progress notes document:

Timely completion and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP's written documentation standards.

2) The MHP shall submit a CAP that describes how the MHP will ensure that both service dates and units of time recorded on progress notes match their corresponding claims.

3) The MHP shall submit a CAP that describes how the MHP will ensure that Specialty Mental Health Services claimed are accurate and are actually provided to the beneficiary.

### **Corrective Action Description/Implementation Timeline**

The MHP has adopted a new Policy and Procedure A-069 Progress Notes/ Clinical Documentation effective February 2020 that supersedes all previous policies and outlines the required elements of clinical documentation and documentation timeliness. Per Policy A-069, providers must complete progress notes within 0-3 days from the date the service was provided with an additional 2 days allowed if the progress note requires a co-signature for a total of 5 days.

Documentation Training was scheduled for all MHP providers for March 31, 2020 however due to COVID-19 and executive orders to shelter in place, the training was cancelled. This training will be rescheduled for early 2021. Anticipated completion date March 31, 2021.

During Triennial Review, DHCS found the MHP to be out of compliance with regard to progress note entry timeliness. The MHP has the ability to run a Progress Note Timeliness report in the electronic health record (called a Lifecycle Analysis report). The MHP will run this report quarterly (at minimum) for each program to monitor the timeliness of progress note entry. Additionally, the MHP will make this report available to program supervisors and provide training on how to run the report for monitoring at the local level. Anticipated completion date March 1, 2021

During the Triennial Review, DHCS found the MHP to be out of compliance with regard to several notes missing required documentation elements, specifically, progress notes for medication Support claims missing units of time. This finding resulted in Recoupment. The MHP appealed this finding on July 24, 2020.

In the event that DHCS does not accept the MHP's appeal for this finding, the MHP will require hospital records submitted to the MHP for authorization to contain all required documentation elements, including the units of time to provide each service. When hospital records do not include the required elements of documentation such as units of time, the MHP QA Clinician will allow each hospital facility to resubmit corrected documentation for review and authorization. If corrected documentation is not received,

the MHP will deny the claim and a NOABD sent to the provider as required per DHCS IN 18-010E .

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

Policy and Procedure A-069 Progress Notes/Clinical Documentation (attachment 55A Progress Note Policy) establishes written standards for progress note content and timeliness.

### **Measures of Effectiveness**

Policy and Procedure compliance is monitored through monthly Utilization Review of client charts (See attachment 55B- Utilization Review Audit Tool, questions 33a-35f).

The MHP will run a progress note timeliness report in the electronic health record quarterly to monitor compliance with the time standards for entry outlined in the Policy. Additionally, by March 1, 2021, the MHP will provide program managers at each site access to the same report and provide training on how to run and utilize the report to monitor compliance within their program on a real time basis.

The MHP QA Clinician will review retrospectively Treatment Authorization Requests and ensure that all documentation meets the MHP documentation standards as outlined in policy A-069 or issue a NOABD in accordance with DHCS IN 18-010E requirements.

### **Requirement**

When services are being provided to, or on behalf of, a beneficiary by two or more persons at one point in time, do the progress notes include:

- 1) Documentation of each person's involvement in the context of the mental health needs of the beneficiary.
- 2) The exact number of minutes used by persons providing the service.
- 3) Signature(s) of person(s) providing the services.

(CCR, title 9, § 1840.314(c).)

Reason for Recoupment (RR) 13: For service activities involving one (1) or more providers, progress notes, or other relevant documentation in the medical record, did not clearly include the following:

- a) The total number of providers and their specific involvement in the context of the mental health needs of the beneficiary; or

b) The specific amount of time of involvement of each provider in providing the service, including travel and documentation time if applicable; or

c) The total number of beneficiaries participating in the service activity.

(MHSUDS IN No. 18-054, Enclosure 4)

### **DHCS Finding 56 (5C)**

Documentation of services provided to, or on behalf of, a beneficiary by one or more persons at one point in time did not include all required components. Specifically:

Line number 5. While the MHP was able to provide separate documentation listing the number of participants in each group, one or more group progress notes did not accurately document the number of group participants in the group.

The MHP shall submit a CAP that describes how the MHP will ensure that progress notes contain the actual number of clients participating in a group activity, the number and identification of all group provider/facilitators, the correct type of service (e.g., Group Rehabilitation or Group Psychotherapy), and date of service.

### **Corrective Action Description/Implementation Timeline**

The MHP has adopted a new Policy and Procedure A-069 Progress Notes/ Clinical Documentation effective February 2020 that supersedes all previous policies and outlines the required elements of clinical documentation.

The MHP drafted a Memo called Travel Time and Co-Practitioner Claim Submission which was presented at Documentation Committee for review and feedback on 1/21/2020. This memo was released to providers on January 31, 2020 and again on April 23, 2020.

Documentation Training was scheduled for all MHP providers for March 31, 2020 however due to COVID-19 and executive orders to shelter in place, the training was cancelled. This training will be rescheduled for early 2021. Anticipated completion date March 31, 2021.

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

Policy and Procedure A-069 Progress Notes/Clinical Documentation (attachment 56A Progress Note Policy) establishes the requirements for progress note documentation including that for group services.

The MHP drafted a Memo called Travel Time and Co Practitioner Claim Submission (see attachment 56B) which was presented in Documentation Committee on 1/21/2020 (See attachment 56C- Documentation Committee agenda 1/21/2020). This Memo was released to providers on 1/31/2020 (see attachment 56E Travel Time Memo) and again 4/23/2020 (see attachment 56D) as a reminder to address questions that arose as the result of COVID-19.

## **Measures of Effectiveness**

Policy and Procedure compliance is monitored through monthly Utilization Review of client charts (See attachment 56F- Utilization Review Audit Tool, questions 34-38).

### **Requirement**

Progress notes shall be documented at the frequency by types of service indicated below:

a) Every service contact for:

- i. Mental health services;
- ii. Medication support services;
- iii. Crisis intervention;
- iv. Targeted Case Management;

b) Daily for:

- i. Crisis residential;
- ii. Crisis stabilization (one per 23/hour period);
- iii. Day Treatment Intensive;
- iv. Therapeutic Foster Care

c) Weekly:

- i. Day Treatment Intensive: (clinical summary);
- ii. Day Rehabilitation;
- iii. Adult Residential.

(MHP Contract, Ex.A, Att. 9); (CCR, title 9, §§ 1840.316(a-b);1840.318(a-b), 840.320(a-b),)

### **DHCS Finding 57 (5D)**

Progress notes were not documented according to the frequency requirements specified in the MHP Contract. Specifically:

- Line number 6. For Mental Health Services claimed, the service activity (e.g., Assessment, Plan Development, Rehab) identified on the progress note was not consistent with the specific service activity actually documented in the body of the progress note.

Specifically, progress notes for the following dates describe family therapy services, although the claims were for Collateral services: 1/29/19, 2/11/19, 3/7/19, and 3/13/19.

The MHP shall submit a CAP that describes how the MHP will:

- 1) Ensure that all Specialty Mental Health Services claimed are:
  - a) Documented in the medical record.
  - b) Claimed for the correct service modality billing code, and units of time.
- 2) Ensure that all progress notes:
  - a) Are accurate, complete and legible and meet the documentation requirements described in the MHP Contract with the Department.
  - b) Describe the type of service or service activity, the date of service and the amount of time to provide the service, as specified in the MHP Contract with the Department.
  - c) Are completed within the timeline and frequency specified in the MHP Contract with the Department, and as specified in the MHP's written documentation standards.

### **Corrective Action Description/Implementation Timeline**

The MHP has adopted a new Policy and Procedure A-069 Progress Notes/ Clinical Documentation effective February 2020 that supersedes all previous policies and outlines the required elements of clinical documentation and documentation timeliness.

Documentation Training was scheduled for all MHP providers for March 31, 2020 however due to COVID-19 and executive orders to shelter in place, the training was cancelled. This training will be rescheduled for early 2021. Anticipated completion date March 31, 2021.

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

Policy and Procedure A-069 Progress Notes/Clinical Documentation (attachment 57A Progress Note Policy) establishes the requirements for progress note documentation and documentation timeliness.

### **Measures of Effectiveness**

Policy and Procedure compliance is monitored through monthly Utilization Review of client charts (See attachment 57B- Utilization Review Audit Tool, questions 35-37).

### **Requirement**

The MHP must make individualized determinations of each child's/youth's need for ICC and IHBS, based on the child's/youth's strengths and needs. (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 58 (6A)**

1) The medical record associated with the following Line number(s) did not contain evidence that the beneficiary received an individualized determination of eligibility and need for ICC services and IHBS, and that if appropriate, such services were included in their Client Plan:

- Line numbers 6 and 10.
- Line number 6. Client is a child with a history trauma, domestic violence, and CPS involvement who could benefit from coordination across multiple child-serving systems, including the client's school which placed referral for the child to receive SMHS services. Therefore, there is evidence that the beneficiary could have benefited from ICC services to assist with coordination of care across multiple child-serving systems.
- Line number 10. There is evidence that the beneficiary could have benefited from ICC services, at a minimum to assist in coordination between MHP and Probation services which were also involved in this client's case.

The MHP provided Policy Number-A-056, "Referral and Authorization for Intensive Home based Services (IHBS) and Intensive Care Coordination (ICC)", which describes appropriate policies around eligibility and service requirements related to IHBS and ICC services.

However, this policy is dated July 1, 2019 (Revised December 5, 2019) after the audit period. The MHP staff confirmed at the on-site that this policy was not enacted at time of the audit period and its associated claims, but was fully in effect at the time of the onsite review visit.

Therefore, a Corrective Action Plan (CAP) is not required for the development and implementation of a policy for the provision of IHBS and ICC services. However, a CAP is required to assure that staff are appropriately trained and providing these services in accordance with the MHP's policies.

The MHP shall submit a CAP that describes how it will ensure that:

- 1) Training is provided to all staff and contract providers who have the responsibility for determining eligibility and need for ICC and IBHS.
- 2) Each beneficiary under age 22 who is authorized to receive Specialty Mental Health Services also receives an individualized determination of eligibility and need for ICC Service and IHBS prior to or during the development of the beneficiary's Initial Client Plan.

### **Corrective Action Description/Implementation Timeline**

The MHP will provide training by April 30, 2021 to all county and contract providers' staff who have the responsibility for determining eligibility and need for ICC and IHBS.

The MHP will revise the current Policy Number-A-056, “Referral and Authorization for Intensive Home based Services (IHBS) and Intensive Care Coordination (ICC)” to include language about beneficiary under age 22 who is authorized to receive Specialty Mental Health Services also receives an individualized determination of eligibility and need for ICC Service and IHBS prior to or during the development of the beneficiary’s Initial Plan of Care (POC). The Policy will be revised by March 1, 2021.

**Proposed Evidence/Documentation of Correction**

The MHP will submit revised Policy Number-A-056, “Referral and Authorization for Intensive Home based Services (IHBS) and Intensive Care Coordination (ICC)” and the training PowerPoint and sig-in sheet for staffed trained by May 1, 2021.

**Measures of Effectiveness**

Individualized determination of eligibility and need for ICC Service and IHBS prior to or during the development of the beneficiary’s Initial Plan of Care (POC) will be included in the monthly Utilization Review Committee Audit Tool.