

Madera County Mental Health Services
FY 2018/19 Specialty Mental Health Triennial Review
Corrective Action Plan

System Review

Requirement

The MHP shall ensure that each beneficiary has an ongoing source of care appropriate to his or her needs and a person or entity formally designated as primarily responsible for coordinating the services accessed by the beneficiary (MHP Contract, Ex. A, Att.1 O; 42 CFR § 438.208(b)(1)).

The beneficiary shall be provided information on how to contact their designated person or entity (MHP Contract, Ex. A, Att.1 O; 42 CFR § 438.208(b) (1)).

DHCS Finding [Finding Number]

**Care Coordination & Continuity of Care
(No Protocol finding number or text provided)**

Corrective Action Description

Policy (care coordination) has been implemented and documents procedures to deliver care to and coordinate services for all MHP beneficiaries by doing the following:

- Coordinate the services the MHP furnishes to the beneficiary;
- Between settings of care, including appropriate discharge planning for short-term and long-term hospital and institutional stays;
- With the services the beneficiary receives from any other MHP;
- With the services the beneficiary receives in Fee-For-Service Medicaid; and,
- With the services the beneficiary receives from community and social support providers.

Policy MHP 28 has been revised, now documenting the MHP's policy for coordinating the physical and mental health of our beneficiaries.

Policy MHP 29 documents the MHP's policy for receiving referrals from Primary Care Providers

Proposed Evidence/Documentation of Correction

- Report from Cal Viva and health net showing numbers of referrals
- MHP 19 Coordination of Care with Bi-Directional Forms & other Attachments
- MHP 28 Coordination of Care with PCP

MHP 29 Referral from Primary Care Physicians for Mental Health Assessment

Measures of Effectiveness (if included)

The Bi-Direction Referral Form has recently been incorporated into our EHR from which reports will be ran as a way of monitoring.

A database for tracking Initial letters to PCP being sent out and received by the MHP is currently in development phase, staff is directed to retro entries.

Same corrective action applies to Contract Providers

Implementation Timeline:

10.23.19

Requirement

The MHP shall coordinate the services the MHP furnishes to the beneficiary between settings of care, including appropriate discharge planning for short-term and long-term hospital and institutional stays (MHP Contract, Ex. A, Att.1 O; 42 CFR §§ 438.208(b)(2)(i)(iv), and Cal. Code Regs., tit. 9 § 1810.415

DHCS Finding [Finding Number]

(No Protocol finding number or text provided)

Corrective Action Description

Policy MHP 19.00 Care Coordination has been implemented documenting the requirement of discharge planning between settings of care for short-term and long-term hospital and institutional stays, to be managed by the assigned primary contact.

Proposed Evidence/Documentation of Correction

MHP 19.00 Care Coordination

Measures of Effectiveness (if included)

The initial letter to PCP (MHP 19.A1/19.A2) was developed and is currently completed for every client at intake to enhance coordination of care. A database for tracking Initial letters to PCP being sent out and received by the MHP is currently in development phase, staff is directed to retro entries.

Implementation Timeline:

10/23/19

Requirement

The MHP shall share with the Department or other managed care entities serving the beneficiary the results of any identification and assessment of that beneficiary's needs to prevent duplication of those activities (MHP Contract, Ex. A, Att.1 O; 42 CFR §438.208(b)(4)).

DHCS Finding [Finding Number]

(No Protocol finding number or text provided)

Corrective Action Description

Policy MHP 19.00 Care Coordination has been implemented documenting The MHP's compliance with the requirement to share with DHCS or other managed care entities serving the beneficiary the results of any identification and assessment of that beneficiary 's needs to prevent duplication of those activities .

Proposed Evidence/Documentation of Correction

MHP 19.00 Care Coordination

Measures of Effectiveness (if included)

The initial letter to PCP (MHP 19.A1/19.A2) will aid in preventing duplication of services provided by the PCP and MHP as these will share specific documents related to coordination of care. All initial letters to PCP will be tracked and the process' efficiency monitored by running reports of its completion, collection and response from PCP.

Implementation Timeline: [Date(s)]

10/23/19

Requirement

The MHP shall ensure that each provider furnishing services to beneficiaries maintains and shares, as appropriate, a beneficiary health record in accordance with professional standards (MHP Contract, Ex. A, Att.1 O; 42 CFR § 438.208(b)(5)).

DHCS Finding [Finding Number]

(No Protocol finding number or text provided)

Corrective Action Description

MHP 19.00 Care Coordination has been implemented documenting The MHP's compliance with the requirement to maintain and share, as appropriate, a beneficiary's health record in accordance with professional standards

Proposed Evidence/Documentation of Correction

MHP 19.00 Care Coordination

Measures of Effectiveness (if included)

The MHP will share appropriate beneficiary health information via the Initial Letter to PCP (MHP 19.A1/19.A2). All initial letters to PCP will be tracked and the process' efficiency monitored by running reports of its completion, collection and response from PCP.

Implementation Timeline: [Date(s)]

10/23/19

Requirement

When the dispute involves an MCP continuing to provide services to a beneficiary the MCP believes requires SMHS from the MHP, the MHP shall identify and provide the MCP with the name and telephone number of a psychiatrist or other qualified licensed mental health provider available to provide clinical consultation, including consultation on medications to the MCP provider responsible for the beneficiary's Care (Cal. Code Regs., tit. 9 §1810.370(a)(5)).

DHCS Finding [Finding Number]

(No Protocol finding number or text provided)

Corrective Action Description

This revision has been made to the MOU and awaiting acceptance from Anthem Blue Cross and CalViva Health Net.

Proposed Evidence/Documentation of Correction

See page 15 on each MOU.

Measures of Effectiveness (if included)

Requests from the MCP for consultation with available MHP provider will be logged and tracked on an excel spreadsheet and thru a progress note.

Implementation Timeline: [Date(s)]

MOU back dated to 10/01/2019

Requirement

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

DHCS Finding [Finding Number]

(No Protocol finding number or text provided)

Corrective Action Description

The Quality Improvement and Quality Management committees have been resurrected by the MHP. Data for evaluating Grievances, Appeals and Fair Hearings will be reviewed by the QI and QM committee on a quarterly basis. Grievance, Appeal and Change of Provider data was reviewed by said committees in October 2019.

Beneficiary/Family Satisfaction surveys are completed bi-annually, data is analyzed by the Plan, presented to QM/QI committees and shared with all staff/providers and Behavioral Health Board members.

All policies, forms and process for appeals, grievances and fair hearings for contract providers are managed by the MHP and follow the same process.

Proposed Evidence/Documentation of Correction

- QI Sign in Sheet & Agenda
- QM Sign in Sheet & Agenda
- QMP 08.00 Quality Management Committees
- Survey Analysis

Measures of Effectiveness (if included)

A program assistant is assigned for data entry, this staff reports directly to QM coordinator if/when any inconsistencies or breakdown in the process happens. MHP Analyst tracks and trends data and serves as another set of eyes in data quality, consistency and process. This data then is presented to QM/QI as an additional level of assurance in process.

Implementation Timeline: [Date(s)]

Implemented October 1, 2019. Next review will be January 2020.

Requirement

The MHP has mechanisms to address meaningful clinical issues affecting beneficiaries system-wide (MHP Contract, Ex. A, Att. 5).

DHCS Finding [Finding Number]

(No Protocol finding number or text provided)

Corrective Action Description

The Quality Improvement and Quality Management committees are now occurring on a monthly basis as indicated in our policy. Data for evaluating Grievances, Appeals and Change of Providers is now being collected and reviewed by the QI and QM committee on a quarterly basis. Grievance, Appeal and Change of Provider data was reviewed by said committees in October 2019. Staff training on the topics of the grievance and appeal process are currently being provided thru November 15, 2019

All policies, forms and process for appeals, grievances and fair hearings for contract providers are managed by the MHP and follow the same process.

Proposed Evidence/Documentation of Correction

- QMP 08.00 Quality Management Committees
- Grievance Log
- Appeal Log
- Training sign in sheets and agendas
- QMP 03.00 Appeal Resolution Requirements
- QMP 03.A1 Appeal Form Eng/Sp
- QMP 03.A3 Appeal Acknowledgement Letter Eng/Sp
- QMP 03.A5 Acting on Behalf of Consumer En/Sp

Measures of Effectiveness (if included)

Forms have been completed. The importance of addressing these requests has been Staff trainings regarding the process for grievances, appeals and change of provider underlined to staff as a client's right. A program assistant is assigned for data entry, this staff reports directly to QM coordinator if/when any inconsistencies or breakdown in the process happens. MHP Analyst tracks and trends data and serves as another set of eyes in data quality, consistency and process. This data then is presented to QM/QI as an additional level of assurance in process.

Implementation Timeline: [Date(s)]

11/15/2019

Requirement

The Contractor has mechanisms to monitor appropriate and timely intervention of occurrences that raise quality of care concerns, take appropriate follow-up action

when such an occurrence is identified , and evaluate the results of the intervention at least annually (MHP Contract, Ex. A, Att. 5).

DHCS Finding [Finding Number]

(No Protocol finding number or text provided)

Corrective Action Description

The plan has added standing items on both the QM and QI agendas to address track and trend data for Grievances, Appeal and Change of Provider requests. The QI committee looks at trending areas of concern for each type of form over time. The QM committee also looks like areas of concern but in addition they are provided more detail regarding trending by staff involved in each Grievance, Appeal and COP over time to identify if additional training is needed.

All Grievances, Appeals and Change of Provider requests are processed and monitored by the MHP for contract providers and follow the same process.

Proposed Evidence/Documentation of Correction

- QI Sign in Sheet & Agenda
- QM Sign in Sheet & Agenda

FY 18-19 Report

Measures of Effectiveness (if included)

A program assistant is assigned for data entry, this staff reports directly to QM coordinator if/when any inconsistencies or breakdown in the process happens. MHP Analyst tracks and trends data and serves as another set of eyes in data quality, consistency and process. This data then is presented to QM/QI as an additional level of assurance in process.

Implementation Timeline: [Date(s)]

10.01.19

Requirement

The QAPI work plan includes evidence of compliance with the requirements for cultural competence and linguistic competence (MHP Contract, Ex. A, Att. 5).

DHCS Finding [Finding Number]

(No Protocol finding number or text provided)

Corrective Action Description

The plan reinstated and reformatted its Cultural Competence Plan in accordance with IN 10-02. Furthermore, the plan submitted its CCP 2018 Update to the state and is currently working on its 2019 Update.

The plan has also collected a cultural and linguistic competence survey from staff prior to each CCP update to understand how our system looks and make informed decisions going forward.

The QAPI includes a cultural competence and linguistic competence which addresses areas where additional attention is needed, trainings which we set as goals to meet and overall QI functions

Proposed Evidence/Documentation of Correction

- QAPI FY 17-18(See page 38)
- QAPI FY 18-19 (See page 34)
- Cultural Competence Plan 2018 Update
- CCP Survey 2018
- CCP Survey 2019
- QMP 08.00 Quality Management Committees

MHP 44.00 Cultural Competence Plan

Measures of Effectiveness (if included)

Monitoring will happen thru QI/QA/QM/Cultural Competence meeting sign in sheets and agendas and minutes as well as ongoing QAPI, Cultural Competence Plan Updates and surveys.

Implementation Timeline: [Date(s)]

This piece has been in place since 2018, however as we learn more we continue to develop additional areas.

At this point this is an established area 11.05.19.

Requirement

The MHP QAPI 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 QI program (MHP Contract, Ex. A, Att. 5).

DHCS Finding [Finding Number]

(No Protocol finding number or text provided)

Corrective Action Description

The plan has now recruited two family members of beneficiaries who are also past beneficiaries themselves for the QI meetings. They will be an integral part of the problem solving and decision making for all aspects of our operations.

Proposed Evidence/Documentation of Correction

- QI Sign in Sheet & Agenda
 - QMP 08.00 Quality Management Committees (5.1.9, 5.4.3)
- Stakeholder Letters

Measures of Effectiveness (if included)

Monitoring will happen via monthly meeting sign-in sheets.

Implementation Timeline: [Date(s)]

10.01.19.

Requirement

The MHP shall operate a Utilization Management program that is responsible for assuring that beneficiaries have appropriate access to SMHS (MHP Contract, Ex. A, Att. 5).

DHCS Finding [Finding Number]

(No Protocol finding number or text provided)

Corrective Action Description

The utilization management piece is now part of a monthly QI meeting. In addition the plan produces multiple utilization reports on a quarterly basis which are reviewed by QM committee. Data reported include utilization by gender, age, city of residence, race, ethnicity, and service type. Use of crisis services and most recently utilization of TBS and IHBS services across the agency.

All UM monitoring for contract providers are managed by the MHP and follow the same process. Contract providers will also be serving on the Utilization Management Team

Proposed Evidence/Documentation of Correction

- Utilization Report
 - Chart Audit Data Report
 - QI Sign in Sheet & Agenda (see item 4)
- Demo Report

Measures of Effectiveness (if included)

Monitoring will happen via meeting agendas specifying which UM areas are

presented and discussed by QM committees as well as UM data collected and prepared reports.

In addition the plan will begin receiving utilization reports tailored to our needs from our EHR contractor King view. This piece is in the early stages of development at this point. The plan is also in the process of contracting with Tableau which is an analytics software program to allow us to expand our analytics Abilities.

Implementation Timeline: [Date(s)]

Reports have been gradually integrated with more coming since the beginning of FY 17-18 and is still in progress. This item at this point is established, 11.05.19.

Requirement

Beneficiary information required in 42 CFR Section 438.10 (e.g., information about managed care, beneficiary handbook, provider directory) may only be provided electronically by the MHP if 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 (42 CfR § 438.1 O(c)(6)).

DHCS Finding [Finding Number]

(No Protocol finding number or text provided)

Corrective Action Description

Consent forms in the EHR will be corrected to read according to regulation. P&P MHP 05.00 Mental Health Provider Directory will be updated to read according to regulation. P&P MHP 13.00 Language Translation and Interpretation Services will be updated to read according to regulation.

Proposed Evidence/Documentation of Correction

- Minor Consent form
 - Adult Consent form
- Consent form update email

Measures of Effectiveness (if included)

Completed and signed consent forms both by staff and clients.

Implementation Timeline: [Date(s)]

Consent Forms – 01.2020 P&P – 11.14.19

Requirement

The MHP shall make a good faith effort to give written notice of termination of a contracted provider, within 15 calendar days after receipt or issuance of the termination notice, to each beneficiary who was seen on a regular basis by the terminated provider (42 CFR § 438.1 O(f)(1)).

DHCS Finding [Finding Number]

(No Protocol finding number or text provided)

Corrective Action Description

MHP 16.00 Beneficiary Notice

Upon Contracted Provider Termination and attachments have been in place but recently revised to better align with regulation requirements. This process is in policy and it's a procedure followed by the MHP and its providers.

Proposed Evidence/Documentation of Correction

- Policy and procedure 16.00
- Policy and procedure 16.A1

Policy and procedure 16.A2

Measures of Effectiveness (if included)

Scanned Termination Notices into EHR.

Implementation Timeline: [Date(s)]

01.2019

Requirement

Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number (Cal. Code Regs., tit. 9, §§ 1810.405(d) and 1810.410(e)(1)).The toll-free telephone number provides information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met.

DHCS Finding [Finding Number]

(No Protocol finding number or text provided)

Corrective Action Description

MHP 01.00 was revised to specify each of the regulation requirements. The agency's phone menu recording now provides all the information required such as how to access SMHS, Urgent conditions and Grievance/Appeal processes.

Proposed Evidence/Documentation of Correction

- Policy and Procedure 01.00 Revised
Phone Menu Script

Measures of Effectiveness (if included)

Agency phone menu recording.

Implementation Timeline: [Date(s)]

04/2019

Requirement

The written log(s) contain the following required elements: (Cal. Code Regs., tit. 9,

§1810.405(f)).

- a) Name of the beneficiary.
- b) Date of the request.

Initial disposition of the request.

DHCS Finding [Finding Number]

(No Protocol finding number or text provided)

Corrective Action Description

The MHP has developed a database for call log information collection which went live on 03.07.19. The database is available to all clinic sites for daily entry of calls.

Proposed Evidence/Documentation of Correction

- Call Log Database Elements
Call Log Created Date

Measures of Effectiveness (if included)

Data is extracted from the database on a quarterly basis for reporting purposes and quality assurance.

Implementation Timeline: [Date(s)]

03.07.19

Requirement

The Cultural Competence Committee (CCC) completes its Annual Report of CCC activities as required in the Cultural Competence Plan Requirement (CCPR) (Cal. Code Regs., tit. 9, ~ 1810.410).

DHCS Finding [Finding Number]

(No Protocol finding number or text provided)

Corrective Action Description

The MHP completed its annual update of the cultural competence plan for 2018 and is currently working on completing its 2019 update. As part of completing the CCP update the MHP also collects annual feedback from staff regarding our cultural competence program.

Proposed Evidence/Documentation of Correction

- CCP 2018
- Survey 2018
- Survey 2019
- CC Survey 18-19 Comparison

Measures of Effectiveness (if included)

Annual Completed CCP.

Implementation Timeline: [Date(s)]

01/2020

Requirement

The MHP also requires providers to request authorization for additional SMHS provided concurrently with day treatment intensive or day rehabilitation, excluding services to treat emergency and urgent conditions. These services are provided with the same frequency as the concurrent day treatment intensive or day rehabilitation services (Cal. Code Regs., tit. 9, §§ 1810.227, 1810.216 and 1810.253)

DHCS Finding [Finding Number]

(No Protocol finding number or text provided)

Corrective Action Description

MHP policy has been updated to demonstrate compliance by defining Emergency Psychiatric Conditions, Mental Health Services, and Urgent Condition. The MHP has also updated its policy to include “Payment will not be made without prior authorization for services” with regard to Day Treatment and Day Rehabilitation”

Proposed Evidence/Documentation of Correction

MHP 18.00 Authorization of Specialty Mental Health Services, Page 12, section 5.9.9. & Attachments

Measures of Effectiveness (if included)

The MHP does not currently provide nor does it contract to have day treatment or day rehabilitation services provided for our beneficiaries. However, the structure for said services and additional SMHS is in place thru SAR tracking system to ensure SMHS are readily available and provided to any and all beneficiaries requiring such services.

Implementation Timeline: [Date(s)]

10.23.19

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; 42 CFR §438.406(b)(1)). The written acknowledgement to the beneficiary must be postmarked with in five (5) calendar days of receipt of the grievance (MHSUDS Information Notice 18-01 OE).

DHCS Finding [Finding Number]

(No Protocol finding number or text provided)

Corrective Action Description

Effective 07/01/2019 A program assistant has been trained on handle beneficiary grievances and appeals of adverse benefit determinations and assigned the responsibility of monitoring the grievance and appeals log to ensure we are meeting the timeframe requirements and in compliance with the required process

Proposed Evidence/Documentation of Correction

- Grievance Log
- Appeal Log

Measures of Effectiveness (if included)

MHP Division Manager and program assistant meet weekly to review the respective logs. If weekly meetings do not prove effect the meetings will occur 2x week.

Implementation Timeline: [Date(s)]

10.24.19

Requirement

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

DHCS Finding [Finding Number]

(No Protocol finding number or text provided)

Corrective Action Description

The Quality Improvement and Quality Management committees have been resurrected by the MHP. Data for Grievances, Appeals and Change of Providers will be reviewed by the QI and QM committee on a quarterly basis. Grievance, Appeal and Change of Provider data was reviewed by said committees in October 2019.

During the QI/QM November monthly meeting the compliance officer presented the Grievance Resolution Determination form which will be distributed to supervisors whenever a grievance involves their direct staff, the supervisor will then complete the form to report their action process and return the completed form the compliance officer for tracking.

Proposed Evidence/Documentation of Correction

- QI Sign in Sheet & Agenda
- QM Sign in Sheet & Agenda
- QMP 08.00 Quality Management Committees
- Grievance Resolution Determination

Measures of Effectiveness (if included)

The Program Assistant assigned to enter information into Grievance, Appeal and Change of Provider Logs monitors any anomalies and reports them to her direct supervisor who is the QI Coordinator and MHP Division Manager. MHP Analyst tracks and trends data and presents it in both a table and visuals (tables/graphs) so make it easier to interpret data from FY to FY and F Quarter to F Quarter.

Implementation Timeline: [Date(s)]

Implemented October 1, 2019. Next review will be January 2020

Requirement

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

DHCS Finding [Finding Number]

(No Protocol finding number or text provided)

Corrective Action Description

The MHP has revised and implemented the policy for the appeal process to include providing the beneficiary a reasonable opportunity, in person and in writing, to present evidence and testimony and make legal and factual arguments. The Appeal form and lobby poster have been revised to provide the beneficiary information about their right to present evidence, testimony and make legal and factual arguments as well as the timeframes for the resolution process. A policy for second opinion requests is now in place.

All policies, forms and process for appeals for contract providers are managed by the MHP and follow the same process.

Proposed Evidence/Documentation of Correction

- QMP 03.00 Appeal Resolution Requirements
 - QMP 03.A1 Appeal Form Eng/Sp

 - QMP 03.A3 Appeal Acknowledgement Letter Eng/Sp
 - QMP 03.A5 Acting on Behalf of Consumer En/Sp

 - QMP 07.A7 Appeal Tracking Log
 - MHP 22.00 Request for Second Opinion

 - MHP 22.A1 Request for Second Opinion Form Eng/Sp
 - MHP 22.A3 Request for Second Opinion Log
- Client Rights Problem Resolution Guide Eng/Sp

Measures of Effectiveness (if included)

Staff trainings around client rights when a grievance or appeal are presented have been scheduled thru November 15, 2019. In addition, the Appeal Log tracks the manner in which an appeal was received.

Implementation Timeline: [Date(s)]

10/29/2019

Requirement

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

DHCS Finding [Finding Number]

(No Protocol finding number or text provided)

Corrective Action Description

QMP 3 and our Appeal Log have been revised to reflect compliance with treating oral inquiries seeking to appeal an adverse benefit determination as appeals and are confirmed in writing unless the beneficiary or provider requests expedited resolution.

Proposed Evidence/Documentation of Correction

- QMP 03.00 Appeal Resolution Requirements
- QMP 03.A7 Appeal Tracking Log

Measures of Effectiveness (if included)

Staff trainings around client rights when a grievance or appeal are presented have been scheduled thru November 15, 2019. In addition, the Appeal Log tracks the manner in which an appeal was received.

Implementation Timeline: [Date(s)]

10.24.19

Requirement

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

requirement; each record shall include, but not be limited to, a general description of the reason for the appeal or grievance the date received, the date of each review or review meeting, resolution information for each level of the appeal or grievance, if applicable, and the date of resolution at each level, if applicable, and the name of the covered person whom the appeal or grievance was filed (42 CFR §§ 438.416(b)(1)-(6)) .

DHCS Finding [Finding Number]

(No Protocol finding number or text provided)

Corrective Action Description

The grievance and appeal logs have been corrected to include the beneficiary name. There were no other findings to this requirement.

Proposed Evidence/Documentation of Correction

- QMP 02.A5 Grievance Tracking Log
- QMP 03.A7 Appeal Tracking Log

Measures of Effectiveness (if included)

Current Grievance and Appeal logs address the required areas and all entries are monitored by assigned Program Assistant and MHP Analyst at time of data Analysis for tracking and trending quarterly.

Implementation Timeline: [Date(s)]

The correction to the grievance and appeal logs were made on 10/07/2019 and are currently in use

Requirement

The MHP's appeal process shall, at a minimum: Allows the beneficiary to have a reasonable opportunity to present evidence and testimony and make arguments of fact or law, in person and in writing (42 CFR § 438.406(b)(4)). Allow the beneficiary, his or her representative, or the legal representative of a deceased beneficiary's estate, to be included as parties to the appeal (42 CFR § 438.406(b)(6)).

DHCS Finding [Finding Number]

(No Protocol finding number or text provided)

Corrective Action Description

The MHP has amended the grievance and appeal policies, request forms,

acknowledgement letters and lobby posters to include the following:

- Handling beneficiary grievances and appeals of adverse benefit determinations will include as parties to the appeal:
 - (1) The beneficiary and his or her representative ; or,
 - (2) The legal representative of a deceased beneficiary's estate.
- The beneficiary will be provided a reasonable opportunity, in person and in writing, to present evidence and testimony and make legal and factual arguments.

The MHP will inform the beneficiary of the limited time available for this sufficiently in advance of the resolution timeframe for appeals, both standard and expedited.

Proposed Evidence/Documentation of Correction

- QMP 02.00 Grievance Resolution Process
- QMP 03.00 Appeal Resolution Requirement
- QMP 02.A1 Grievance Form
- Grievance Poster - Eng.Sp

- QMP 03.A1 Appeal Form
- Appeal Poster

- QMP 02.A3 Grievance Acknowledgement Letter
- QMP 03.A3 Appeal Acknowledgement Letter

All policies, forms and process for grievances and appeals for contract providers are managed by the MHP and follow the same process.

Measures of Effectiveness (if included)

Client Rights are posted in our clinic lobbies, client right's brochures specify client rights, staff trainings happen annually. Trainings for this year are in process thru November 15, 2019.

Implementation Timeline: [Date(s)]

10.24.19

Requirement

The MHP's expedited appeal process shall, at a minimum, inform beneficiaries of the limited time available to present evidence and testimony, in person and in writing, and make legal and factual arguments for an expedited appeal. The Contractor must inform beneficiaries of this sufficiently in advance of the resolution

timeframe for the expedited appeal (42 CFR §§ 438.406(b)(4) and 438.408(b)-(c)).

DHCS Finding [Finding Number]

(No Protocol finding number or text provided)

Corrective Action Description

MHP has revised policy, appeal request form, and letter of acknowledgement for expedited appeals to include specific language that notifies the beneficiary or their representative of the limited time frame/time limit for submitting evidence or verbal arguments.

All policies, forms and process for appeals for contract providers are managed by the MHP and follow the same process.

Proposed Evidence/Documentation of Correction

- QMP 03.00 Appeal Resolution Requirements
- QMP 03.A1 Appeal Form
- Appeal Poster
- QMP 03.A3 Appeal Acknowledgement Letter

Measures of Effectiveness (if included)

Client Rights are posted in our clinic lobbies, client right’s brochures specify client rights, staff trainings happen annually with this year’s currently in process.

Implementation Timeline: [Date(s)]

10.24.19

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 (42 CFR § 455.434(a)).

DHCS Finding [Finding Number]

(No Protocol finding number or text provided)

Corrective Action Description

The MHP updated P&P CMP 14.00 Disclosure of ownership and Control Interest to include the requirements for background checks and fingerprinting.

MHP's Contracted providers will be provided updated Ownership Disclosure Statements upon proposed contract renewals.

Proposed Evidence/Documentation of Correction

- CMP14.00 Disclosure of Ownership and Control Interest
- CMP 14.A1 Disclosure Statement

Measures of Effectiveness (if included)

MHP staff will review all Ownership disclosure forms for completion and forward to the MHP Compliance Officer for risk review and determination if further action is needed up to and including requesting a background check and/or finger prints from current or potential contracted provider

Implementation Timeline: [Date(s)]

P&P has been updated and implemented as of November 8th.

Requirement

The MHP requires providers, or any person with a 5 percent (%) or more direct or indirect ownership interest in the provider, to submit fingerprints when applicable (42 CFR §§ 455.434(b)(1) and (2)).

DHCS Finding [Finding Number]

(No Protocol finding number or text provided)

Corrective Action Description

The MHP updated P&P CMP 14.00 Disclosure of ownership and Control Interest to include the requirements for background checks and fingerprinting.

MHP's Contracted providers will be provided updated Ownership Disclosure Statements upon proposed contract renewals.

Proposed Evidence/Documentation of Correction

- CMP14.00 Disclosure of Ownership and Control Interest
- CMP 14.A1 Disclosure Statement

Measures of Effectiveness (if included)

Officer for risk review and determination if further action is needed up to and including requesting a background check and/or finger prints from current or potential contracted provider. The MHP Compliance Officer will then submit Disclosure statements to DHCS

before entering into a network provider contract with the provider, annually thereafter and upon request from DHCS during re-validation of enrollment process.

Implementation Timeline: [Date(s)]

P&P has been updated and implemented as of November 8th.

Requirement

Disclosures must include the name and address of any person (individual or corporation) with an ownership or control interest in the network provider.

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 42 CFR Section 455.104.

DHCS Finding [Finding Number]

(No Protocol finding number or text provided)

Corrective Action Description

The MHP updated P&P CMP 14.00 Disclosure of ownership and Control Interest

MHP's Network Provider Contracted providers will be provided updated Ownership Disclosure Statements upon proposed contract renewals.

Proposed Evidence/Documentation of Correction

- CMP14.00 Disclosure of Ownership and Control Interest
- CMP 14.A1 Disclosure Statement

Measures of Effectiveness (if included)

MHP staff will review all Ownership disclosure forms for completion and forward to the MHP Compliance Officer for risk review and determination if further action is needed up to and including requesting a background check and/or finger prints from current or potential contracted provider. The MHP Compliance Officer will then submit Disclosure statements to DHCS before entering into a network provider contract with the provider, annually thereafter and upon request from DHCS during re-validation of enrollment process.

Implementation Timeline: [Date(s)]

Requirement

The MHP has a process, at the time of hiring/ contracting, to confirm the identity and

exclusion status of all providers (employees, network providers, subcontractors, person's with ownership or control interest, managing employee/agent of the MHP). This includes checking the Social Security Administration's Death Master File and System of Award Management (SAM).

The MHP has a process to confirm monthly that no providers is on the System of Award Management (SAM) and Excluded Parties List System (EPLS) (42 CFR §§ 438.608(d) and 455.436).

DHCS Finding [Finding Number]

(No Protocol finding number or text provided)

Corrective Action Description

The MHP has a process, at the time of hiring/ contracting, to confirm the identity and exclusion status of all providers (employees, network providers, subcontractors, person's with ownership or control interest, managing employee/agent of the MHP). This includes checking the Social Security Administration's Death Master File and System of Award Management (SAM).
The MHP has a process to confirm monthly that no providers is on the System of Award Management

(SAM) and Excluded Parties List System (EPLS) (42 CFR §§ 438.608(d) and 455.436).

Proposed Evidence/Documentation of Correction

- CMP 10.00 Excluded Individuals and Entities
- CMP 13.00 Reporting of Overpayments Disclosures of Material Deficiencies
- CMP14.00 Disclosure of Ownership and Control Interest
CMP 14.A1 Disclosure Statement

Measures of Effectiveness (if included)

The updated Policy and Procedures describe how it will be monitored.

Implementation Timeline: [Date(s)]

P&P's completed November 8th. Fully executed vendor contract expected in January 2020

Requirement

The MHP ensures providers of services that require a license, registration or waiver maintain a current license, registration or waiver (Cal. Code Regs. , tit. 9, § 1840.314(d) and 42 CFR § 455.412).

DHCS Finding [Finding Number]**(No Protocol finding number or text provided)****Corrective Action Description**

The MHP has contracted with Verifpoint, a credentialing verification organization to monitor 1. Active state licensure, 2. SAM, 3. State OIG/LEIE and 4. Medicare Opt-Out. In addition they will monitor SS Master Death File for which negotiations are still in progress and NPI (NPPES). They will provide ongoing surveillance to monitor sanctions from state license boards and Medicare as well disciplinary actions against providers and will report such actions to the MHP. The same elements will be verified and monitored by the MHP.

Proposed Evidence/Documentation of Correction

Verifpoint Contract CRD 06.00 BHS.Org Provider Cred of License Personnel

Measures of Effectiveness (if included)

Verifpoint a contracted monitoring provider currently monitors various elements for all providers: Active state license, SAM (aka EPLS), State OIG/LEIE and Medicare Opt-Out as well as NPI (NPPES).

The SS Master Death File piece is still under negotiations with bargaining unit. In addition, during the credentialing process the NPI (NPPES), State License, OIG and national petitioner's database are verified at point of first contracting and upon renewal.

Implementation Timeline: [Date(s)]

Verifpoint contract term began 01.01.18.

Requirement

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

DHCS Finding [Finding Number]**(No Protocol finding number or text provided)****Corrective Action Description**

On November 4th, 2019t he MHP reviewed P&P ACC 8.00 Medi-cal Cost Report and ADM 11.00 Budget and Program Review policies with fiscal staff to assure understanding of the requirements and deadlines for submission.

Proposed Evidence/Documentation of Correction

The Cost Report for FY 18/19 will be submitted to DHCS on or before December 31st, 2019.

Measures of Effectiveness (if included)

The Fiscal staff will report monthly to the Director or designee current status of cost report to assure completion by posted deadline.

Implementation Timeline: [Date(s)]

Completed November 4th, 2019.

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 [Finding Number]

(No Protocol finding number or text provided)

Corrective Action Description

At this time MCBHS is participating in a Collaborative Meeting with Madera C. CWS and local Resource Family Agencies in the identification of TFC homes. Through this process it is the hope and understanding that Madera County may be able to identify RFA's that have established TFC homes. At this time there are no local RFA's that have identified TFC homes. This continues to be a point of discussion for RFA's who are experiencing difficulty with identifying foster parents who are open to the process necessary for becoming a TFC home as well as to the requirements necessary on an ongoing basis.

Proposed Evidence/Documentation of Correction

Meetings are hosted by Transitions RFA, they don't have a formal agenda. The meeting is scheduled on a monthly basis, however, they are considering going to a quarterly schedule.

Measures of Effectiveness (if included)

Hosted by Transitions RFA, we have been unable to obtain agendas or minutes.

Implementation Timeline: [Date(s)]

In progress.

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 [Finding Number]

(No Protocol finding number or text provided)

Corrective Action Description

P&P CLN 9.00 describes in detail the process in which to:

- Definitions of ICC, IHBS, TBS & CFT
- Screen for ICC, IHBS & TBS
- Refer for ICC, IHBS & TBS
- Timelines associated with having CFTs
- Timelines associated in which to evaluate for medical necessity pertinent to the continual need for ICC, IHBS or TBS

In November of 2018 a training was developed specific to the understanding of ICC, IHBS and CFTs

- Training was developed as per the direction & Guidance offered by DHCS information notices and the MEDI-CAL Manual 3rd Edition January 2018
- Training identified need to evaluate for eligibility of ICC & IHBS for clients receiving Specialty Mental Health Services under the age of 21.
- Training was uploaded onto Relias Training System
- Staff were instructed to complete the training on Relias

Upon each staff completing the training on Relias, a Division Manager followed up with additional training at each BHS site.

Proposed Evidence/Documentation of Correction

- CLN 09.00 and attachments
- ICC/IHBS Eligibility Form
- ICC/IHBS Referral Form

ICC/IHBS Training Training Completions

Measures of Effectiveness (if included)

The process will be monitored throughout current chart review process. This is our process P&P along with chart review form and plan of correction form.

- QMP 16.00 Quality Management Chart Review
- QMP 16.A1 Outpatient Chart Review Form

- QMP 16.A2 Plan of Correction Form
- Chart Review Log – Sample

Implementation Timeline: [Date(s)]

11/2018

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.1 O; 42 CFR 438.62 b 1- 2.

DHCS Finding [Finding Number]

(No Protocol finding number or text provided)

Corrective Action Description

The MHP implemented the Continuity of Care Policy In March of 2019 in accordance with IN 18-059.

Proposed Evidence/Documentation of Correction

MHP 23.00 Continuity of Care & all attachments

Measures of Effectiveness (if included)

An assigned Program Assistant is the one filtering these requests and reporting directly to the QI/QA manager. In addition all data is analyzed by MHP analyst and presented to management during QM meeting on a quarterly basis to ensure compliance, effectiveness and ongoing monitoring of process

Implementation Timeline: [Date(s)]

Implemented March 1, 2019.

Requirement

MHPs must review and make a decision regarding a provider's request for prior authorization within five (5) business days after receiving the request.

DHCS Finding [Finding Number]

(No Protocol finding number or text provided)

Corrective Action Description

The MHP has revised its authorization policy indicating the MHP must review and make a decision regarding a provider's request for prior authorization within five (5) business days after receiving the request.

Proposed Evidence/Documentation of Correction

MHP 18.00 Authorization of Specialty Mental Health Services, Page 12, section 4.9.9. & Attachments

Measures of Effectiveness (if included)

This piece is tracked via an excel tracking log. The MHP has a staff member designated to manage all Service Authorization Requests so as to provide the most accurate data for reporting to QMC and ensuring ongoing monitoring and effectiveness of process.

Implementation Timeline: [Date(s)]

10.23.19.