

Mendocino County Health & Human Services Agency
FY 18/19 Specialty Mental Health Triennial Review
Corrective Action Plan

System Review

Requirement Protocol Section A.V.B2

The MHP shall demonstrate it has sufficient IHCPs participating in its provider network to ensure timely access to services available under the contract from such providers for American Indian beneficiaries who are eligible to receive services. (42 C.F.R. § 438.14(b)(1).).

DHCS Finding

The MHP did not furnish evidence to demonstrate it complies with 42 C.F.R. § 438.14(b)(1). The MHP shall demonstrate it has sufficient IHCPs participating in its provider network to ensure timely access to services available under the contract from such providers for American Indian beneficiaries who are eligible to receive services. (42 C.F.R. § 438.14(b)(1).).

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

- BOS Agreement 18-039 w/Round Valley Indian Health Center, Yuki Trails
- Outreach Material
- Cultural Competence Plan
- MOU with Consolidated Tribal Health Project Inc.
- MOU with Round Valley Indian Health Clinic

While, the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP shall demonstrate it has sufficient IHCPs participating in its provider network to ensure timely access to services available under the contract from such providers for American Indian beneficiaries who are eligible to receive services. (42 C.F.R. § 438.14(b)(1).) . DHCS deems the MHP out-of-compliance with 442 C.F.R. § 438.14(b)(1).

The MHP must complete a POC addressing this finding of non-compliance.]

Corrective Action Description

Mendocino County Behavioral Health and Recovery Services will update Policy and Procedure IV.C- 3M Point of Authorization to outline that Behavioral Health and Recovery Services will reimburse IHCP's for providing specialty mental health services

to American Indian beneficiaries that qualify for specialty mental health services, but prefer to be seen by an IHCP service provider.

Proposed Evidence/Documentation of Correction

[did not provide]

Implementation Timeline:

[did not provide]

Requirement Protocol Section A.V.B3

The MHP shall permit American Indian beneficiaries to obtain covered services from out- of-network IHCPs if the beneficiaries are otherwise eligible to receive such services. (42 C.F.R. § 438.14(b)(4).) The MHP shall permit an out-of-network IHCP to refer an Indian beneficiary to a network provider. (42 C.F.R. § 438.14(b)(6).)

DHCS Finding

The MHP did not furnish evidence to demonstrate it complies with 42 C.F.R. § 438.14(b)(4) and 42 C.F.R. § 438.14(b)(6). The MHP shall permit American Indian beneficiaries to obtain covered services from out- of-network IHCPs if the beneficiaries are otherwise eligible to receive such services. (42 C.F.R. § 438.14(b)(4).) The MHP shall permit an out-of-network IHCP to refer an Indian beneficiary to a network provider. (42 C.F.R. § 438.14(b)(6).)

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

- BOS Agreement 18-039 w/Round Valley Indian Health Center, Yuki Trails
- Outreach Material
- Cultural Competence Plan
- MOU with Consolidated Tribal Health Project Inc.
- MOU with Round Valley Indian Health Clinic

While, the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP shall permit American Indian beneficiaries to obtain covered services from out- of-network IHCPs if the beneficiaries are otherwise eligible to receive such services. (42 C.F.R. § 438.14(b)(4).) The MHP shall permit an out-of-network IHCP to refer an Indian beneficiary to a network provider. (42 C.F.R. § 438.14(b)(6).) DHCS deems the MHP out-of-compliance with 42 C.F.R. § 438.14(b)(4) and 42 C.F.R. § 438.14(b)(6).

The MHP must complete a POC addressing this finding of non-compliance.

Corrective Action Description

Mendocino County Behavioral Health and Recovery Services will update Policy and Procedure IV.C- 3M Point of Authorization to outline the process and permission for providing specialty mental health services to American Indian beneficiaries through an out of network service provider.

Proposed Evidence/Documentation of Correction

[did not provide]

Implementation Timeline:

[did not provide]

Requirement Protocol Section D.VI.B

Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number: (CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1).)

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.
2. 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.
3. The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.
4. The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

(CCR, title 9, chapter 11, sections 181 0.405(d) and 1810.410(e)(1).)

DHCS Finding

DHCS' review team made seven (7) calls to test the MHP's statewide 24/7 toll-free number for compliance with the California Code of Regulations, title 9, sections 181 0.405(d) and 1810.410(e)(1).

In addition to conducting the seven (7) test calls, DHCS reviewed the following documentation presented by the MHP as evidence of compliance:

- Policy #II .B-3M-Crisis Services
- Policy #III.A-1-MH P 24 hour Access/Crisis Lines
- Access line instruction manual
- Access line test call review and training meeting minutes
- Language line services, inc. invoice
- September 2018 test call results

Based on the test calls, DHCS deems the MHP in partial compliance with California Code of Regulations, title 9, sections 181 0.405(d) and 1810.41 O(e)(1).

The MHP must complete a POC addressing this finding of non-compliance.

Corrective Action Description

Mendocino County Behavioral Health and Recovery Services Quality Assessment and Performance Improvement supervisor conducts regular test calls to review the system. We are working to update the Access Line manual and script. Once complete, we will train staff and contractors that answer the access line to the updated manual.

Proposed Evidence/Documentation of Correction

[did not provide]

Implementation Timeline:

[did not provide]

Requirement Protocol Section D.VI.C1

The MHP must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing. (CCR, title 9, chapter 11, section 1810.405(f)).

DHCS Finding

The MHP did not furnish evidence of its written log(s) of initial requests for SMHS includes requests made by phone, in person, or in writing. DHCS reviewed the following documentation presented by the MHP as evidence of compliance:

- 24/7 Access Call log

The log submitted by the MHP did not include all the DHCS test calls made to the MHP 24/7 toll free access line.

Please note: Only calls requesting information about SMHS, including services needed to treat a beneficiary's urgent condition, are required to be logged.

The MHP must come into compliance with the provisions of CCR, title 9, chapter 11, section 1810.405(f). Protocol requirement D.VI.C1 is deemed OOC.

The MHP must complete a POC addressing these finding of non-compliance.

Corrective Action Description

Mendocino County Behavioral Health and Recovery Services Quality Assessment and Performance Improvement supervisor regularly audits the Access Line log, and works with staff and contractors to improve documentation of calls. Mendocino County Quality

Assessment and Performance Improvement will be transitioning to a more comprehensive tool for tracking and logging Access Line calls.

Proposed Evidence/Documentation of Correction

[did not provide]

Implementation Timeline:

[did not provide]

Requirement Protocol Section F.I.E3

The written acknowledgement to the beneficiary must be postmarked within five (5) calendar days of receipt of the grievance. (MHSUDS IN 18-01 OE).

DHCS Finding

The MHP did not furnish evidence to demonstrate it complies with MHSUDS IN 18-01 OE. The written acknowledgement to the beneficiary must be postmarked within five (5) calendar days of receipt of the grievance. (MHSUDS IN 18-01 OE).

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

- Beneficiary Handbook
- Policy IV.D-28 Beneficiary Problem Resolution-Grievance, Appeal, Expedited Appeal and State Fair Hearing Processes
- Sample acknowledgment letter

While the MHP submitted evidence to demonstrate its compliance with this requirement, the documentation did not address the requirement.

DHCS deems the MHP out-of-compliance with MHSUDS IN 18-01 OE.

The MHP must complete a POC addressing this finding of non-compliance.

Corrective Action Description

Mendocino County Behavioral Health and Recovery Services Quality Assessment and Performance Improvement supervisor reviews the Grievance and Appeal log on a regular basis and works with staff to train to the Beneficiary Satisfaction Policy and timeliness of acknowledgement and response.

Proposed Evidence/Documentation of Correction

[did not provide]

Implementation Timeline:

[did not provide]

Requirement Protocol G.II .C

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; 42 C.F.R. § 438.608(a)(6).).

DHCS Finding

The MHP did not furnish evidence to demonstrate it complies with the MHP Contract, Ex. A, Att. Section 13 and 42 C.F.R. § 438.608(a)(6). 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; 42 C.F.R. § 438.608(a)(6).).

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

- Policy #III.C-7 Communication and Inappropriate Activity Reporting

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP policy 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; 42 C.F.R. § 438.608(a)(6).).

DHCS deems the MHP out-of-compliance with MHP Contract, Ex. A, Att. 13; 42 C.F.R. § 438.608(a)(6).

The MHP must complete a POC addressing this finding of non-compliance

Corrective Action Description

Mendocino County Behavioral Health and Recovery Services will update Policy and Procedure VA.4B Communication and Inappropriate Activity Reporting to include Whistle Blower Protections under the False Claims Act. Staff will be trained to the updated policy.

Proposed Evidence/Documentation of Correction

[did not provide]

Implementation Timeline:

[did not provide]

Chart Review

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 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:

1. **Line number 4:** There was a written medication consent form in the medical record dated 8/8/16. However, medication dosages were changed (on 8/4/17) and there was no documentation of consent for the new medication dosages until 2/21/18.
2. **Line number 5:** Although there was a written medication consent form for Zoloft in the medical record, the medication consent form was not completed until 1/23/18. According to a Medication Management Note on 1/23/18, Zoloft was increased to 100 mg per day on that date. Evidence of a prior written medication consent for the previous dosage of Zoloft was not provided.

Line number 5: According to a Medication Management Note on 3/29/18, Lorazepam was started on that day. Evidence of a written medication consent was not provided.

Corrective Action Description

The MHP shall submit a POC 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.

Written medication consent forms are completed in accordance with the MHP's written documentation standards.

Proposed Evidence/Documentation of Correction

Mendocino County Behavioral Health and Recovery Services has Policy and Procedure III.D-6 Medication Consents which ensures that all beneficiaries being prescribed psychotropic medication will discuss with the prescribing physician voluntary consent to the medication. Medical consents will be obtained for each medication prescribed, or if the beneficiary refuses to consent, the refusal will be documented in the medical record. Mental Health Plan providers will regularly review charts to ensure required documentation, including medication consents, are present. In addition, a contracted pharmacist will also review charts no less than quarterly for required documentation.

Implementation Timeline:

[did not provide]

Requirement

Services shall be provided, in accordance with the State Plan, to beneficiaries, who meet medical necessity criteria, based on the beneficiary's need for services established by an assessment and documented in the client plan.

Services shall be provided in an amount, duration, and scope as specified in the individualized Client Plan for each beneficiary.
(MHP Contract, Ex. A, Attachment 2)

The client plan shall be updated at least annually, or when there are significant changes in the beneficiary's condition.
(MHP Contract, Ex. A, Attachment 9)

DHCS Finding 4A-2

Services were not provided in an amount, duration, and scope as specified in the individualized Client Plan for each beneficiary. Below are the specific findings pertaining to the charts in the review sample:

- Line 5: On the Client Plan, Group Rehabilitation (averaging 10 hours/month) and Collateral (averaging 5 hours/month) were listed under modalities. However, these services were not provided during the review period.
- Line 6: On the Client Plan, Individual Rehabilitation (5 hours a month on average) and Group Rehabilitation (16 hours a month on average) were listed under modalities. However, these services were not provided during the review period.

Corrective Action Description

The MHP shall submit a POC that describes how the MHP will ensure that services are provided in an amount, duration, and scope as specified in the individualized Client Plan for each beneficiary.

Mendocino County Behavioral Health and Recovery Services will review treatment planning expectations with Mental Health Plan Providers to address the range of services provided to be more reflective of individual client needs.

Proposed Evidence/Documentation of Correction

[did not provide]

Implementation Timeline:

[did not provide]

Requirement

The MHP shall ensure that Client Plans:

- a) 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.
- b) Identify the proposed type(s) of intervention/modality including a detailed description of the intervention to be provided.
- c) Have a proposed frequency of intervention(s).
- d) Have a proposed duration of intervention(s).
- e) Have interventions that focus and address the identified functional impairments as a result of the mental disorder (from Cal. Code Regs., tit. 9, § 1830.205(b)).
- f) Have interventions that are consistent with the client plan goals.

Be consistent with the qualifying diagnoses. (MHP Contract, Ex. A, Attachment 9)

DHCS Finding 4C

Client Plans did not include all of the required elements specified in the MHP Contract. Below are the specific findings pertaining to the charts in the review sample:

- One or more of the goals/treatment objectives were not specific, observable, and/or quantifiable and related to the beneficiary's mental health needs and identified functional impairments as a result of the mental health diagnosis.
 - **Line number 3.**
- One or more of the proposed interventions did not include a detailed description. Instead, only a "type" or "category" of intervention was recorded on the client plan
 - **Line number 4.**
- One or more of the proposed interventions did not indicate an expected frequency.
 - **Line numbers 1, 2, 3, 4, 5, 6, 8, 9, and 10.** The proposed frequencies of interventions were "average frequencies".
- One or more of the proposed interventions did not indicate an expected duration.
 - **Line numbers 1, 2, 3, 4, 5, 6, 8, 9, and 10.** All durations default to one year and were not individualized to the beneficiary, nor to the services proposed.
- One or more client plans did not address the mental health needs and functional impairments identified as a result of the mental disorder.
 - **Line number 1.** Client Plan does not address treatment for hallucinations.
- One or more of the proposed interventions were not consistent with client plan goals/treatment objectives.
 - **Line number 1.** Interventions are not consistent with goal and describe reducing vague/non-specific symptoms.
- One or more client plans were not consistent with the qualifying diagnosis.
 - **Line number 6.** Focus of treatment goals are not directly related to a diagnosis of Major Depressive Disorder.

Corrective Action Description

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

- 1) All 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) All mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.
- 3) All mental health interventions/modalities proposed on client plans address the mental health needs and identified functional impairments of the beneficiary as a result of the mental disorder.
- 4) All mental health interventions proposed on client plans are consistent with client plan goals/treatment objectives.
- 5) All client plans are consistent with the qualifying diagnosis.

Mendocino County Behavioral Health and Recovery Services will review and update the Documentation Manual with Mental Health Plan providers to develop treatment plans that have the goals and treatment objectives, interventions/modalities, and frequency and durations of interventions/modalities that are more reflective of individual beneficiary functional impairments related to and consistent with the qualifying mental health diagnoses.

Proposed Evidence/Documentation of Correction

[did not provide]

Implementation Timeline:

[did not provide]

Requirement

The MHP shall ensure that progress notes describe how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning outlined in the client plan.
(MHP Contract, Ex. A, Attachment 9)

Reasons for Recoupment (RR): Refer to the enclosed Recoupment Summary for additional details about disallowances.

RR5. The MHP did not submit documentation substantiating that the focus of the intervention is to address the beneficiary's included mental health condition.

- a) A significant impairment in an important area of life functioning;
- b) A probability of significant deterioration in an important area of life functioning;
- c) A probability the child will not progress developmentally as individually appropriate;
- d) For full-scope Medi-Cal beneficiaries under the age of 21 years, a condition as a result of the mental disorder that specialty mental health services can correct or ameliorate.

(MHSUDS IN No. 17-050, Enclosure 4)

DHCS Finding 5A

The progress note does not describe how services provided to the beneficiary reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning outlined in the client plan. Furthermore, the progress note does not substantiate that the focus of the service was an intervention to address the beneficiary's included mental health condition.

Line number 3. RR5, refer to Recoupment Summary for details.

Line number 3: Progress notes for 1/16/18 and 3/7/18 did not describe how services addressed impairments specific to the beneficiary's included mental health condition. Additionally, these progress notes state, "Provided SUD focused intervention."

Corrective Action Description

The MHP shall submit a POC that describes how the MHP will ensure that interventions are focused on a significant functional impairment that is directly related to the mental health condition, as specified in CCR, title 9, chapter 11, sections 1830.205(a)(b).

Mendocino County Behavioral Health and Recovery Services will review and update the Documentation Manual with Mental Health Plan providers to provide documentation that is more detailed. Specifically, substantiating how the targeted intervention will address the impairment in life functioning, significant probability of deterioration in area of life functioning, or probability of impacted developmental progress when the impairment/impact is the result of a mental health disorder.

Proposed Evidence/Documentation of Correction

[did not provide]

Implementation Timeline:

[did not provide]

DHCS Finding 5E2

The progress notes for the following Line number(s) indicate that the service provided was Solely Transportation.

Line number 2. The MHP should refer beneficiaries to managed care and FFS providers for transportation services. **RR11e, refer to Recoupment Summary for details.**

Corrective Action Description

The MHP shall submit a POC that describes how the MHP will ensure that services provided and claimed are not solely transportation.

Mendocino County Behavioral Health and Recovery Services will review and update the Documentation Manual with Mental Health Plan providers to describe what are and are not acceptable services. Acceptable services relate to the diagnosis and functional impairment. Unacceptable services relate to transportation, clerical and payee services, academic and education services, vocational services, recreational or socialization services that do not provide systemic, individualized feedback to specific targeted behaviors listed on the client plan. The Mental Health Plan will provide ongoing monitoring of the quality of documentation and will provide training as appropriate.

Proposed Evidence/Documentation of Correction

[did not provide]

Implementation Timeline:

[did not provide]