

Monterey County
Fiscal Year (FY) 20/21 Specialty Mental Health Triennial Review
Corrective Action Plan

System Review

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. (42 C.F.R. § 438.206(c)(1)(i), CCR, tit. 28 § 1300.67.2.2 (c)(5)(D))

NOTE: Non-urgent and Non-physician appointments are monitored through the Network Adequacy data submission process. Triennial review will focus on timeliness of all urgent appointments and physician appointments.

- Urgent care appointments for services that do not require prior authorization: within 48 hours of the request for appointment
- Urgent care appointments for services that require prior authorization: within 96 hours of the request for appointment

DHCS Finding 1.1.3

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i). The MHP must meet, and require its providers to meet, Department standards for timely access to care and services, taking into account the urgency of need for services.

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

- Policy and Procedure 148 Network Adequacy and Timeliness Standards
- Service Request Log Urgent Assessment October 2019 – October 2020
- Service Request Log Psychiatry June 2019 – August 2020
- Samples of Notice of Adverse Benefit Determination Written Notification

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP requires its providers to meet Department standards for timely access to care and services, taking into account the urgency of need for services. Per the discussion during the review, the MHP shared details of how they monitor urgent and emergent appointments in their electronic health record. The clinician and psychiatrists' calendars are embedded in the electronic health record system to ensure access to timeliness. However, the clinical staff underutilized the clinician calendar feature, resulting in timeliness issues for emergent and urgent appointments.

Psychiatrists utilized the scheduling calendar more often, and therefore, those appointments met timeliness more frequently.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i). The MHP must comply with the CAP requirement addressing this finding of non-compliance.

Corrective Action Description

Monterey County Behavioral health currently uses the “New Client Form,” to track date of requests and if the request is urgent/non urgent for new beneficiaries requesting services. The MHP will be providing additional training to Access To Treatment Programs to improve the utilization/compliance of tracking this information using the first appointment form and the EHR scheduling calendar. This training is set to take place for teams in July/August 2021.

Additionally, since new beneficiary requests after come through the 24/7 Access to treatment Call Center and walk-ins, MCBH QI will be providing targeted trainings to 24/7 Access to treatment Operator and adjust monitoring of the 24/7 Access to Treatment monitoring to ensure beneficiaries asking for urgent services/services that require prior authorizations receive an assessment within 48/96 hours as appropriate. These trainings will take place June/July 2021.

Additionally, the MHP will be updating the New Client Form to include a designation for “Urgent Appointment for Services that Require Prior Authorization.”

MCBH will also be updating out Network Adequacy and Timeliness Policy to clarify the definition of “urgent” request.

Proposed Evidence/Documentation of Correction

Updated Network Adequacy/Timeliness Policy to include clarification on Urgent Appointment

Update New Client Form to include Urgent Appointment for services that require Prior Authorization

Training Attendance Sheets for “New Client Form”

Ensure that at least 90% of all clients requesting an Urgent appointment are offered an assessment within 48/96 hours and these requests are documented appropriately in the New Client Form 100% of the time.

Ongoing Monitoring (if included)

Develop Report/modify current report to monitor date of request, first offered appointment, accepted appointment, show/no show and actual first appointment date and end of assessment date

MCBH QIC is also starting a Timeliness Workgroup starting July 1st to strategize workflows to ensure that timeliness standards are prioritized and develop effective tracking mechanism to monitor compliance.

Person Responsible (job title):

Lindsey O’ Leary, Program Manager II, Quality Improvement

Implementation Timeline: August 1st, 2021

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 1.2.7

The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must provide TFC services to all children and youth who meet medical necessity criteria for TFC.

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

- Policy and Procedure 499 Continuum of Care
- TFC Good Faith Effort RFP Award Letter Seneca Family of Agencies August 2020

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

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

Corrective Action Description

MCBH will develop a TFC screening tool in partnership with Children System of Care staff and TFC provider to administer for youth who meet medical necessity criteria. MCBH will make this screening tool available in the EHR and will be able to ensure that youth receiving TFC services have also been screened to ensure eligibility.

Proposed Evidence/Documentation of Correction

Provide executed contract of TFC Services with Seneca Youth Center

Develop policy and procedure for TFC referrals

Develop TFC screening tool

Provide training for TFC screening tool to applicable staff

Ongoing Monitoring (if included)

Develop adhoc report for Children's System of Care to monitor beneficiaries receiving TFC services and ensure they have received a screening to ensure medical necessity.

Person Responsible (job title)

Lindsey O' Leary, Program Manager, Quality Improvement

Implementation Timeline: October 1st, 2021

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 1.2.8

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

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

- Policy and Procedure 499 Continuum of Care

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP determines if children and youth who meet medical necessity criteria need TFC. Per the discussion during the review, the MHP does not

currently determine if TFC services are needed for children and youth who meet medical necessity criteria.

DHCS deems the MHP out of compliance with the Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, and January 2018.

The MHP must comply with the CAP requirement addressing this finding of non-compliance.

Corrective Action Description

MCBH will develop a TFC screening tool in partnership with Children System of Care staff and TFC provider to administer for youth who meet medical necessity criteria. MCBH will make this screening tool available in the EHR and will be able to ensure that youth receiving TFC services have also been screened to ensure eligibility.

Proposed Evidence/Documentation of Correction

Develop policy and procedure for TFC referrals

Develop TFC screening tool

Provide training for TFC screening tool to applicable staff

Ongoing Monitoring (if included)

Develop adhoc report for Children's System of Care to monitor beneficiaries receiving TFC services and ensure they have received a screening to ensure medical necessity.

Person Responsible (job title)

Lindsey O' Leary, Program Manager Quality Improvement

Implementation Timeline: October 1st, 2021

Requirement

The MHP shall give practitioners or groups of practitioners who apply to be MHP contract providers and with whom the MHP decides not to contract written notice of the reason for a decision not to contract. (42 C.F.R. § 438.12(a) (1).)

DHCS Finding 1.5.3

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

- Evidence was not provided

Evidence was not submitted to demonstrate compliance with this requirement. Per the discussion during the review, the MHP stated that they would develop a policy to reflect

this requirement. The MHP was given additional opportunity to submit evidence and no evidence was submitted.

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

Corrective Action Description

Monterey County Behavioral Health will develop a policy and procedure to address the written notice requirement of the reason for a decision not to contract. MCBH will also establish a templated letter and log of practitioners or groups of practitioners who apply to be MHP contract providers with the MHP decides not to contract with.

Proposed Evidence/Documentation of Correction

Develop Policy outlining policy and procedure for written notice of the reason for a decision not to contract

Develop templated letter

Establish log

Ongoing Monitoring (if included)

MCBH will establish a log to track Practitioners or groups of practitioners who apply to be MHP contract providers and with whom the MHP decides not to contract written notice of the reason for a decision not to contract. This will include date of request, practitioner/group practitioner name, date of denial from MCBH, date written notice sent and to whom.

Person Responsible (job title)

Lindsey O' Leary, Program Manager Quality Improvement

Implementation Timeline: September 1st, 2021

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, per California Code of Regulations, title 9, section 1810.435. (MHP Contract, Ex. A, Att. 8)

DHCS Finding 1.5.4 (originally 1.4.4 on Protocol)

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

- Policy and Procedure 125 Medi-Cal Site Certification
- Policy and Procedure 109 Contract Monitoring

- MHP Certification List – November 2020
- Overdue Provider Report – December 28, 2020

While the MHP submitted evidence to demonstrate compliance with this requirement, three (3) providers are currently overdue and out of compliance for certification based on recent Overdue Provider Reports (OPS). It is not evident that the MHP provided oversight to ensure its provider's certification documents were in accordance with the California Code of Regulations, title 9, section 1810.435. (MHP Contract, Ex. A, Att. 8).

TOTAL ACTIVE PROVIDERS (per OPS): 78

NUMBER OF OVERDUE PROVIDERS (at the time of the Review): 3

COMPLIANCE PERCENTAGE: 96%

DHCS deems the MHP in partial compliance with the MHP contract, exhibit A, attachment 8. The MHP must comply with CAP requirements addressing this finding of non-compliance.

Corrective Action Description

Notify provider of deficiencies and corrective actions needed. Obtain fire clearance not older than a year. Conduct on-site review using DHCS site certification protocol.

Proposed Evidence/Documentation of Correction

Submit DHCS 1735 with required items, (fire clearance, Head of Service license) to DMH Certification department to re-certify. Save copies of approved transmittals in K: drive

Ongoing Monitoring (if included)

Monterey County Behavioral Health Medical Records Technician will notify outstanding providers of deficiencies and corrective actions needed. If no response to correction within 30 days, MCBH Medical Records Technician will send second notice and notify the following of deficiency: MCBH Contract Monitor, Deputy Director. MCBH will continue to obtain fire clearance not older than a year and conduct on-site review using DHCS site certification protocol.

Track the provider list on excel saved to the K: drive to monitor Medi-Cal certification dates, scrub this spreadsheet against the overdue report issued by DHCS through the Bureau Director's office.

Person Responsible (job title)

John Semo, Medical Records Technician, Monterey County Behavioral Health

Implementation Timeline: July 1st, 2021

Requirement

The MHP shall make clinical consultation and training, including consultation and training on medications, available to a beneficiary's health care provider for beneficiaries whose mental illness is not being treated by the MHP or for beneficiaries who are receiving treatment from another health care provider in addition to receiving SMHS from the MHP. (CCR, title 9, section 1810.415(a).).

DHCS Finding 2.3.1

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 415(a). The MHP must make clinical consultation and training, including consultation and training on medications, available to a beneficiary's health care provider for beneficiaries whose mental illness is not being treated by the MHP or for beneficiaries who are receiving treatment from another health care provider in addition to receiving SMHS from the MHP.

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

- Evidence was not provided

Evidence was not submitted to demonstrate compliance with this requirement. Per the discussion during the review, the MHP stated they did not provide clinical training nor consultations, including consultation and training on medications to health care providers for beneficiaries whose mental illness is not being treated by the MHP, or for beneficiaries who are receiving treatment from another health care provider in addition to receiving SMHS from the MHP.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 415(a). The MHP must comply with the CAP requirement addressing this finding of non-compliance.

Corrective Action Description

MCBH training department will coordinate training schedule with MCBH Medical Director to ensure that consultation and training on medications is offered beneficiary health care providers for beneficiaries whose mental illness is not being treated by the MHP or for beneficiaries who are receiving treatment from another health care provider in addition to receiving SMHS from the MHP at least twice annually.

Proposed Evidence/Documentation of Correction

MCBH will provide proof of training announcement to health care providers
Training Materials
Attendee list designating health care provider status

Ongoing Monitoring (if included)

n/a

Person Responsible (job title)

Jill Walker, MCBH Training Department

Implementation Timeline:

The MHP will offer this training twice in FY 21/22. Initial implementation is expected by December 2021.

Requirement

MCBH shall provide written notification to the beneficiary to comply with Title 42 of the Code of Federal Regulations, part 438.10(d) which includes the following:

- The MHP's denial of the beneficiary's continuity of care request;
- A clear explanation of the reasons for the denial;
- The availability of in-network SMHS;
- How and where to access SMHS from the MHP;
- The beneficiary's right to file an appeal based on the adverse benefit determination; and,
- The MHP's beneficiary handbook and provider directory (MHSUDS IN 18-059)

DHCS Finding 2.5.7

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No.18-059. The MHP must ensure the written notification to a beneficiary regarding his/her continuity of care request complies with title 42 of the Code of Federal Regulations, part 438.10(d).

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

- Policy and Procedure 147 Out of Network Contract Monitoring

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident the MHP ensures written notification complying with title 42 of the Code of Federal Regulations, part 438.10(d) is provided to beneficiaries regarding any continuity of care requests received. Per the discussion during the review, the MHP has not had any continuity of care requests, and currently does not have a beneficiary notification template or continuity of care tracking mechanism. The MHP shared they would develop a policy to be compliant with this requirement. The MHP was given additional

opportunity to submit evidence and no evidence was submitted.

DHCS deems the MHP out of compliance with title 42 of the Code of Federal Regulations, part 438.10(d). The MHP must comply with the CAP requirement addressing this finding of non-compliance.

Corrective Action Description

Monterey County Behavioral Health will develop a policy to cover the Continuity of Care requirements for Specialty Mental Health Services, which include information about how written notification will be provided to beneficiaries regarding their continuity of care requests. MCBH will also develop a Beneficiary Notification Template and a Tracking Log for any Continuity of Care requests.

Proposed Evidence/Documentation of Correction

Create Continuity of Care Request in collaboration with MHP stakeholders that captures requirements related to Continuity of Care, present at QIC for review

Create a Beneficiary Notification Template

Develop a Monitor Continuity of Care Tracking Log

Ongoing Monitoring (if included)

Maintain a Continuity of Care Tracking Log on a quarterly basis to ensure information obtained by the MHP is being tracked and accounted for.

Person Responsible (job title)

Thi Velasquez, Behavioral Health Unit Supervisor, Quality Improvement

Implementation Timeline: August 1st, 2021

Requirement

Monterey County Behavioral Health must notify the beneficiary, and/or the beneficiary's authorized representative, 30 calendar days before the end of the continuity of care period about the process that will occur to transition his or her care at the end of the continuity of care period. (MHSUDS IN 18-059)

DHCS Finding 2.5.8

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-059. The MHP must notify the beneficiary, and/or the authorized representative, 30-calendar days before the end of the continuity of care period about the process that will occur to transition his or her care at the end of the continuity of care

period.

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

- Policy and Procedure 147 Out of Network Contract Monitoring

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident the MHP ensures written notification is provided to beneficiaries and/or authorized representative within 30-calendar days of the end of the continuity of care period for the process to transition the beneficiary's care. Per the discussion during the review, the MHP did not have any continuity of care requests and therefore has not had to issue any written notices in this regard; however, the MHP also does not have a policy and procedure in place that includes this requirement and what is to occur when such requests are received. The MHP shared they would develop a policy to be compliant with this requirement. The MHP was given additional opportunity to submit evidence but no evidence was submitted.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-059. The MHP must comply with the CAP requirement addressing this finding of non-compliance.

Corrective Action Description

Create Continuity of Care Request Policy in collaboration with MHP stakeholders that captures requirements related to Continuity of Care, present at QIC for review. Will include information related to written notification to be provided to beneficiaries within 30 calendar days of the end of the continuity of care period

Proposed Evidence/Documentation of Correction

Update and finalize Out of Network Policy 147 to include information related to written notification to be provided to beneficiaries within 30 calendar days of the end of the continuity of care period

Develop and maintain a Continuity of Care Tracking Log that includes evidence of written notification being provided to the beneficiary

Ongoing Monitoring (if included)

Review of Continuity of Care Tracking log on a quarterly basis to ensure information obtained is being tracked and accounted for, which includes any written notifications provided to beneficiaries within 30-calendar days of the end of the continuity of care period for the transition process of the beneficiary's care.

Person Responsible (job title)

Thi Velasquez, Behavioral Health Unit Supervisor, Quality Improvement

Implementation Timeline: August 1st, 2021

Requirement

The MHP must 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 (Federal Code of Regulations, title 42, section 438, subdivision 10(f)(1)).

DHCS Finding 4.1.1

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(f)(1). The MHP must 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.

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

- Evidence was not provided

Evidence was not submitted to demonstrate compliance with this requirement. Per the discussion during the review, the MHP shared they did not have a written notice of termination for a contracted provider to issue to beneficiaries and that the MHP would develop a notice and a policy and procedure to address this requirement. The MHP was given additional opportunity to submit evidence but no evidence was submitted.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(f) (1). The MHP must comply with the CAP requirement addressing this finding of non-compliance.

Corrective Action Description

Monterey County Behavioral Health will develop a policy and procedure to address the written notice requirement to each beneficiary who was seen on a regular basis by the terminated contracted provider. MCBH will also establish a templated letter and/or electronic health record (EHR) form that will be added to the beneficiary record as proof of notification.

Proposed Evidence/Documentation of Correction

Develop a policy and procedure explaining that the contracted provider was terminated and that with 15 calendar days after receipt or issuance of the termination notice, the beneficiary will receive a written notice of termination of the contracted provider.

Develop templated letter and/or EHR form.

Develop an ad-hoc report for monitoring creation/ mailing of notice.

Ongoing Monitoring (if included)

Prior to the termination of the contracted provider, contracted provider will run ad-hoc report to verify that written notices were given to beneficiaries within the required timeframe.

Person Responsible (job title)

Janet Hernandez Barajas, Behavioral Health Unit Supervisor Quality Improvement

Implementation Timeline

September 1st, 2021

Requirement

Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number:

- 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 1810.405(d) and 1810.410(e)(1).)

DHCS Finding 4.3.2

FINDING

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

how to use the beneficiary problem resolution and fair hearing processes. The seven (7) test calls are summarized below.

TEST CALL #1

Test call was placed on Wednesday, October 14, 2020, at 11:38 a.m. The call was answered after one (1) ring by a phone tree directing the caller to select a language option, which included the MHP's threshold language. After selecting the option for English, the caller then heard a recorded greeting and instructions to call 911 in an emergency. The recorded message instructed the caller to select a regional clinic. After selecting the option for Salinas, the caller was then placed on hold for two (2) minutes while the call was transferred to a live operator. The operator identified himself/herself. The caller requested information about accessing mental health services in the county. The operator asked the caller to provide his/her name, date of birth, and the city the caller resides in. The caller provided the information to the operator. The operator proceeded to ask for a phone number for the day clinician to call back in case he/she is not available to take the call at this moment. The caller stated that he/she is using a friend's phone and does not want to provide that information. The operator advised the caller that it is necessary to provide a phone number and that the caller must answer the call when the clinician calls back. The caller continued to refuse to provide the phone number and asked the operator to check if the day clinician is available. The operator placed the call on hold for a few seconds and then informed the caller that the clinician is not available right now. The caller said he/she will call back and ended the call. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria were met, but was provided information about services needed to treat a beneficiary's urgent condition.

FINDING

The call is deemed in partial compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #2

Test call was placed on Wednesday, October 21, 2020, at 7:46 a.m. The call was answered after eight (8) rings by an answering machine with a recorded message in English and Spanish. The recorded message provided instructions for callers with two options: (1) to leave a message for a return call or (2) hang up and dial 9-1-1 in an emergency. The caller was provided information about services needed to treat a beneficiary's urgent condition, however not how to access SMHS, including SMHS required assessing whether medical necessity criteria are met.

FINDING

The call is deemed in partial compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #3

Test call was placed on Tuesday, November 3, 2020, at 7:31 a.m. The call was answered after one (1) ring by a recorded message stating if this is a life-threatening

emergency, please hang-up, dial 911, and then placed on hold for the next available operator. A live operator then answered the call after five (5) rings. The operator announced the caller had reached the after-hours operator for Monterey County Health Services and provided his/her name. The caller requested information regarding how to access mental health services. The operator reaffirmed they understood and because the caller had reached the after-hours operator someone would need to call him/her back to begin the process. The caller declined providing a call back number and informed the operator he/she would call back later. The caller was provided information about services needed to treat a beneficiary's urgent condition, but was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met.

The call is deemed in partial compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #4

Test call was placed on Tuesday, November 17, 2020, at 9:10 a.m. The call was answered immediately by a phone tree directing the caller to select a language option, which included the MHP's threshold language and included a message stating if this is a life threatening emergency, please hang-up and dial 911. After selecting the option for English and the Marina Regional Clinic, a recording stated that if, the call was placed during regular business hours all staff were currently assisting other beneficiaries. The recording asked the caller to leave their information and their call would be returned. No information about SMHS was provided to the caller. The caller was provided information about services needed to treat a beneficiary's urgent condition, but was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met.

FINDING

The call is deemed in partial compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #5

Test call was placed on Tuesday, November 18, 2020, at 7:46 a.m. The call was answered after one (1) ring by a recorded message with instructions stating if this is a life-threatening emergency, please hang-up and dial 911 and the caller was placed on hold for the next available operator. After a 30 second hold, a live operator answered the call. The caller stated that he/she recently moved to the county and needed to get a prescription refilled. The operator stated that since the call is being placed during after-hours, there are two options: (1) the caller can provide his/her information and someone would call back, or (2) the caller could call back at 8:00 a.m. during the business hours. The caller declined to provide contact information and stated that he/she would call back later. The caller was provided information about services needed to treat a beneficiary's urgent condition, but was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met.

FINDING

The call is deemed in partial compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #6

Test call was placed on Tuesday, November 17, 2020, at 7:39 a.m. The call was answered after three (3) rings by a live operator. The operator identified himself/herself and informed the caller that he/she reached Monterey Behavioral Health after hours line. The caller stated that he/she has been seeing a therapist and was not happy. The operator informed the caller that he/she has the option to switch therapist. The operator proceeded to tell the caller to either provide the provider information and then he/she will inform the daytime staff or call back during business hours. The caller said he/she wanted to file a complaint against the therapist and asked how to do this. The operator explained that he/she would have to speak to a daytime staff regarding the complaint process or the caller could leave his/her information and someone would call back. The caller declined and thanked the operator. The caller was not provided information about how to use the beneficiary problem resolution and fair hearing processes.

FINDING

The call is deemed out of compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #7

Test call was placed on Tuesday, November 17, 2020, at 11:08 a.m. The call was answered after four (4) rings by a phone tree. After selecting the option for English and Salinas's Regional Clinic, the call was transferred to a live operator. The caller told the operator he/she wanted to file a complaint against a therapist in Monterey County. The operator placed the caller on hold for four (4) minutes. The operator explained that the caller could either speak to a supervisor or file a complaint in writing. The operator placed the caller on hold for thirty (30) seconds to retrieve the grievance form. The operator informed the caller that he/she can pick up the grievance form in the clinic or it can be mailed. The caller responded that he/she would come in to pick up form. The operator asked for the caller's name. The caller provided his/her name and ended call. The caller was provided information about how to use the beneficiary problem resolution and fair hearing processes.

FINDING

The call is deemed in compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

Out of the 7 test calls completed:

100% were in compliance for items 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.

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0% were in compliance for item 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.

100% were in compliance for item 3) The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.

50% were in compliance for item 4) The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

The MHP must comply with the CAP requirement addressing this finding of partial/non-compliance.

Repeat deficiency Yes

Corrective Action Description

MCBH has reviewed these findings thoroughly and is proposing a change to the current 24/7 Access Call Center training and testing to better align with DHCS Triennial Audit testing.

Prior to this audit, MCBH was training and testing psychiatric social workers, and were not emphasizing training and testing of the "operator," or what MCBH refers to as the Patient Service Representative (PSR).

MCBH QI has redeveloped training for QI test callers and the QI Test call protocol. This training is scheduled to take place on June 7th for QI test callers and will focus on the role of the PSR as "operator." This training will also introduce a test QI test call that will provide a feedback loop to the PSR team.

Additionally, MCBH QI will be hosting a training for PSR staff on June 8th and July 1st to reemphasize the role of the PSR as operator (Whereas previously, our PSWs were framed as the operator). This training will include updated language to the PSR Call script to ensure information on how to access services is consistent across regions.

Proposed Evidence/Documentation of Correction

PSR Training Material

Sign In Sheets (QI and PSR)

Updated QI test Call Protocol

Updated PSR Script

Quarterly Test Call Monitoring Submission to DHCS

Ongoing Monitoring (if included)

Completion of Quarterly Test Call Monitoring

- Goal of 100% of callers receive information on how to access specialty mental health/ substance use disorder services and problem resolution information

Person Responsible (job title)

Lindsey O' Leary, Program Manager, Quality Improvement

Implementation Timeline: July 1st, 2021

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. (CCR, title 9, chapter 11, section 1810.405(f)).

DHCS Finding 4.3.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code for Regulations, title 9, chapter 11, section 1810, subdivision 405(f). The MHP must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing.

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

- 24-7 Access Line Call Logs for October 14, 2020 – November 18, 2020
- Test Call Evidence

While the MHP submitted evidence to demonstrate compliance with this requirement, two (2) of five (5) required DHCS test calls were not logged on the MHP's written log of initial request. The items below summarizes DHCS' findings pertaining to its test calls:

Test Call #1 took place on 10/14/2020 at 11:38 a.m. and was in compliance for logging name of beneficiary, date of request and disposition.

Test Call #2 took place on 10/21/2020 at 7:46 a.m. and was out of compliance for logging name of beneficiary, date of request and disposition.

Test Call #3 took place on 11/3/2020 at 7:31 a.m.

Test Call #4 took place on 11/17/2020 at 9:10 a.m. and was out of compliance for logging name of beneficiary, date of request and disposition.

Test Call #5 took place on 11/18/2020 at 7:46 a.m. and was in compliance for logging name of beneficiary, date of request and disposition.

Overall, the MHP was in 60% compliance for logging name of beneficiary, date of request and disposition.

DHCS deems the MHP in partial compliance with California Code for Regulations, title 9, chapter 11, section 1810, subdivision 405(f). The MHP must comply with the CAP requirement addressing this finding of partial/non-compliance.

Repeat deficiency Yes

Corrective Action Description

MCBH is proposing a change to the current 24/7 Access Call Center training and testing to better align with DHCS Triennial Audit testing.

Prior to this audit, MCBH was training and testing psychiatric social workers, and were not emphasizing training and testing of what DHCS has referred to as the “operator,” or what MCBH refers to as the Patient Service Representative (PSR).

MCBH QI has redeveloped training for QI test callers and the QI Test call protocol to ensure a record of the beneficiary test is logged in the PSR call log within 72 hours. This training is scheduled to take place on June 7th for QI test callers and will focus on the role of the PSR as “operator.” This training will also introduce a new QI test call form that will provide a feedback loop to the PSR team.

Additionally, MCBH QI will be hosting a training for PSR staff on June 8th and July 1st to reemphasize the role of the PSR as operator (Whereas previously, our PSWs were framed as the operator). This training will include updated information on the PSR Call Log.

Lastly, QI has reached out individually to several PSRs to explore their use/access to the PSR Call log and are making modifications to the PSR call log to ensure all PSRs are able to view their entries and ensure there is a more accurate description of dispositions.

Proposed Evidence/Documentation of Correction

PSR Training Material

Sign In Sheets (QI and PSR)

Updated QI test Call Protocol

PSR Log

Quarterly Test Call Monitoring Submission to DHCS

Ongoing Monitoring (if included)

Completion of Quarterly Test Call Monitoring

- Goal of 100% of test calls are entered into the PSR Call log

Person Responsible (job title)

Lindsey O' Leary, Program Manager, Quality Improvement

Implementation Timeline: July 1st 2021

Requirement

Regarding the MHP's plan for annual cultural competence training necessary to ensure the provision of culturally competent services:

- 1) There is a plan for cultural competency training for the administrative and management staff of the MHP.
- 2) There is a plan for cultural competency training for persons providing SMHS employed by or contracting with the MHP.
- 3) There is a process that ensures that interpreters are trained and monitored for language competence (e.g., formal testing).
(CCR, title 9, § 1810.410 (c)(4).)

DHCS Finding 4.4.5

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 410(c)(4). The MHP must plan for annual cultural competence training necessary to ensure the provision of culturally competent services.

- 2) There is a plan for cultural competency training for persons providing SMHS employed by or contracting with the MHP.

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

- Policy and Procedure 468 Cultural Competence Training Requirement
- Cultural Competency Plan FY 18/19
- Cultural Competency Plan FY 19/20 (Final Draft)
- Cultural Competency Committee Annual Report
- Cultural Competence Training Spreadsheet & Sign In Sheets FY 19/20
- Cultural Competency Training (CC Foundation PP Slides) & Attendance/Class Exam

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides oversight to ensure all persons providing SMHS services and contracting with the MHP complete cultural competency training. This

requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP does not monitor contracting entities' cultural competency training completion.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 410(c) (4). The MHP must comply with the CAP requirement addressing this finding of non-compliance.

Corrective Action Description

Starting on July 1, 2021, all cultural competency training for staff who provide SMHS will be monitored using Monterey County's learning management system, NeoGov Learn. The term "staff" includes employees as well as interns. The MHP requires 6 hours of cultural competency training per FY for MHP and contracting entity staff who provide SMHS.

- MHP staff are enrolled in NeoGov Learn as part of the Monterey County staff on-boarding procedure.
- Contracting entity staff will be enrolled in NeoGov Learn by the Training Division of Monterey County Behavioral Health. Enrollment of contracting entity staff will occur *en masse* in June 2021 and as then as part of each contracting entity's staff on-boarding procedure.

Courses that focus on cultural competency topics will be tagged within the NeoGov system. Courses will either be on-demand and provided and tracked through NeoGov Learn or will be live (on-site or virtually) and tracked through NeoGov Learn.

Using the tagging system, Training, Quality Improvement and Program leadership, as well as individual staff, will be able to generate reports that indicate how many hours of cultural competency training MHP and contracting entity staff have taken in a designated period. These reports can be generated for external compliance purposes (e.g., Triennial Review) and for internal compliance purposes (e.g., by supervisors for their direct report staff or by a direct service staff to track their own compliance).

Proposed Evidence/Documentation of Correction

A full accounting of compliance with cultural competency training will be provided at the end of FY 21/22 for all MHP and contracting entity staff who provide SMHS.

- The report can be generated for all cultural competency training completed for the period of July through September 2021 and submitted as evidence of corrective action.

Ongoing Monitoring (if included)

Once the reporting function in NeoGov Learn is complete, Training Division staff will run weekly reports for one month and then monthly reports for the remainder of the 21/22 FY for all staff to ensure the system is working. Staff will be trained in how to confirm

they are being given credit for course completion and how to print/save certificates of completion, as well as how to report any problems.

Person Responsible (job title)

Dr. Jill Walker, Program Manager Training Division

Implementation Timeline:

June 2021

- Contracting Entity Staff will be enrolled in NeoGov Learn
- Cultural Competency Courses will be added to NeoGov Learn

July- August 2021

- Script for Reports will be Developed and Piloted

September 2021

- MHP and Contracting Entity Staff will be taught how to generate compliance reports using NeoGov Learn

Evidence can be submitted by Oct 1st, 2021.

Requirement

Pursuant to (W&I) Code Section 14717.1(b)(2)(F), the MHP has a procedure for expedited transfers within 48 hours of placement of the foster child or youth outside of the county of original jurisdiction. (MHSUDS IN No., 18-027; W&I Code § 14717.1(b).)

DHCS Finding 5.3.8

FINDING

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-027, and California Welfare and Institution Code, section 14717, subdivision 1(b). The MHP must have a procedure for expedited transfers within 48-hours of placement of the foster child or youth outside of the county of original jurisdiction.

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

- Policy and Procedure 151 Presumptive Transfer

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP implements and maintains arrangements for expedited transfers within 48-hours of placement of foster children or youth outside of the county of original jurisdiction. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP shared there has been a

statewide issue with timely placement of children and youth and the MHP will be developing a process to reflect this requirement. When the MHP experienced a need to place a child, they have created a special contract for specialized home placement. The MHP was unable to provide a sample of the special contract used. The MHP was given additional opportunity to submit evidence but no evidence was submitted. DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-027, and California Welfare and Institution Code, section 14717, subdivision 1(b). The MHP must comply with the CAP requirement addressing this finding of non-compliance.

Corrective Action Description

The MHP has taken measures to operate in compliance with Information Notice, No. 18-027, and California Welfare and Institution Code, section 14717, subdivision 1(b) by establishing a single point of contact and a dedicated inbox for receipt of presumptive transfers. All transfers received by the MHP are processed and assigned to a designated presumptive transfer coordinator who works with the County of Jurisdiction placing agency to facilitate engagement in mental health services if needed. As discussed during the review meeting, there are situations where placing agencies do not send the presumptive transfer notices within required timelines.

In addition, the MHP has established contracts with Monterey County STRTPs to require that they notify and work with the MHP when a request for presumptive transfer placement is made. The MHP has also established procedures to facilitate communication when notifications of presumptive transfer are sent to local placing Agencies point of contacts instead of being sent to the MHP.

Finally, to achieve and maintain full compliance with Information Notice, No. 18-027, and California Welfare and Institution Code, section 14717, subdivision 1(b), the MHP will update Policy and Procedure 151 Presumptive Transfer to include guidance of expedited transfers as follows:

EXPEDITED PRESUMPTIVE TRANSFER:

The youth may require an expedited Presumptive Transfer within 48 hours of placement outside of the County of Jurisdiction.

- The Placing Agency's assigned worker will contact the Department's Point of Contact and request for services to be expedited.
- The Department's Point of Contact will collaborate with the Placing Agency to get all signed required documents (i.e., release of information) and set up an urgent initial assessment.

Proposed Evidence/Documentation of Correction

Attached is the draft for the updated MHP presumptive transfer policy.

Update Presumptive Transfer log to include if there was any indication of an expedited request.

Update MCBH Presumptive Policy to include:

The youth may require an expedited Presumptive Transfer within 48 hours of placement outside of the County of Jurisdiction.

- The Placing Agency's assigned worker will contact the Department's Point of Contact and request for services to be expedited.
- The Department's Point of Contact will collaborate with the Placing Agency to get all signed required documents (i.e., release of information) and set up an urgent initial assessment.

Ongoing Monitoring (if included)

Ongoing monitoring will be provided by the presumptive transfer single point of contact through notice review and system data tracking.

Person Responsible (job title)

Liz Perez-Cordero, Behavioral Health Services Manager
Presumptive Transfer Single Point of Contact

Implementation Timeline:

Implementation will begin on June 10, 2021

Requirement

Monterey County Behavioral Health shall have only one level of appeal for beneficiaries. (MHP Contract, Ex. A, Att. 12; 42 C.F.R. § 438.402(b); 42 C.F.R. § 438.228(a).)

DHCS Finding 6.1.4

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 12, and Federal Code of Regulations, title 42, section 438, subdivision 402(b) and 228(a). The MHP must have only one level of appeal for beneficiaries.

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

- Policy and Procedure 128: Beneficiary Problem Resolution Process (Grievance, Standard Appeals, Expedited Appeals)
- Beneficiary Handbook
- Problem Resolution Brochure
- Problem Resolution Packet

- Problem Resolution Grievance Form
- Problem Resolution Appeal Form
- Welcome to Monterey County Behavioral Health Packet

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP implements and maintains written policies with a single level of appeal for beneficiaries. This requirement was not included in any evidence provided by the MHP. Per the facilitation discussion, the MHP would modify Policy and Procedure 128 to reflect this requirement.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 12, and Federal Code of Regulations, title 42, section 438, subdivision 402(b) and 228(a). The MHP must comply with the CAP requirement addressing this finding of non-compliance.

Corrective Action Description

Monterey County Behavioral Health will update their Policy and Procedure 128, Beneficiary Problem Resolution Process to demonstrate the single level of appeal process that applies for all beneficiaries.

Proposed Evidence/Documentation of Correction

Update and finalize Policy and Procedure 128: Beneficiary Problem Resolution Process

Ongoing Monitoring (if included)

Monitoring of Policy 128 to ensure it is up to date with any requirements set forth by DHCS as applicable.

Person Responsible (job title)

Thi Velasquez, Behavioral health Unit Supervisor, Quality Improvement

Implementation Timeline: July 1st, 2021

Requirement

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

DHCS Finding 6.4.13

The MHP did not furnish evidence to demonstrate compliance with Federal

Code of Regulations, title 42, section 438, subdivision 410(b). The MHP must ensure that punitive action is not taken against a provider who requests an expedited resolution or supports a beneficiary's expedited appeal.

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

- Policy and Procedure 128: Beneficiary Problem Resolution Process (Grievance, Standard Appeals, Expedited Appeals)
- Beneficiary Handbook (page 48)
- Problem Resolution Brochure
- Category 6.1,6.3,6.4 Legend
- Appeal Sampling (5)

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures that punitive action is not taken against a provider who requests an expedited resolution or supports a beneficiary's expedited appeal. Per the discussion during the review, the MHP shared they did not receive expedited resolution requests nor expedited appeals from providers during the review period and would modify Policy and Procedure 128 to meet this requirement.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 410. The MHP must comply with the CAP requirement addressing this finding of non-compliance

Corrective Action Description

Monterey County Behavioral Health to update Policy 128 to include information which specifies that punitive action is not taken against a provider who requests an expedited resolution or supports a beneficiary's expedited appeal.

Proposed Evidence/Documentation of Correction

Update and finalize Policy and Procedure 128: Beneficiary Problem Resolution Process

Ongoing Monitoring (if included)

Monitoring of Policy 128 to ensure it is up to date with any requirements set forth by DHCS as applicable.

Person Responsible (job title)

Thi Velasquez, Behavioral Health Unit Supervisor, Quality Improvement

Implementation Timeline: July 1st, 2021

Requirement

1) The MHP shall acknowledge receipt of each grievance, appeal, and request for

expedited appeal of adverse benefit determinations to the beneficiary in writing. (MHP Contract, Ex. A, Att. 12; 42 C.F.R. § 438.406(b)(1).)

2) The acknowledgment letter shall include the following:

- a) Date of receipt
- b) Name of representative to contact
- c) Telephone number of contact representative
- d) Address of Contractor

(MHSUDS IN No. 18-010E)

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

DHCS Finding 6.1.5

The MHP did not furnish evidence to demonstrate 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 acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing meeting above listed standards.

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

- Policy and Procedure 128 Beneficiary Problem Resolution Process (Grievance, Standard Appeals, Expedited Appeals)
- Acknowledgement Letter Sampling for FY 17/18, 18/19 and 19/20
- Grievance and Appeal Log October 1, 2019 – December 31, 2019
- Category 6.1, 6.3, 6.4 Legend

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures written acknowledgement is sent to beneficiaries within five (5) calendar days of receipt of the grievance. Six (6) of the acknowledgement letters exceeded the five (5) calendar day timeline requirement.

In addition, DHCS reviewed grievance, appeals, and expedited appeals samples to verify compliance with this requirement. The sample verification findings are as detailed below:

Number of grievances acknowledgements reviewed: 21, 15 were in compliance and 6 were out of compliance. Grievance compliance percentage was 71%. There were no appeals and no expedited appeals reviewed.

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 Disorder Services, Information Notice, No. 18-010E. The MHP must comply with the CAP requirement addressing this finding of partial compliance.

Corrective Action Description

Monterey County Behavioral Health aims to mail acknowledgement letter within one (1) business day of receipt to Quality Improvement. Monterey County Behavioral Health provided a training to Quality Improvement staff to review DHCS requirements on beneficiary grievance and appeal process. QI will update the Grievance and Appeal Tracking Log to ensure documentation is entered for the receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing to reflect clearly the date Quality Improvement received grievance, appeal, expedited appeal, and the day the acknowledgement letter was mailed to the beneficiary.

Proposed Evidence/Documentation of Correction

Update Grievance and Appeal Log to include details regarding the receipt of each grievance, appeal, and request for expedited documentation.

Update Grievance and Appeal Log to include details regarding *when* written acknowledgement has been sent to beneficiaries in order to show evidence of compliance for the “within five (5) calendar days of receipt of the grievance.”

Ongoing Monitoring (if included)

Monitoring of the Grievance and Appeal Log on a quarterly basis to ensure information obtained by the MHP is being tracked and accounted for.

Person Responsible (job title)

Thi Velasquez, Behavioral Health Unit Supervisor, Quality Improvement

Implementation Timeline: July 1st, 2021

Requirement

Monterey County Behavioral Health will provide notice, in writing, to any provider identified by the beneficiary or involved in the grievance, appeal, or expedited appeal of the final disposition of the beneficiary's grievance, appeal, or expedited appeal. (Cal. Code Regs., tit. 9, § 1850.205(d)(6).)

DHCS Finding 6.2.6

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1850, subdivision 205. The MHP must provide notice, in writing, to any provider identified by the beneficiary or involved in the grievance, appeal, or expedited appeal of the final disposition of the beneficiary's grievance, appeal, or expedited appeal.

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

requirement:

- PP 128 Beneficiary Problem Resolution Process (Grievance, Standard Appeals, Expedited Appeals)
- Grievance/Appeal/Expedited Tracking Log – October 1, 2019 – December 31, 2019
- Policy and Procedure 108 Medicaid Managed Care Plan

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides notice, in writing, to any provider identified by the beneficiary or involved in the grievance of the final disposition of the beneficiary's grievance. This requirement was not included in the evidence provided by the MHP. Per the discussion during the review, the Quality Improvement Manager will provide additional training to mental health staff regarding the Beneficiary Problem Resolution Processes to meet this requirement. The MHP was given additional opportunity to submit evidence but no evidence was submitted.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1850, subdivision 205. The MHP must comply with the CAP requirement addressing this finding of non-compliance.

Corrective Action Description

Monterey County Behavioral Health will update the Grievance and Appeal Tracking Log to ensure documentation is entered for evidence that the MHP provides notice, in writing, to any provider identified by the beneficiary or involved in the grievance of the final disposition of the beneficiary's grievance.

Additionally, Quality Improvement will provide Additional Training to Mental Health Staff about the Beneficiary Problem Resolution Process at minimum 1 x year.

Proposed Evidence/Documentation of Correction

Update Grievance and Appeal Log to include information demonstrating how the MHP provides notice, in writing, to any provider identified by the beneficiary or involved in the grievance of the final disposition of the beneficiary's grievance.

Ongoing Monitoring (if included)

Monitoring of the Grievance and Appeal Log on a quarterly basis to ensure that any written notifications to beneficiaries and/or providers are being tracked and accounted for.

Person Responsible (job title)

Thi Velasquez, Behavioral Health Unit Supervisor, Quality Improvement

Implementation Timeline: The log and practice was implemented immediately following DHCS Audit, May 1st, 2021

Requirement

Monterey County Behavioral Health will 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. (42 C.F.R. § 438.408(a)-(b)(1).)

DHCS Finding 6.3.2

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(a)-(b)(1). The MHP must resolve each grievance as expeditiously as the beneficiary's health condition requires not exceeding 90 calendar days from the day the Contractor receives the grievance.

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

- Policy and Procedure 128 Beneficiary Problem Resolution Process (Grievance, Standard Appeals, Expedited Appeals)
- Grievance/Appeal/Expedited Tracking Log – October 1, 2019 – December 31, 2019
- Beneficiary Handbook (pages 40 & 45)
- Grievance Sampling (21)

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures all grievances are resolved as expeditiously as the beneficiary's health condition required not to exceed 90 calendar days from the day the Contractor received the grievance. This requirement was not included in any evidence provided by the MHP.

In addition, DHCS reviews grievances, appeals, and expedited appeal samples to verify compliance with standards. Results indicated that out of 21 sample grievances reviewed nineteen (19) were in compliance, and two (2) were out of compliance, for a total of 90% compliance.

DHCS deems the MHP in partial compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(a)-(b)(1). The MHP must comply with the CAP requirement addressing this finding of partial compliance.

Corrective Action Description

Monterey County Behavioral Health will update the Grievance and Appeal Log to ensure documentation is entered to show how all grievances are resolved as

expeditiously as the beneficiary's health condition required, not to exceed 90 calendar days from the day the Contractor received the grievance.

Proposed Evidence/Documentation of Correction

Update Grievance and Appeal Log to include evidence for how all grievances are resolved as expeditiously as the beneficiary's health condition required, not to exceed 90 calendar days from the day the Contractor received the grievance.

Ongoing Monitoring (if included)

Monitoring of the Grievance and Appeal Log on a quarterly basis to ensure information about how all grievances are resolved as expeditiously as the beneficiary's health condition required, not to exceed 90 calendar days from the day the Contractor received the grievance.

Person Responsible (job title)

Thi Velasquez, Behavioral Health Unit Supervisor, Quality Improvement

Implementation Timeline: July 1st, 2021

Requirement

Monterey County Behavioral Health must continue the beneficiary's benefits if all of the following occur:

- a) The beneficiary files the request of an appeal timely in accordance with 42 C.F.R. § 438.402(c)(1)(ii) and (c)(2)(ii);
- b) The appeal involves the termination, suspension, or reduction of previously authorized services;
- c) The services were ordered by an authorized provider;
- d) The period covered by the original authorization has not expired; and,

The beneficiary timely files for continuation of benefits. (42 C.F.R. § 438.420(b).)

DHCS Finding 6.5.1

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 420(b). The MHP must continue the beneficiary's benefits if all of the below listed circumstance occur:

- a) The beneficiary files the request of an appeal timely in accordance with 42 C.F.R. § 438.402(c)(1)(ii) and (c)(2)(ii);
- b) The appeal involves the termination, suspension, or reduction of previously authorized services;
- c) The services were ordered by an authorized provider;
- d) The period covered by the original authorization has not expired; and,
- e) The beneficiary timely files for continuation of benefits.

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

- Policy and Procedure 128 Beneficiary Problem Resolution Process (Grievance, Standard Appeals, Expedited Appeals)
- Beneficiary Handbook
- Problem Resolution Brochure
- Problem Resolution Packet
- Welcome to Monterey County Behavioral Health Packet

While the MHP submitted evidence to demonstrate compliance with this requirement, the evidence reviewed did not document the requirements that benefits must be continued until all requirements occur, specifically requirements : a, b, c, d, and e. Per the discussion during the review, the MHP will modify Policy and Procedure 128 and Beneficiary Handbook to meet this requirement.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 420(b). The MHP must comply with the CAP requirement addressing this finding of non-compliance.

Corrective Action Description

Monterey County Behavioral Health to update Policy 128 to demonstrate that the MHP will continue the beneficiary's benefits if all of the below listed circumstance occur:

- a) The beneficiary files the request of an appeal timely in accordance with 42 C.F.R. § 438.402(c)(1)(ii) and (c)(2)(ii);
- b) The appeal involves the termination, suspension, or reduction of previously authorized services;
- c) The services were ordered by an authorized provider;
- d) The period covered by the original authorization has not expired; and,
- e) The beneficiary timely files for continuation of benefits.

Proposed Evidence/Documentation of Correction

Update and finalize Policy and Procedure 128, Beneficiary Problem Resolution Process

Ongoing Monitoring (if included)

Monitoring of Policy 128 to ensure it is up to date with any requirements set forth by DHCS as applicable.

Person Responsible (job title)

Thi Velasquez, Behavioral Health Unit Supervisor, Quality Improvement

Implementation Timeline: July 1st, 2021

Requirement

If, at the beneficiary's request, Monterey County Behavioral Health continues or reinstates the beneficiary's benefits while the appeal or State Hearing is pending, the benefits must be continued until one of the following occurs:

- a) The beneficiary withdraws the appeal or request for a State Hearing;
- b) The beneficiary fails to request a State Hearing and continuation of benefits within 10 calendar days after the MHP sends the notice of adverse resolution (i.e., NAR) to the beneficiary's appeal;
- c) A State Hearing office issues a hearing decision adverse to the beneficiary.

(42 C.F.R. § 438.420(c).)

DHCS Finding 6.5.2

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 420(c). At the beneficiary's request, the MHP must continue or reinstates the beneficiary's benefits while the appeal or State Hearing is pending, the benefits must be continued until one of the below listed occurs:

- f) The beneficiary withdraws the appeal or request for a State Hearing;
- g) The beneficiary fails to request a State Hearing and continuation of benefits within 10 calendar days after the MHP sends the notice of adverse resolution (e.g., NAR) to the beneficiary's appeal;
- h) A State Hearing office issues a hearing decision adverse to the beneficiary.

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

- Policy and Procedure 128 Beneficiary Problem Resolution Process (Grievance, Standard Appeals, Expedited Appeals)
- Beneficiary Handbook
- Problem Resolution Brochure
- Problem Resolution Packet
- Welcome to Monterey County Behavioral Health Packet

While the MHP submitted evidence to demonstrate compliance with this requirement, the evidence reviewed did not document the requirements that benefits must be continued until all requirements occur, specifically requirements : a, b, and c. Per the discussion during the review, the MHP will modify Policy and Procedure 128 and Beneficiary Handbook to meet this requirement.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 420(c). The MHP must comply with CAP requirement addressing this finding of non-compliance.

Corrective Action Description

Monterey County Behavioral Health to update Policy 128, Beneficiary Problem Resolution Process to include the requirement that the MHP must continue or reinstates the beneficiary's benefits while the appeal or State Hearing is pending. MCBH will update the Beneficiary Handbook to also meet this requirement.

Proposed Evidence/Documentation of Correction

Update and finalize Policy and Procedure 128

The Beneficiary Handbook was supplied by DHCS and MCBH is prohibited from making any updates to this document.

Ongoing Monitoring (if included)

Monitoring of Policy 128 to ensure it is up to date with any requirements set forth by DHCS as applicable.

Person Responsible (job title)

Thi Velasquez, Behavioral Health Unit Supervisor, Quality Improvement

Implementation Timeline: July 1st, 2021

Monterey County

Fiscal Year (FY) 20/21 Specialty Mental Health Triennial Review

Corrective Action Plan

Chart Review

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 8.2.1

FINDING

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 policy for the Annual Renewal of Services, assessments are to be updated annually, and may be completed up to 30 days prior to the anniversary month.

The following are specific findings from the chart sample:

- **Line number 5.** The prior assessment was completed on 12/14/2018. The updated assessment was due on 12/14/2019; however, it was not completed until 1/20/2020.
- **Line number 12.** The prior assessment was completed on 4/10/2018. The updated assessment was due on 4/10/2019; however, it was not completed until 4/18/2019.
- **Line number 13.** The prior assessment was completed on 12/5/2018. The updated assessment was due on 12/5/2019; however, it was not completed until 12/27/2019.
- **Line number 17.** The prior assessment was completed on 5/7/2018. The updated assessment was due on 5/7/2019; however, it was not completed until 6/3/2019.

Corrective Action Description

In order to address the timeliness and frequency of the Assessment documentation, MCBH provide regular training opportunities to MCBH and contracted providers. MCBH Training Department has developed a course which aims to support staff's effective methods for using available reports in electronic health record to help staff plan to annual renewals and improve completion of assessments within designated documentation expectations.

Additionally, MCBH QI staff perform ongoing utilization reviews (UR). Information learned through the UR process is used for ongoing improvement of MCBH systems and processes, including but not limited to clinical service delivery and staff training and

development. Also developed and advertised MCBH QI has a helpline and a email box dedicated to answering clinical questions about timeliness and also corrects client’s “date of coordination,” to ensure assessments are being required at the regular yearly interval.

Proposed Evidence/Documentation of Correction

Assessment Training Material

Assessment Training Sign-in Sheets (July-December 31st 2021)

Ongoing Monitoring (if included)

MCBH ensures that if an assessment are not completed in accordance with regulatory and contractual requirements, services are not claimed and moved into a “non-billable” status in the EHR. This is done automatically.

Additionally, MCBH QI staff perform ongoing utilization reviews (UR). Information learned through the UR process is used for ongoing improvement of MCBH systems and processes, including but not limited to clinical service delivery and staff training and development. Also developed and advertised MCBH QI has a helpline and an email box dedicated to answering questions and solving challenges, including correcting client’s “date of coordination,” to ensure assessments are being required at the regular yearly interval.

Person Responsible (job title)

Lindsey O’ Leary, Program Manager, Quality Improvement

Implementation Timeline: Immediate implementation, evidence of training for next 6 months will be submitted January 2022.

Requirement

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

- 1) 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.
- 2) Relevant conditions and psychosocial factors affecting the beneficiary’s physical health including, as applicable; living situation, daily activities, social support, and cultural and linguistic factors.
- 3) History of trauma or exposure to trauma
- 4) Mental Health History. Previous treatment, including providers, therapeutic modality (e.g., medications, psychosocial treatments) and response, and inpatient admissions.
- 5) Medical History, including:

- a) Relevant physical health conditions reported by the beneficiary or a significant support person.
- b) Name and address of current source of medical treatment.
- c) For children and adolescents, the history must include prenatal and perinatal events and relevant/significant developmental history.
- 6) Medications, including:
 - a) Information about medications the beneficiary has received, or is receiving, to treat mental health and medical conditions, including duration and medical treatment.
 - b) Documentation of the absence or presence of allergies or adverse reactions to medications.
 - c) Documentation of informed consent for medications.
- 7) 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.
- 8) Client Strengths. Documentation of the beneficiary's strengths in achieving client plan goals related to their mental health needs and functional impairment(s).
- 9) Risks. Situations that present a risk to the beneficiary and others, including past or current trauma.
- 10) Mental Status Examination
- 11) 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, tit. 9, §§ 1810.204 and 1840.112)

DHCS Finding 8.2.2

FINDING

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

- i) A mental status examination: **Line numbers 14 and 16.**

Corrective Action Description

In order ensure assessments include all of the required elements, including the mental status exam, MCBH provide regular training opportunities to MCBH and contracted providers. MCBH Training Department provides an Assessment Training that includes all required elements, including the mental status exam. This training also includes staff's effective methods for using available reports in electronic health record to ensure there is a corresponding Mental Status Exam in each beneficiary's record.

Proposed Evidence/Documentation of Correction

Assessment Training Material

Assessment Training Sign-in Sheets (July 1st- December 31st, 2021)

Ongoing Monitoring (if included)

MCBH QI staff perform ongoing utilization reviews (UR) for specialty mental health services. Information learned through the UR process which includes the review of a beneficiaries Mental Status Exam.

MCBH QI also has on demand reports for clinician staff to view their caseload and see which of their clients are “in compliance,” with an MSE completed on an annual basis in accordance with the beneficiaries “Date of coordination.”

Person Responsible (job title)

Lindsey O’ Leary, Program Manager, Quality Improvement

Implementation Timeline: Immediate implementation, evidence of training for next 6 months will be submitted January 2022.

Requirement

The MHP requires that a written medication consent form is obtained and retained for each medication prescribed and administered and that written medication consent forms are completed in accordance with the MHP’s written documentation standards (MHP Contract, Exhibit A, Attachment 9).

DHCS Finding 8.3.1

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 numbers 8, 9, and 10:** There was no written medication consent form found in the medical record. During the review, MHP staff was given the opportunity to locate the missing medication consent form but was unable to locate it in the medical record.
- 2) **Line numbers 1, 2, 3, 4, 5, and 12:** 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 consents in question but was unable to locate it/them in the medical record.

Corrective Action Description

Monterey County Behavioral Health will provide additional training to MD staff to ensure that written mediations are maintained in the beneficiary’s record. Monterey County Behavioral Health will also work with Medical Director to ensure that MD Peer Review process includes a line item to ensure that there are current medication consent forms

on file. Additionally, MCBH will ensure the medication consent forms are completed in accordance with the MHP's documentation standards.

Proposed Evidence/Documentation of Correction

MCBH revised the Consent for Psychiatric Medication and created a memo that clearly describes the requirements on 10/12/2018. The revised policy and memo were sent to prescribers and are posted in the QI website.

MCBH provided a training on 11/4/2020 to medical staff on the medication consent requirements. This training is posted on the QI website. This training will be offered again in 2021.

MCBH is currently using a Medication Consent Form on the electronic health record that contains all the required elements, including signatures, which must be completed prior to submission into the beneficiaries' chart.

Ongoing Monitoring (if included)

MCBH will continue to monitor medication consent compliance.

The Psychotropic Medication Monitoring Plan policy outlines that prescribers will conduct a review of 5% of the overall cases open to medication support services which will be carried out monthly.

Person Responsible (job title)

Dr. Alexakos, MCBH Medical Director

Implementation Timeline

September 1st, 2021

Requirement

The MHP contract with the Department outlines required elements that must be included in the medication consent including type of medication and duration taking each medication (MHP Contract, Exhibit A, Attachment 9).

DHCS Finding 8.3.2

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:

- 3) Type of medication: **Line numbers 2, 3, 4, 5, 12, 17, 18, and 20.**
- 7) Duration of taking each medication: **Line number 17.**

Corrective Action Description

During the triennial review period, Monterey County Behavioral Health updated the Medication Consent form in the electronic health record to require all elements, this will ensure each type of medication and duration of taking each medication is included in the medication consent within the beneficiaries' record moving forward.

Additionally, MCBH will ensure that MD Peer Review processes is updated to include a review of medication consent forms to ensure all required elements are included.

Proposed Evidence/Documentation of Correction

MCBH revised the Consent for Psychiatric Medication which outlines all the elements that are required on 10/12/2018. The revised policy was sent to prescribers and is posted in the QI website.

MCBH provided a training on 11/4/2020 to medical staff on the medication consent required elements. This training is posted on the QI website. This training will be offered again in August 2021. Evidence of attendance will be submitted to DHCS.

MCBH is currently using a Medication Consent Form on the electronic health record that contains all the required elements, including type of medication and duration of taking each medication, which must be completed prior to submission into the beneficiaries' chart.

Ongoing Monitoring (if included)

MCBH will continue to monitor to ensure all elements of the medication consent form are completed by the prescriber.

The Psychotropic Medication Monitoring Plan policy outlines that prescribers will conduct a review of 5% of the overall cases open to medication support services which will be carried out annually. Part of the review includes ensuring the medication consent is completed thoroughly and contains all elements.

Person Responsible (job title)

Dr. Alexakos, MCBH Medical Director

Implementation Timeline

September 1st, 2021

Requirement

MHP requires that all Client Plans and actual services provided include documentation for the coordination of care when the beneficiary receives services from multiple

providers at the same point in time in order to help “achieve the purpose for which the services are furnished” (MHP Contract, Ex. A, Att. 2).

DHCS Finding 8.4.2a

The medical record did not include services that were sufficient to adequately “achieve the purpose for which the services are furnished”. Specifically:

- **Line number 17:** Although two (2) or more different individuals provided services on behalf of the beneficiary at the same point in time, the medical record, including services proposed on the client plan, lacked evidence for the coordination of care and communication among these separate providers.

Corrective Action Description

MCBH will continue to ensure that all Client Plans and actual services provided include documentation for the coordination of care when the beneficiary receives services from multiple providers. The MCBH Treatment Planning training will include information on the importance of the documentation requirements noted above. Additionally, utilization reviews of SMHS will allow for continued feedback to programs when this requirement is deficient.

Proposed Evidence/Documentation of Correction

MCBH offers regular training via MCBH Training Department specific to Treatment Planning and will update training to emphasize the importance of including proposed services on the Client Plan including coordination and communication among providers.

- Assessment Training Material
- Assessment Training Sign-in Sheets (July-December 31st 2021)

Additionally, MCBH will continue to provide regular utilization reviews of SMHS. Post utilization review, MCBH will provide feedback related to Client Plan documentation standards as it relates to coordination and communication among providers. Programs are expected to submit a plan of correction to Quality Improvement on how this deficiency, if identified, will be addressed.

Ongoing Monitoring (if included)

The MCBH Training Department will continue to offer Treatment Planning trainings to all staff. Evidence of training will be demonstrated through Attendance Logs.

MCBH will continue to conduct program utilization reviews on a minimum of 10% of its beneficiary health records yearly for Specialty Mental Health Services to ensure Client Plan documentation related to coordination and communication among providers are in compliance with all relevant Federal, State, and County statutes and regulation.

Person Responsible (job title)

Janet Hernandez Barajas, Behavioral Health Unit Supervisor Quality Improvement

Implementation Timeline

Evidence of treatment planning training for next 6 months will be submitted January 2022.

Requirement

MHP requires that Client Plan be updated at least annually or reviewed and updated when there was a significant change in the beneficiary's condition. Additionally, the Client Plan must be completed prior to the delivery of planned services (MHP Contract, Ex. A, Att. 2).

DHCS Finding 8.4.3

Client Plans were not completed prior to the delivery of planned services and/or were not updated at least annually or reviewed and updated when there was a significant change in the beneficiary's condition (as required in the MHP Contract with the Department and/or as specified in the MHP's documentation standards). Specifically:

- **Line number 6:** The Initial Client Plan was not completed until after one or more planned service was provided and claimed. RR4a, refer to Recoupment Summary for details.
- **Line number 1:** There was no Client Plan for one or more type of claimed service. The MHP was given the opportunity to locate the services on a client plan that was in effect during the review period but could not find written evidence of it. RR4c, refer to Recoupment Summary for details.

Corrective Action Description

MCBH offers regular training via MCBH Training Department specific to Treatment Planning and will update training to emphasize the clinician need and risk for recoupment if an intervention is provided to the beneficiary without the intervention being listed on the treatment plan.

Additionally, MCBH will continue to provide regular utilization review of SMHS. Post utilization review, MCBH will disallow services rendered while a treatment plan is out of compliance/intervention is not on the current treatment plan.

Proposed Evidence/Documentation of Correction

- Treatment Plan Training Material
- Treatment Plan Training Sign-in Sheets (July-December 31st 2021)

Ongoing Monitoring (if included)

MCBH will continue to conduct program utilization reviews on a minimum of 10% of its beneficiary health records yearly for Specialty Mental Health Services to ensure Client Plan timeliness is in compliance with all relevant Federal, State, and County statutes and regulation.

The Quality Improvement team will continue to disallow planned and/or treatment service documented prior to the completion of the Client Plan.

The EHR currently has a compliance function that overrides any planned and/or treatment services being documented prior to the completion of the Client Plan; the override code is Non-Billable (330).

Program supervisors/managers have access to several reports to monitor staff compliance as it relates to clinical documentation of beneficiary charts including completion of the Client Plan.

The MCBH Training Department will continue to offer Treatment Planning Trainings to all staff.

Person Responsible (job title)

Janet Hernandez Barajas, Behavioral Health Unit Supervisor Quality Improvement

Implementation Timeline

Immediately, Evidence of sign in sheets for the upcoming 6 months (July- December 2021) will be available January 2022 for submission.

Requirement

MHP requires that Client Plan be completed prior to the delivery of planned services. Additionally, the Client Plan must be updated at least annually and within the timeliness and frequency specified in the documentation standards (MHP Contract, Ex. A, Att. 2).

DHCS Finding 8.4.3a

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

- **Line number 10:** There was a lapse between the prior and current Client Plans and, therefore, no client plan was in effect during a portion or all of the audit review period. RR4b, refer to Recoupment Summary for details.

- **Line number 17:** There was a lapse between the prior and current Client Plans. However, this occurred outside of the audit review period.
 - **Line number 17.** The prior Client Plan expired on 4/30/2019; whereas the current Client Plan was completed on 6/27/2019.
- **Line number 11:** There was a lapse between the prior and current Client Plans. However, the claims during this period were for services that are reimbursable prior to an approved Client Plan.
 - **Line number 11.** The prior Client Plan expired on 8/31/2019; whereas the current Client Plan was completed on 11/6/2019.

Corrective Action Description

MCBH will continue to ensure Client Plans are completed prior to the delivery of planned services and that the Client Plan be updated annually and within timeliness and frequency standards.

MCBH offers regular training via MCBH Training Department specific to Treatment Planning and will update the training to emphasize the need to complete and/or update the Client Plan as required to minimize risk of recoupment.

Additionally, MCBH will continue to provide regular utilization review of SMHS. Post utilization review, MCBH will disallow services rendered while a Client Plan is out of compliance.

Proposed Evidence/Documentation of Correction

- Treatment Plan Training Material
- Treatment Plan Training Sign-in Sheets (July-December 31st 2021)

Ongoing Monitoring (if included)

MCBH will continue to conduct program utilization reviews on a minimum of 10% of its beneficiary health records yearly for Specialty Mental Health Services to ensure timeliness and frequency of Client Plan completion is in compliance with all relevant Federal, State, and County statutes and regulation.

The Quality Improvement team will continue to disallow planned and/or treatment service documented prior to the completion of the Client Plan.

The EHR currently has a compliance function that overrides any planned and/or treatment services being documented prior to the completion of the Client Plan; the override code is Non-Billable (330).

Program supervisors/managers have access to several reports to monitor staff compliance as it relates to clinical documentation of beneficiary charts including completion of the Client Plan.

The MCBH Training Department will continue to offer Treatment Planning trainings to all staff.

Person Responsible (job title)

Janet Hernandez Barajas, Behavioral Health Unit Supervisor Quality Improvement

Implementation Timeline

Immediately, Evidence of sign in sheets for the upcoming 6 months (July- December 2021) will be available January 2022 for submission.

Requirement

MHP requires that Client Plans include all required elements as outlined on the state contract. The Client Plan goals/treatment objective must be specific, observable and/or quantifiable and relate to the beneficiary's documented mental health needs and functional impairments as a result of the mental health diagnosis. Additionally, the Client Plan interventions must have an expected frequency and duration for each intervention. (MHP Contract, Ex. A, Att. 2).

DHCS Finding 8.4.4

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

- One or more goal/treatment objective was not specific, observable, and/or quantifiable and related to the beneficiary's mental health needs and identified functional impairments. **Line numbers 1, 3, and 18.**
- One or more proposed intervention did not include an expected frequency or frequency range that was specific enough. **Line numbers 1, 2, 3, 4, 6, 10, 11, 14, and 18.**
 - **Line number 1.** Per Client Plan completed on 11/1/2019, there is no expected frequency or frequency range for TCM services.
 - **Line number 2.** Per Client Plan completed on 12/27/2018, there is no expected frequency or frequency range for collateral or group therapy services.
 - **Line number 3.** Per Client Plan completed on 9/24/2019, there is no expected frequency or frequency range for TCM services.
 - **Line number 4.** Per Client Plan completed on 12/4/2019, there is no expected frequency or frequency range for TCM services. The prior Client Plan completed on 12/12/2018, has an expected frequency for TCM services of "as needed," which is not a specific frequency.
 - **Line number 6.** Per Client Plan completed on 12/12/2019, there is no expected frequency or frequency range for TCM services.

- **Line number 10.** Per Client Plan completed on 12/19/2019, the expected frequency or frequency range for TCM services is “as needed,” and is not a specific frequency.
- **Line number 11.** Per Client Plan completed on 11/6/2019, there is no expected frequency or frequency range for TCM services.
- **Line number 14.** Per Client Plan completed 4/1/2019, there is no expected frequency or frequency range for collateral services.
- **Line number 18.** Per Client Plan completed on 9/12/2019, there is no expected frequency or frequency range for individual therapy or rehabilitation services.
- One or more proposed intervention did not include an expected duration. **Line numbers 1, 2, 5, 6, 8, 10, 11, 12, 13, 14, 17, and 18.**
 - **Line number 1.** None of the proposed interventions on the Client Plan completed on 11/1/2019 include an expected duration.
 - **Line number 2.** None of the proposed interventions on the Client Plan completed on 12/7/2018 include an expected duration.
 - **Line number 5.** None of the proposed interventions on the Client Plan completed on 12/14/2018 include an expected duration.
 - **Line number 6.** None of the proposed interventions on the Client Plan completed on 12/12/2019 include an expected duration.
 - **Line number 8.** The Client Plan completed on 11/26/2019 does not include an expected duration for medication support services.
 - **Line number 10.** None of the proposed interventions on the Client Plan completed on 12/19/2019 include an expected duration.
 - **Line number 11.** None of the proposed interventions on the Client Plan completed on 11/6/2019 include an expected duration.
 - **Line number 12.** None of the proposed interventions on the Client Plan completed on 4/18/2019 include an expected duration.
 - **Line number 13.** None of the proposed interventions on the Client Plan completed on 12/23/2019 include an expected duration.
 - **Line number 14.** None of the proposed interventions on the Client Plan completed on 4/1/2019 include an expected duration.
 - **Line number 17.** None of the proposed interventions on the Client Plan completed on 6/27/2019 include an expected duration.
 - **Line number 18.** None of the proposed interventions on the Client Plan completed on 9/12/2019 include an expected duration.

Corrective Action Description

MCBH will continue to ensure Client Plans, specifically, the objectives and interventions contain all the required element. The objective(s) shall be specific, observable and/or quantifiable and relate to the beneficiary’s documented mental health needs and functional impairments and the intervention(s) shall have an expected frequency and duration.

MCBH offers regular training via MCBH Training Department specific to Treatment Planning and will update the training to emphasize the requirement of including all the elements for the objectives and intervention within the Client Plan. Additionally, MCBH will continue to provide regular utilization review of SMHS as a way to provide feedback to programs related to the Client Plan, specifically, missing elements within the objective(s) and intervention(s). Furthermore, MCBH is currently in the process of updating the Monterey County Treatment Plan form on the Electronic Health Record (EHR) and will require the duration field to be completed prior to submission.

Proposed Evidence/Documentation of Correction

MCBH is in the process of upgrading the EHR to improve the Monterey County Treatment Plan form and will ensure the duration is required as the technical team updates the form. Screen shots of this updated form will be submitted as evidence.

The MCBH Avatar User Guide will be reviewed and updated, if needed, with information on the required fields for the Client Plan. The updated AVATAR user guide will be submitted as evidence.

The Quality Improvement IT team provides monthly EHR trainings and this information will be incorporated into training for new employees as well. Training attendance sheets post implementation will be submitted as evidence of training.

Ongoing Monitoring (if included)

MCBH will continue to conduct program utilization reviews on a minimum of 10% of its beneficiary health records yearly for Specialty Mental Health Services to ensure all elements of the objective(s) and intervention(s) within the Client Plan is in compliance with all relevant Federal, State, and County statutes and regulation.

Program supervisors/managers have access to several reports to monitor staff documentation compliance and are also expected to conduct utilization reviews internally while using the Clinical Supervisory Tool which outlines all the Client Plan requirements.

The Quality Improvement Team will also submit evidence of ongoing EHR and Treatment Planning training for new and existing employees via attendance sheets.

Person Responsible (job title)

Janet Hernandez Barajas, Behavioral Health Unit Supervisor Quality Improvement

Implementation Timeline

October 1st, 2021

Requirement

The MHP contract with the Department requires beneficiary or legal representative signature, documentation of the degree of participation in/and agreement with the Client Plan, and explanation of the beneficiary's refusal or unavailability to sign the Plan (MHP Contract, Ex. A, Att. 9; CCR, title 9, § 1810(c)(2).).

DHCS Finding 8.4.7

There was no documentation of the beneficiary's or legal representative's degree of participation in and agreement with the Client Plan, and there was no written explanation of the beneficiary's refusal or unavailability to sign the Plan, if a signature was required by the MHP Contract with the Department and/or by the MHP's written documentation standards:

- **Line numbers 13, 14, and 18:** There was no documentation of the beneficiary's or legal representative's participation in and agreement with the Client Plan.
 - **Line 13.** There is no documentation that the beneficiary or their legal representative participated in and agreed with the Client Plan completed on 12/23/2019. The MHP was given the opportunity to locate the document in question but did not provide written evidence of the document in the medical record.
 - **Line 14.** There is no documentation that the beneficiary or their legal representative participated in and agreed with the Client Plan completed on 4/1/2019. The MHP was given the opportunity to locate the document in question but did not provide written evidence of the document in the medical record.
 - **Line 18.** There is no documentation that the beneficiary or their legal representative participated in and agreed with the Client Plan completed on 9/12/2019. The MHP was given the opportunity to locate the document in question but did not provide written evidence of the document in the medical record.
- **Line numbers 9, 13, 14, and 18:** The beneficiary or legal representative was required to sign the Client Plan as required by the MHP Contract with the Department (i.e., the beneficiary is in "long-term" treatment and receiving more than one type of SMHS), and per the MHP's written documentation standards. However, the signature was missing. The MHP was given the opportunity to locate the documents in question but did not provide written evidence of the document in the medical record.

Corrective Action Description

MCBH is currently in the process of updating the Monterey County Treatment Plan form on the Electronic Health Record (EHR). The updates to the form will include and require the following fields to be completed prior to submission of the form into the client's chart:

- Beneficiary or legal representative signature,

- Documentation of the degree of participation in/and agreement with the Client Plan, and
- Explanation of the beneficiary's refusal or unavailability to sign the Plan.

Proposed Evidence/Documentation of Correction

The process to update the Monterey County Treatment Plan form began prior to the audit however this was temporarily postponed until the audit findings were provided to the MHP in order to ensure all recommended items are incorporated. The items identified above will be added to the specification requirements and will be submitted to the technical team to update the form.

The MCBH Avatar User Guide will be updated with information on the required fields for the Client Plan.

A Memo will be distributed to all county staff and contracted providers outlining the changes and requirements.

The Quality Improvement IT Team provides monthly EHR training and will incorporate this change in their presentation for new employees.

Ongoing Monitoring (if included)

MCBH will continue to conduct program utilization reviews on a minimum of 10% of its beneficiary health records yearly for Specialty Mental Health Services to ensure related documentation are in compliance with all relevant Federal, State, and County statutes and regulation including Client Plan and consent requirements.

Program supervisors/managers have access to several reports to monitor staff compliance as it relates to clinical documentation of beneficiary charts including completion of the Client Plan and consent.

Quality Improvement IT Team will submit attendance sheets as evidence of training.

Person Responsible (job title)

Janet Hernandez Barajas, Behavioral Health Unit Supervisor Quality Improvement

Implementation Timeline

October 1st, 2021

Requirement

The MHP contract with the Department requires documentation that the beneficiary or legal guardian was offered a current Client Plan (MHP Contract, Ex. A, Att. 9; CCR, title 9, § 1810(c)(2)).

DHCS Finding 8.4.11

Line numbers 13, 14, and 18: There was no documentation on the current Client Plan that the beneficiary or legal guardian was offered a copy of the Client Plan.

Corrective Action Description

MCBH will continue to improve the documentation on the Client Plan that the beneficiary or legal guardian was offered a copy. The current electronic/printable Treatment Plan Participation Consent contains this item. Furthermore, MCBH is currently in the process of updating the Monterey County Treatment Plan form on the Electronic Health Record (EHR). The updates to the form will continue to include and require the following field to be completed prior to submission of the form into the client's chart:

- Beneficiary or legal guardian was offered a copy of the Client Plan.

Proposed Evidence/Documentation of Correction

MCBH is in the process of improving the Monterey County Treatment Plan form and will ensure the item identified above will remain required as the technical team updates the form.

The MCBH Avatar User Guide will be reviewed and updated, if needed, with information on the required fields for the Client Plan.

A Memo will be distributed to all county staff and contracted providers outlining and reiterating the Client Plan requirements.

The Quality Improvement IT team provides monthly EHR trainings and this information will be incorporated into training for new employees as well.

Ongoing Monitoring (if included)

MCBH will continue to conduct program utilization reviews on a minimum of 10% of its beneficiary health records yearly for Specialty Mental Health Services to ensure related documentation are in compliance with all relevant Federal, State, and County statutes and regulation including Client Plan requirements.

The Quality Improvement Team will also submit evidence of ongoing EHR training for new employees via attendance sheets.

Person Responsible (job title)

Janet Hernandez Barajas, Behavioral Health Unit Supervisor Quality Improvement

Implementation Timeline

October 1st, 2021

Requirement

The MHP contract requires timeliness submission of progress notes, specifically within 3 days after the provision of the service (MHP Contract, Ex. A, Att. 2).

DHCS Finding 8.5.2

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 2, 3, 5, 6, 7, 8, 10, 12, 13, 15, 17, 18, 19, and 20.** One or more progress note was not completed within the MHP's written timeliness standard of 3 days after provision of service. 72 or 19.9 percent of all progress notes reviewed were completed late.

Corrective Action Description

MCBH will send out QI Memo reminding that of the 72 hour requirement to submit documentation.

MCBH will incorporate this requirement into the New Employee Training for clinicians who enter progress notes into the EHR.

Proposed Evidence/Documentation of Correction

QI Memo: Reminder of the 72 Hour Documentation memo to all staff and contracted providers as a reminder of the MHP timeliness requirement.

MCBH also has individual, team, and department level ad-hoc reports that can be run on demand by EHR users to help monitor their overall 72 hour compliance.

Ongoing Monitoring (if included)

MCBH will continue to conduct program utilization reviews on a minimum of 10% of its beneficiary health records yearly for Specialty Mental Health Services to ensure documentation timeliness is in compliance with all relevant Federal, State, and County statutes and regulation. These utilization reviews include total percentage of their program's 72 hour note requirement.

Person Responsible (job title)

Janet Hernandez Barajas, Behavioral Health Unit Supervisor Quality Improvement

Implementation Timeline

July 1st, 2021

Requirement

The MHP has an affirmative responsibility to determine and document eligibility and need for ICC and IHBS services for all beneficiary under age 22, and if appropriate, such services are to be included in the Client Plan (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 8.6.1

- 1) While the MHP did furnish evidence that it has a standard procedure for providing and documenting individualized determinations of eligibility for ICC services and IHBS on behalf of Katie A. Subclass beneficiaries, the MHP has not yet updated their procedures to include an individualized determination of eligibility for ICC services and IHBS for all beneficiaries under age 22 that is based on their strengths and needs.
- 2) The medical record associated with the following Line numbers 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 11, 12, 13, 14, 15, 16, 17, 19, and 20.**

Corrective Action Description

MCBH will update the procedure to determine and document eligibility and need for ICC and IHBS services to include all beneficiaries under age 22 and if it is determined that the beneficiary is eligible for ICC and IHBS, these services are to be included in the Client Plan. A screening tool will be developed to determine eligibility and training will be offered to providers.

Proposed Evidence/Documentation of Correction

Update the procedure to determine and document eligibility and need for ICC and IHBS services and if indicated, add services to the Client Plan, for all beneficiaries under age 22.

Develop a screening tool in collaboration with MCBH Children System of Care staff and Providers.

Train staff on utilizing the screening tool and to clearly document eligibility on the assessment and to add services to the Client Plan as indicated.

Ongoing Monitoring (if included)

MCBH will continue to conduct program utilization reviews on a minimum of 10% of its beneficiary health records yearly for Specialty Mental Health Services to ensure services and related documentation are in compliance with all relevant Federal, State, and County statutes and regulation.

Person Responsible (job title)

Monterey

FY 20/21 Specialty Mental Health Triennial Review – Corrective Action Plan

Janet Hernandez Barajas, Behavioral Health Unit Supervisor Quality Improvement

Implementation Timeline

October 1st, 2021