Nevada County Mental Health Services

FY 19/20 Specialty Mental Health Triennial Review

Corrective Action Plan

<u>Nevada System Review</u>

Requirement

NETWORK ADEQUACY & AVAILABILITY

DHCS Finding#1

The MHP did not furnish evidence to demonstrate compliance that the MHP must certify, or use another MHP's certification documents to certify, the organizational providers that subcontract with the MHP to provide SMHS, in accordance with California Code of Regulations, title 9, section 1810.435; MHP contract, Ex. A, Att. 8.

Corrective Action Description

Nevada County Behavioral Health (NCBH) has developed a Medi-Cal Recertification Tracking Log that contains all of the organizational providers that NCBH is required to recertify on a three year cycle in order for them to provide SMHS. Any new organizational provider that contracts with NCBH is added to this tracking log. This log is used for organizational providers that NCBH certifies as well as the organizational providers that NCBH 'piggy back' certifies to provide SMHS. This log is maintained by the NCBH QA Manager or designee (currently Administrative Assistant) and will be monitored on a monthly basis. The NCBH staff checks this log at the beginning of each month to determine if any providers need to be recertified within the next 6 weeks. Once it is determined they are in need of recertification, the provider is notified and the QA Manager will schedule a site visit to certify/recertify the site. The QA Manager or the designee obtains the documents necessary for the recertification (or certification in the case of a new provider) which include the fire clearance and the head of service license. Once the certification/recertification is complete, the QA manager will provide the 1735 or 1737 transmittal form, the fire clearance, the head of service license and the letter to the provider of recertification (or certification) to DHCS through the DMHCertification email. The Medi-Cal Recertification Tracking Log will be updated with the necessary information.

Proposed Evidence/Documentation of Correction

NCBH will submit copies of the recertification/certification documents to DHCS at the time of the recertification (or certification for new providers) within 3 weeks of completion of site certification. These documents include: fire clearance, head of

service license, 1735/1737 transmittal and a copy of the cert/recertification letter to the provider.

Measures of Effectiveness

The NCBH QA Manager or designee will review the Medi-Cal Recertification Log on a monthly basis to ensure compliance with this finding.

Implementation Timeline:

Implementation of the CAP for this finding will begin Nov 1, 2020 to be completed by April 1, 2021.

Requirement

Access and Information Requirements

DHCS Finding #2

DHCS' review team made seven (7) calls to test the MHP's statewide 24/7 toll-free number.

Test Call #6 & #7

The caller was not provided information on how to use the beneficiary problem resolution and fair hearing processes. The calls were 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).

Corrective Action Description

NCBH will update the script that will be used by the Triage Team (answers phones for NCBH 24/7), the Access Team, the Health Tech Team (includes front office staff) and all supervisors. This script will be used by the above NCBH staff to ensure that all callers to NCBH are provided information on how to use the beneficiary problem resolution and fair hearing processes. The above NCBH staff members will be provided training on the revised script as well as training on the beneficiary problem resolution and fair hearing process and NCBH policies/practice regarding these processes. This training will be provided by a member of the QA team or a designee.

Proposed Evidence/Documentation of Correction

NCBH will submit a copy of the revised/updated script that is used by the Triage Team, Access Team, Health Tech Team and supervisors.

NCBH will submit a copy of the training that is provided to the above staff.

NCBH will submit the staff training sign in sheets.

Measures of Effectiveness

The NCBH QA Manager or designee will review the NCBH training log monthly to ensure that all new staff are trained and to track the training for current staff.

Implementation Timeline

Development of the script will be completed by 12/1/2020. The training of the staff will be completed by 3/1/2021. The implementation of the script will begin once all staff have been trained and no later than 4/1/2021.

Requirement

Access and Information Requirements

DHCS Finding #3

MHP must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing. (Cal. Code Regs., tit. 9, chap. 11, §1810, subd.405(f)). The written log(s) contain the following required elements:

Name of Beneficiary

Date of Request

Initial Disposition

Three (3) of five (5) required DHCS test calls were not logged on the MHP's written log of initial request.

Corrective Action Description

All NCBH staff to include the Triage Staff, the Access Staff, the Health Tech staff and the supervisors will be provided the information regarding calls received by NCBH and are to be logged into the MH or SUD call logs. This information will be provided to the staff via email, all staff meeting or team meetings. This information will include the required elements to be logged (name of beneficiary, date of request, initial disposition) as well as information on how to access the MH or SUD call logs in the SharePoint database.

Proposed Evidence/Documentation of Correction

NCBH will submit a copy of the information that is provided to the Triage Staff, Access Staff, the Health Tech staff and the supervisors to DHCS. This would include copies of emails provided to staff, all staff agenda or team meeting agenda where this information is provided.

NCBH will submit a copy of the SharePoint logs that show the documentation of the call logs contains the required elements.

Measures of Effectiveness

The NCBH QA team or the Admin Analyst will review the SharePoint Logs on a monthly basis once the staff have been provided the information to ensure compliance with the finding.

Implementation Timeline

Development of the information to be provided to the staff will be completed by 12/1/2020. The information will be provided to the staff through all staff meetings, team meetings and/or emails no later than 2/1/2021 with implementation by 4/1/2021.