

Riverside University Health System – Behavioral Health
[Fiscal Year 2021-22] Specialty Mental Health Triennial Review
Corrective Action Plan

[Systems Review]

Requirement (#1)

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.

DHCS Finding [1.1.3]

It is not evident that the MHP meets the Department standards for timely access to care for psychiatry and urgent care services. Of appointments reviewed by DHCS, nine (9) of the 50 physician appointments and 45 of the 50 urgent appointments did not meet timeliness standards.

Corrective Action Description

Technical assistance is requested for this finding. The CSI Assessment record defines a first assessment (per the CSI data dictionary) which has been used to track timeliness to routine and urgent appointments. DHCS is now identifying the date of first contact as the request for services. If that is the case the initial screening would technically be the first appointment. This new definition will change how timeliness is determined and how we will develop reports for tracking timeliness.

Proposed Evidence/Documentation of Correction

Timeliness Report; Timeliness Report Summary

Ongoing Monitoring (if included)

Monthly by Deputies, Administrators and Managers; Quarterly at the QIC

Person Responsible (job title)

Joan Twohey-Jacobs

Implementation Timeline: [Date(s)]

12-15-22

Requirement (#2)

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 8. 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, subsection 435.

DHCS Finding [1.4.4]

It is not evident that the MHP certifies, or uses another MHP's certification documents to certify, the organizational providers that subcontract with the MHP to provide SMHS. Of the 168 MHP providers, seven (7) providers had overdue certifications.

Corrective Action Description

RUHS-BH will continue actively tracking when new/renewed certifications are due within the next 6 months, with additional follow up when coming due within 45 days. Fire clearances are being requested at least 60 days in advance. When construction is incomplete on a facility that's needed prior to certification, or there are delays in obtaining a fire clearance, follow up will continue to be made with the program analyst/supervisor on a weekly basis until the required documentation for certification is obtained.

Proposed Evidence/Documentation of Correction

RUHS-BH Medi-Cal certification tracking logs

Ongoing Monitoring (if included)

Monitoring for upcoming certifications is done weekly

Person Responsible (job title)

Mary Walsh, Behavioral Health Services Supervisor

Implementation Timeline (Dates)

10-03-2022

Requirement (#3)

The MHP did not furnish evidence to demonstrate compliance with the MHP Contract, exhibit A, attachment 10, and Federal Code of Regulations, title 42, section 438, subdivision 208(b)(1). The MHP must provide the beneficiary information on how to contact their designated person or entity.

DHCS Finding [2.1.2]

It is not evident that the MHP monitors its contracted providers to ensure beneficiaries receive contact information for their designated person or entity.

Corrective Action Description

RUHS-BH has added monitoring for this requirement to the tools used to review contracted providers.

Proposed Evidence/Documentation of Correction

RUHS-BH Contract Monitoring Checklist

Ongoing Monitoring (if included)

Monitoring for this requirement will occur during the annual Contract Monitoring Reviews.

Person Responsible (job title)

Nicole Shaverdi, Administrative Services Supervisor

Implementation Timeline: [Date(s)]

11-01-2022

Requirement (#4)

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 10, and Federal Code of Regulations, title 42, section 438, subdivision 208(b)(4). The MHP must share with the Department or other managed care entities serving the beneficiary the results of any identification and assessment of that beneficiary’s needs to prevent duplication of those activities.

DHCS Finding [2.2.1]

Marcus – ECM requested 10/4

It is not evident that the MHP shares with the Department, or other managed care entities serving the beneficiary, the results of any identification and assessment of a beneficiary’s needs to prevent duplication of those activities.

Corrective Action Description

RUHS-BH is working with the MCPs on shared consumers. A Data Sharing Agreement (DSA) is in process with IEHP to see service claims to ensure no duplication of services and liaisons have been assigned to the ICT teams where warm hand-offs and collaboration can occur. The Enhanced Care Management Teams will require an authorization from the MCP prior to providing services which will also assist in preventing duplicative services.

Proposed Evidence/Documentation of Correction

DSA Agreement

Ongoing Monitoring (if included)

Monthly reports will be reviewed on service delivery data

Person Responsible (job title)

Implementation Timeline: July 2023

Requirement (#5)

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 the below listed requirements:

1. The MHP's denial of the beneficiary's continuity of care request;
2. A clear explanation of the reasons for the denial;
3. The availability of in-network SMHS;
4. How and where to access SMHS from the MHP;
5. The beneficiary's right to file an appeal based on the adverse benefit determination; and,
6. The MHP's beneficiary handbook and provider directory.

DHCS Finding [2.5.7]

It is not evident that the written notification the MHP provides the beneficiary regarding the continuity of care request includes information regarding the beneficiary's right to file an appeal based on the adverse benefit determination or the MHP's beneficiary handbook and provider directory

Corrective Action Description

RUHS-BH has updated its procedures and denial letter template.

Proposed Evidence/Documentation of Correction

Continuity of Care Procedures; Continuity of Care Denial Letter Template

Ongoing Monitoring (if included)

Continuity of Care requests, approvals and denials will be monitored for weekly to ensure the correct letter templates are being sent.

Person Responsible (job title)

Elizabeth Del Rio, Behavioral Health Services Manager

Implementation Timeline: [Date(s)]

11-01-2022

Requirement (#6)

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 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.

DHCS Finding [2.5.8]

It is not evident that the MHP notifies the beneficiary and/or the beneficiary’s authorized representative 30-calendar days prior to the end of the continuity of care period about the process that will occur to transition his or her care

Corrective Action Description

A Continuity of Care Tracking Log and 30-day notification letter template have been developed.

Proposed Evidence/Documentation of Correction

Continuity of Care Tracking Log; Continuity of Care 30-day Notification Letter Template

Ongoing Monitoring (if included)

The Continuity of Care Request Tracking Log will be monitored weekly to ensure the 30-day notification letter is sent.

Person Responsible (job title)

Elizabeth Del Rio, Behavioral Health Services Manager

Implementation Timeline: [Date(s)]

11-01-2022

Requirement (#7)

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, and Federal Code of Regulations, title 42, section 438, subdivision 330(a)(e)(2). The MHP must have a written description of the Quality Assessment and Performance Improvement Program addressing the below listed requirements:

1. Clearly defines its structure and elements,
2. Assigns responsibility to appropriate individuals, and
3. Adopts or establishes quantitative measures to assess performance and identify and prioritize areas for improvement.

DHCS Finding [3.1.1]

It is not evident that the MHP has a written Quality Assessment and Performance Improvement Program that adopts or establishes quantitative measures to assess performance and identify and prioritize areas for improvement.

Corrective Action Description

The Quality Improvement Committee (QIC) has been restructured to include subcommittees when there is an identified issue. These subcommittees report back to the QIC with recommended goals and implementation strategies that can be added to the QI Work Plan.

Proposed Evidence/Documentation of Correction

QIC agendas/minutes

Ongoing Monitoring (if included)

The QI Work Plan has been added as an agenda item to each QIC meeting.

Person Responsible (job title)

Maureen Dopson, QI Administrator

Implementation Timeline: [Date(s)]

10-01-2022

Requirement (#8)

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5. The MHP must ensure the Quality Assessment and Performance Improvement (QAPI) Work Plan includes a description of mechanisms the Contractor has implemented to assess the accessibility of services within its service delivery area, including goals listed in the below requirements:

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

DHCS Finding [3.2.5]

It is not evident that the MHP has a QAPI Work Plan that includes a description of the mechanisms it uses to assess the accessibility of services within its service delivery area, including goals related to the 24-hour toll-free telephone number.

Corrective Action Description

The QI Work Plan has added goals for the 24-hour toll-free telephone number in the 2022-23 QI Work Plan.

Proposed Evidence/Documentation of Correction

2022-23 QI Work Plan

Ongoing Monitoring (if included)

The QI Work Plan has been added as an agenda item to each QIC meeting.

Person Responsible (job title)

Maureen Dopson, QI Administrator

Implementation Timeline: [Date(s)]

9-1-2022

Requirement (#9)

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 to the below listed requirements:

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.

DHCS Finding [4.3.2]

Based on the (7) test calls, DHCS deems the MHP *in partial compliance* with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1).

TEST CALL #1 Test call was placed on Monday, February 28, 2022, at 12:23 p.m. The call was answered immediately via a phone tree with a recorded greeting that provided instructions to dial 9-1-1 if experiencing an emergency and the option to continue the call in Spanish, the MHP's threshold language. After selecting the option to speak to a live operator, the caller was placed on hold for approximately three (3) minutes before being instructed to leave a message for a return call or to continue to hold for the next available representative. The caller continued to hold for two (2) additional minutes before ending the call. The caller 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 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 #4 Test call was placed on Monday, March 14, 2022, at 7:12 a.m. The call was answered immediately via a phone tree with a recorded greeting that provided instructions to dial 9-1-1 if experiencing an emergency and the option to continue the call in Spanish, the MHP's threshold language. After selecting the option to speak to a live operator the call was answered after five (5) rings. The caller informed the operator that he/she had recently moved to the county and asked for assistance with refilling

his/her anxiety medication. The operator asked for personally identifiable information, which the caller provided. The operator informed the caller to go to urgent care. The operator also informed the caller he/she would need to change his/her Medi-Cal to Riverside County and if he/she was unsure how to make this change he/she should Google it. Throughout the phone call the operator informed the caller to hold for brief periods as the operator was driving. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller 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 #6 Test call was placed on Wednesday, November 3, 2021, at 4:00 pm. The call was answered immediately via a phone tree with a recorded greeting that provided instructions to dial 9-1-1 if experiencing an emergency and the option to continue the call in Spanish, the MHP's threshold language. The phone tree presented an option for filing a complaint, filing a grievance, or to appeal a denied service. After selecting this option, the caller was transferred to a recorded message for the Outpatient Quality Improvement Appeal Line, which instructed the caller to leave his/her name and phone number for a return call. The caller was not provided information about how to use the beneficiary problem resolution and fair hearing process. 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 Thursday, March 10, 2022, at 3:47 pm. The call was answered immediately via a phone tree with a recorded greeting that provided instructions to dial 9-1-1 if experiencing an emergency and the option to continue the call in Spanish, the MHP's threshold language. After selecting the option to speak to a live operator the call was answered after three (3) rings. The caller requested information on how to file a complaint about a therapist he/she was seeing through the county. The operator instructed the caller to call the Quality Improvement line and provided the number, however when this number was called the caller was able to get through to a live person. The caller was not provided information about how to use the beneficiary problem resolution and fair hearing process.

Corrective Action Description

TEST CALL #1: Staff Meeting was held on 10/6/2022 to go over queue wait time. Agents will be set to ready status once the wait is over 4 minutes. Manger and Senior Clinical Therapist will also make themselves available as an agent when all available staff are assisting callers.

TEST CALL #4: Staff Meeting was held on 10/6/2022 to go over how to refer client over to specialty mental health services. Include but not limited to a warm hand to our peer liaison who will walk them through the process.

TEST CALL #6 & #7: Staff Meeting was held on 10/6/2022 reviewed the process for grievances

Proposed Evidence/Documentation of Correction

CARES Staff meeting agenda 10-6-22; Sign in sheet 10-6-22; Call Queue and Wait Times; Grievance Procedures

Ongoing Monitoring (if included)

TEST CALL #1: Manager will log into Cisco daily. New feature shows all agents who is available and who is on a call.

TEST CALL #4: Cisco call center has listen in options where monitors call listen to LIVE calls. Periodic call monitoring 1x a month will occur to ensure the correct information is given to callers.

TEST CALL #6 & #7:

Person Responsible (job title)

Elizabeth Del Rio, Behavioral Health Services Manager

Implementation Timeline: [Date(s)]

10-07-2022

Requirement (#10)

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 written log(s) must contain name of the beneficiary, date of the request, and initial disposition of the request.

DHCS Finding [4.3.4]

Zero (0) of five (5) required DHCS test calls were logged on the MHP's written log of initial request.

Corrective Action Description

Staff Meeting was held on 10/6/2022 reviewed the process for logging calls into our ImageNet system.

Proposed Evidence/Documentation of Correction

ImageNet Procedures; CARES Staff Meeting Agenda/Minutes

Ongoing Monitoring (if included)

Will Continue to review quarterly in staff meetings.

Person Responsible (job title)

Elizabeth Del Rio, Behavioral Health Services Manager

Implementation Timeline: [Date(s)]

10-07-2022

Requirement (#11)

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(b)(3). The MHP must have any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested be made by a health care professional who has appropriate clinical expertise in addressing the beneficiary’s behavioral health needs.

DHCS Finding [5.1.2]

It is not evident that the MHP ensures a health care professional, who has appropriate clinical expertise in addressing a beneficiary’s behavioral health needs, denies or authorizes a service in an amount, duration, or scope that is less than requested. Of the 21 service authorization requests submitted, one (1) authorization signature could not be verified with the licensure and signature documentation provided by the MHP.

Corrective Action Description

RUHS-BH overlooked submission of documents for one of the clinicians authorizing services. The information has since been obtained from her personnel file.

Proposed Evidence/Documentation of Correction

Debra Lacy signature; Debra Lacy license

Ongoing Monitoring (if included)

RUHS-BH will continue to obtain current licenses for personnel files. Signatures are now applied to authorizations electronically.

Person Responsible (job title)

Erica Herrera, Behavioral Health Services Supervisor

Implementation Timeline: [Date(s)]

10-26-2022

Requirement (#12)

The MHP did not furnish evidence to demonstrate compliance with MHSUDS IN 19-026. The MHP must review and make a decision regarding a provider’s request for prior authorization as expeditiously as the beneficiary’s mental health condition requires, and

not to exceed five (5) business days from the MHP's receipt of the information reasonably necessary and requested by the MHP to make the determination.

DHCS Finding [5.2.8]

It is not evident that the MHP reviews and makes a decision regarding a provider's request for prior authorization as expeditiously as the beneficiary's mental health condition requires, and not exceeding five (5) business days from the MHP's receipt of the information reasonably necessary and requested by the MHP to make the determination. Of the 21 service authorization requests reviewed, 20 did not include evidence that the beneficiary was notified within the timeframe.

Corrective Action Description

RUHS-BH has developed a new report indicating the referral and authorization dates

Proposed Evidence/Documentation of Correction

Service Referral and Authorization Report

Ongoing Monitoring (if included)

Report will be monitored daily to ensure new requests are screened/referred within the required timeframes

Person Responsible (job title)

Erica Herrera, Behavioral Health Services Supervisor

Implementation Timeline: [Date(s)]

1-15-23

Requirement (#13)

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, the DHCS standards for timely access to care and services for children/youth presumptively transferred to the MHP's responsibility.

DHCS Finding [5.3.5]

It is not evident that the MHP met the Department standards for timely access to care and services for children/youth presumptively transferred to the MHP's responsibility.

Corrective Action Description

RUHS- BH enters Presumptive Transfer notifications and referral dates into a form in the Electronic Health Record. A report is being developed that will indicate the date of receipt, whether routine or emergency, and the date of referral for services.

Proposed Evidence/Documentation of Correction

Presumptive Transfer Report

Ongoing Monitoring (if included)

The report will be reviewed twice a week by the Assessment and Consultation Team Supervisor or designee to ensure referrals are being made within the required timeframes.

Person Responsible (job title)

Lilliana Gallegos, Behavioral Health Services Supervisor

Implementation Timeline: (Dates)

12-1-2022

Requirement (#14)

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 400. The MHP must provide beneficiaries with a Notice of Adverse Beneficiary Determination (NOABD) under the circumstances listed below:

1. The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of covered benefit.
2. The reduction, suspension or termination of a previously authorized service.
3. The denial, in whole or in part, of a payment for service.
4. The failure to provide services in a timely manner.
5. The failure to act within timeframes provided in 42 C.F.R. § 438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.
6. The denial of a beneficiary's request to dispute financial liability, including cost sharing and other beneficiary financial liabilities.

DHCS Finding [5.4.1]

It is not evident that the MHP provides beneficiaries with a NOABD for a denial or limited authorization of a requested service, or the failure to provide services within a timely manner.

Corrective Action Description

Technical assistance is requested for this CAP item. RUHS-BH needs to identify what the timeliness standards are. What constitutes the first service (the screening where eligibility is established, the first service whether or not it was an assessment, or the assessment)? What is considered timeliness to a psychiatric appointment (a request at the time of the initial contact with the consumer, or the first request if made after services have begun)? Once timeliness is determined, RUHS-BH will review NOABD procedures in the Managers, Children's Coordinators, and Provider meetings. An e-mail will also be sent to all department staff.

Proposed Evidence/Documentation of Correction

Revised procedures; Managers Meeting Agenda; Children’s Coordinators Meeting Agenda; Forensics Meeting Agenda; copy of e-mail to department

Ongoing Monitoring (if included)

A report will be created to indicate consumers offered outside the required timelines, and if that consumer has been issued an NOABD. If not NOABD has been issued, the program supervisor will be notified to have one completed.

Person Responsible (job title)

Joan Twohey-Jacobs

Implementation Timeline: [Date(s)]

12-15-22

Requirement (#15)

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 416 and California Code of Regulations, title 9, section 1850, subdivision 205. The MHP must maintain a grievance and appeal log and record grievances, appeals, and expedited appeals in the log within one (1) working day of the date of receipt of the grievance, appeal, or expedited appeal.

DHCS Finding [6.2.1]

It is not evident that the MHP maintains a grievance and appeal log and records grievances, appeals, and expedited appeals in the log within one (1) working day of the date of receipt of the grievance, appeal, or expedited appeal.

Corrective Action Description

A new report is being created that will consolidate the information in the data base so the date of the complaint, the date it was entered into the data base, and acknowledgement/resolution letters can be more easily identified.

Proposed Evidence/Documentation of Correction

New Grievance/Appeal Report Sample

Ongoing Monitoring (if included)

Grievances/Appeals are monitored on a weekly basis with follow up on the status to ensure timelines are met.

Person Responsible (job title)

Mary Walsh, Behavioral Health Services Supervisor

Implementation Timeline: [Date(s)]

12-15-2022

Requirement (#16)

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 406(b)(4). The MHP must allow the beneficiary to have a reasonable opportunity to present evidence and testimony and make arguments of fact or law, in person and in writing. The MHP must inform the beneficiary of the limited time available for this sufficiently in advance of the resolution timeframe for appeals specified in §438.408(b) and (c) in the case of expedited resolution.

DHCS Finding [6.4.4]

It is not evident that the MHP allows the beneficiary to have a reasonable opportunity to present evidence and testimony and make arguments of fact or law, in person and in writing, sufficiently in advance of the resolution timeframe for appeals and expedited resolution

Corrective Action Description

Policy #295 Beneficiary/Consumer Problem Resolution Process is being revised to include current requirements allowing a reasonable opportunity to present information related to the appeal.

Proposed Evidence/Documentation of Correction

Revised Policy #295 Beneficiary/Consumer Problem Resolution Process

Ongoing Monitoring (if included)

Beneficiary opportunity to present evidence will be monitored for at the time the draft Appeal Acknowledgement letter is submitted to the QI Administrator for review/approval.

Person Responsible (job title)

Maureen Dopson, QI Administrator

Implementation Timeline: [Date(s)]

12-15-2022

Requirement (#17)

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(b)-(c); MHP Contract Exhibit A, Att. 12. The MHP must provide the beneficiary and his or her representative the beneficiary's case file free of charge and sufficiently in advance of the resolution timeframe for standard and expedited appeal resolutions.

DHCS Finding [6.4.6]

It is not evident that the MHP provides the beneficiary and his or her representative the beneficiary's case file free of charge and sufficiently in advance of the appeal resolution timeframe for standard and expedited appeal resolutions.

Corrective Action Description

Policy #295 Beneficiary/Consumer Problem Resolution Process is being revised to include current requirements related to providing the beneficiary a copy of their case file free of charge/in advance of the appeal resolution.

Proposed Evidence/Documentation of Correction

Revised Policy #295 Beneficiary/Consumer Problem Resolution Process

Ongoing Monitoring (if included)

Provision of a copy of the file will be monitored for at the time the draft Appeal Acknowledgement letter is submitted to the QI Administrator for review/approval.

Person Responsible (job title)

Maureen Dopson, QI Administrator

Implementation Timeline: [Date(s)]

12-15-2022

Requirement (#18)

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 406(b)(4) and 408(b)-(c). The MHP must inform beneficiaries of the limited time available to present evidence and testimony, in person and in writing, and make legal and factual arguments for an expedited appeal. The Contractor must inform beneficiaries of this sufficiently in advance of the resolution timeframe for the expedited appeal.

DHCS Finding [6.4.14]

It is not evident that the MHP informs beneficiaries of the limited time available to present evidence and testimony sufficiently in advance of the expedited appeal resolution timeframe

Corrective Action Description

RUHS-BH will include the time frame to present evidence and testimony in the updated Medi-Cal Beneficiary Guide to services upon release of the new template by DHCS.

Proposed Evidence/Documentation of Correction

Medi-Cal Beneficiary Guide to Services (revised 2022)

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Maureen Dopson, QI Administrator

Implementation Timeline: [Date(s)]

Within 90 days of the final release of the new template by DHCS

Requirement (#19)

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 13. The MHP must submit disclosures and updated disclosures to the Department of Health and Human Services including information regarding certain business transactions within 35 days, upon request. The MHP must ensure the ownership of any subcontractor with whom the MHP has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request, significant business transactions between the MHP and any wholly owned supplier, or between the MHP and any subcontractor, during the 5-year period ending on the date of the request, and the MHP must obligate network providers to submit the same disclosures regarding network providers as noted under subsection 1(a) and (b) within 35 days upon request.

DHCS Finding [7.4.5]

It is not evident that the MHP submits disclosures and updated disclosures to the Department of Health and Human Services, including information regarding certain business transactions within 35 days, upon request.

Corrective Action Description

RUHS-BH had the clause that all Medi-Cal funded agreements were required to disclose ownership changes. RUHS-BH was not made aware of previous ownership changes. For FY 22/23, disclosure forms were rolled out as a mandatory requirement to fill out, regardless of changes, and will continue to be sent to provider when annual contract renewals are completed.

Proposed Evidence/Documentation of Correction

Provider Contact Sheet and Disclosure Form

Ongoing Monitoring (if included)

Ownership disclosures will be reviewed during annual contract renewals

Person Responsible (job title)

Ashley Trevino-Kwong, Administrative Services Manager

Implementation Timeline: [Date(s)]

12-1-2022

Requirement (#20)

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title.42, section 455, subdivision 101 and 106(a)(1), (2). The MHP must submit disclosure to DHCS of identity of any person who is a managing employee of the MHP who has been convicted of a crime related to federal health care programs, and identity of any person who is an agent of the MHP who has been convicted of a crime related to federal health care programs.

DHCS FINDING [7.4.6]

It is not evident that the MHP submits disclosures to DHCS of the identity of any person who is a managing employee of the MHP who has been convicted of a crime related to federal health care programs, and the identity of any person who is an agent of the MHP who has been convicted of a crime related to federal health care programs.

Corrective Action Description

RUHS-BH does not employ any managing employees that have been convicted of a crime related to federal health care programs, and therefore does not have any instances to report to DHCS. It is RUHS-BH policy to report to DHCS should this change and a managing employee is hired that was convicted of a federal health care crime.

Proposed Evidence/Documentation of Correction

Revised Policy 101 Compliance Plan; and Policy 282 Credentialing.

Ongoing Monitoring (if included)

Database reports of excluded providers are received/reviewed monthly by the Compliance Manager.

Person Responsible (job title)

Ashley Trevino-Kwong, Administrative Services Manager

Implementation Timeline: [Date(s)]

Requirement (#21)

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 608(a)(2), (4). The MHP promptly notify DHCS if the MHP finds a party that is excluded.

DHCS Finding [7.5.3]

It is not evident that the MHP promptly notifies DHCS if it finds an excluded party

Corrective Action Description

Compliance plan which states that that DHCS will be promptly notified should an employee be identified as disbarred, excluded, or ineligible on any of the required data base checks. The reports received so far have been matches of employees with common names and are not the same individuals that are being reported, therefore there have not been any employees that are ineligible that need to be reported to DHCS.

Proposed Evidence/Documentation of Correction

Revised Policy 101 Compliance Plan

Ongoing Monitoring (if included)

Database reports of excluded providers are received/reviewed monthly by the Compliance Manager.

Person Responsible (job title)

Ashley Trevino-Kwong, Administrative Services Manager

Implementation Timeline: [Date(s)]

6-14-22

[Chart Review]

DHCS Assessment Finding [8.2.1]

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.

Corrective Action Description

In light of Cal AIM, RUHS-BH is revising the frequency requirements around assessments. Assessments will be recommended to be renewed tri-annually, but this will not be required as it will be at the discretion of the treating provider when a re-assessment should be completed.

Proposed Evidence/Documentation of Correction

RUHS-BH Documentation Manual (revised 2022)

Ongoing Monitoring (if included)

Documentation peer reviews will be conducted by programs on a monthly basis with follow-up by QI. Documentation reports will be reviewed in tri-annual meetings with direct service programs.

Person Responsible (job title)

Maureen Dopson, QI Administrator

Implementation Timeline: [Date(s)]

2-01-2023

DHCS Client Plans Finding [8.4.2a]

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

Corrective Action Description

Due to the transition to the new Documentation Standards that will take effect July 1, 2022, a CAP is not required for this item.

DHCS Progress Notes Findings [8.5.1]

One or more progress notes were not completed within the MHP’s written timeliness standard of 5 business days after provision of service. Forty (6.5 percent) of all progress notes reviewed were completed late (93.5% compliance).

Corrective Action Description

A revised report will be developed and distributed to programs, Administrators, and Deputy Directors monthly indicating services with progress notes completed outside of the new Cal AIM requirement of 3 business days (or 24 hours for crisis services).

Proposed Evidence/Documentation of Correction

Revised report

Ongoing Monitoring (if included)

QI, Program Supervisors, Administrators, and Deputy Directors will review monthly

Person Responsible (job title)

Nichol Edwards, Supervising Research Specialist

Implementation Timeline: [Date(s)]

1-15-2023

DHCS Progress Notes Findings [8.5.2]* 3 Recoupments Line 2

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

- 1) Contain the actual number of clients participating in a group activity, the number and identification of all group provider/facilitators, the correct type of service (e.g., Group Rehabilitation or Group Psychotherapy), and date of service.
- 2) Document and differentiate the contribution, specific involvement, and units of direct service, travel and documentation times for each provider/facilitator whenever a claim represents services rendered by more than one (1) provider within the same activity or session, including groups, “team meetings” and “case consultations”.
- 3) Contain accurate and complete documentation of claimed service activities, that the documentation is consistent with services claimed, and that services are not claimed when billing criteria are not met.
- 4) Include a clinical rationale when more than one (1) provider renders services within the same group session or activity.

Corrective Action Description

QI has developed new trainings covering documentation, requirements, and completion in the EHR. Peer reviews will occur monthly in each program to provide an increased understanding from each staff of documentation expectations. QI will complete a report of reviews completed and meet with programs on a tri-annual basis to review requirements and provide technical assistance. Staff identified as having challenges with documenting will have a mentor assigned until improvements have been established.

Proposed Evidence/Documentation of Correction

Review process; Documentation Report; Training Catalog

Ongoing Monitoring (if included)

Reviews are conducted monthly with a tri-annual report for each program provided.

Person Responsible (job title)

Maureen Dopson, QI Administrator

Implementation Timeline: [Date(s)]

3-1-23

DHCS Progress Notes Findings [8.5.3]* 13 Line 6 Recoupments, 1 Line 10

The type of Specialty Mental Health Service (SMHS) (e.g., Medication Support, Targeted Case Management) documented on the progress note was not the same type of SMHS claimed

Corrective Action Description

RUHS-BH has developed a new training series related to documentation; and a new review process that includes meeting with supervisors and their staff to review documentation findings and provide technical assistance as needed.

Proposed Evidence/Documentation of Correction

QI has developed new trainings covering documentation, requirements, and completion in the EHR. Peer reviews will occur monthly in each program to provide an increased understanding from each staff of documentation expectations. QI will complete a report of reviews completed and meet with programs on a tri-annual basis to review requirements and provide technical assistance. Staff identified as having challenges with documenting will have a mentor assigned until improvements have been established.

Ongoing Monitoring (if included)

Reviews are conducted monthly with a tri-annual report for each program provided.

Person Responsible (job title)

Maureen Dopson, QI Administrator

Implementation Timeline: [Date(s)]

3-15-23

DHCS Progress Notes Findings [8.6.1]

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

Corrective Action Description

Determination of ICC and/or IHBS services has been added to the revised Youth Assessment Form. Clinical staff must indicate if the youth qualifies upon completion of the assessment. ICC and IHBS will be added to services using the Care Plan Progress Note.

Proposed Evidence/Documentation of Correction

Youth Assessment; Care Plan Progress Note

Ongoing Monitoring (if included)

Indication of the ICC and/or IHBS services will be monitored for during Peer and QI chart reviews.

Person Responsible (job title)

Maureen Dopson, QI Administrator

Implementation Timeline: [Date(s)]

1-15-2023