

**Stanislaus County Mental Health Services**  
**FY 19/20 Specialty Mental Health Triennial Review**  
**Corrective Action Plan**

**System Review**

**Requirement**

The MHP must provide Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) to all children and youth who meet medical necessity criteria for those services. Membership in the Katie A. subclass is not a prerequisite to receiving ICC and IHBS. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care ITFC) Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018)

**DHCS Finding #1**

The MHP did not furnish evidence to demonstrate 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, January 2018. The MHP must provide Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) to all children and youth who meet medical necessity criteria for those services. Membership in the Katie A. subclass is not a prerequisite to receiving ICC and IHBS.

**Corrective Action Description**

Behavioral Health and Recovery Services (BHRS) Children's System of Care/TAY (CSOC/TAY) is working with all systems of care to provide Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) to all children and youth who meet medical necessity criteria for those services. Membership in the Katie A. subclass is not a prerequisite to receiving ICC and IHBS. To date, BHRS CSOC/TAY has two Contractors providing CFT, ICC & IHBS services to ensure all children and youth who meet medical necessity criteria receive those services. Aspiranet Continuum of Care Reform Child and Family Team Program provide CFT, ICC and IHBS to children and youth who are not a Katie A. subclass. The Central Star Inc. Pathways to Well Being Program provides CFT, ICC and IHBS to children and youth who are a Katie A. subclass.

**Proposed Evidence/Documentation of Correction**

- Executed Contract between Stanislaus County BHRS & Aspiranet CCR CFT Program – June 19, 2019
- CCR Eligibility Screening Tool – August 6, 2019

- Aspira CCR CFT Referral Form – August 6, 2019
- Training Materials: CCR CFT PP – September 5, 2019, updated June 1, 2020
- ICC Policy drafted November 27, 2019, finalized September 2020
- IHBS Policy drafted November 27, 2019, finalized September 2020
- BHRS CCR CFT Program Data (January 1, 2020 to June 30, 2020) – 234 ICC Services, 194 IHBS Services
- CCR CFT Eligibility- Referral Process – May 21, 2020
- CCR Eligibility Screening Tool Referral Tracking – May 21, 2020

### **Implementation Timeline:**

In June 2019 BHRS CSOC/TAY secured and executed a contract with Aspiranet Continuum of Care Reform Child and Family Team Program to serve all children and youth who are not Katie A. subclass and meet medical necessity criteria for ICC and IHBS. In August 2019 the program developed the referral form, the screening tool and training materials. In September 2019 through September 2020 the program provided training on CFT, ICC & IHBS to all CSOC/TAY and ASOC programs. The first ICC & IHBS services were provided on September 25, 2019 to a youth who was not Katie A. subclass. In November 2019 the ICC & IHBS policies were draft and have now been finalized and posted as of September 2020. In January 2020 all BHRS CSOC/TAY programs screened all open and new children and youth open to BHRS CSOC/TAY programs. Those children and youth who meet criteria were referred to Aspiranet CCR CFT program. A total of 1,885 referrals were submitted to Aspiranet between January 2020 through June 2020. A total of 594 meet criteria and accepted services, a total of 184 meet criteria and declined services, and total of 1,107 did not meet criteria. A total of 234 ICC services were provided and 194 IHBS services were provided to those children and youth who accepted services between January 2020 through June 2020. In May 2020 a procedure was developed to provide further instruction for screening, re-screening, clarifying referral options and providing a tracking tool for the primary programs to capture the data for screenings, re-screenings and referrals. The primary programs are expected to provide the data quarterly to the BHRS CSOC/TAY Leadership and report out monthly the number of ICC and IHBS for their program in the BHRS CSOC/TAY QIC meeting. In addition, Aspiranet CCR CFT Program reports out monthly data/outcomes to the BHRS CSOC/TAY Contract Monitor as part of the contract expectation and reports out in the BHRS CSOC/TAY QIC monthly meeting. BHRS CSOC/TAY Leadership is working with the BHRS Adult System of Care (ASOC) to ensure the young adult ages 18-21 in the BHRS ASOC Programs are screened, referred and receive ICC & IHBS services.

## **Requirement**

The MHP has an affirmative responsibility to determine if children and youth who meet medical necessity criteria need ICC and IHBS. (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 #2**

The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for ICC, IHBS, and TFC Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must have an affirmative responsibility to determine if children and youth who meet medical necessity criteria need ICC and IHBS.

## **Corrective Action Description**

Behavioral Health and Recovery Services (BHRS) Children's System of Care/TAY (CSOC/TAY) has the responsibility to determine if children and youth who meet medical necessity criteria need ICC and IHBS. To date, BHRS CSOC/TAY has two Contractors providing CFT, ICC & IHBS services to ensure all children and youth who meet medical necessity criteria receive those services. Aspiranet Continuum of Care Reform Child and Family Team Program provides CFT, ICC and IHBS to children and youth who are not a Katie A. subclass and Central Star Inc. Pathways to Well Being Program provides CFT, ICC and IHBS services to children and youth who are a Katie A. subclass. All BHRS CSOC/TAY programs submit the appropriate screening tools and referrals to the respective agencies.

## **Proposed Evidence/Documentation of Correction**

- Executed Contract between Stanislaus County BHRS & Aspiranet CCR CFT Program – June 19, 2019
- CCR Eligibility Screening Tool – August 6, 2019
- Aspira CCR CFT Referral Form – August 6, 2019
- Training Materials: CCR CFT PP – September 5, 2019, updated June 1, 2020
- ICC Policy drafted November 27, 2019, finalized September 2020
- IHBS Policy drafted November 27, 2019, finalized September 2020
- BHRS CCR CFT Program Data (January 1, 2020 to June 30, 2020) – 234 ICC Services, 194 IHBS Services
- CCR CFT Eligibility- Referral Process – May 21, 2020
- CCR Eligibility Screening Tool Referral Tracking – May 21, 2020

## **Implementation Timeline:**

Since April 2014 BHRS CSOC/TAY programs were trained to screen, refer and link Katie A. subclass members to Pathways to Well Being Program for CFT, ICC and IHBS. In June 2019 BHRS CSOC/TAY secured and executed a contract with Aspiranet Continuum of Care Reform Child and Family Team Program to serve all children and youth who are not Katie A. subclass and meet medical necessity criteria for ICC and IHBS. In August 2019 the program developed the referral form, the screening tool and training materials. In September 2019 through September 2020 the program provided training on CFT, ICC & IHBS to all CSOC/TAY and ASOC programs. The first ICC & IHBS services were provided on September 25, 2019 to a youth who was not Katie A. subclass. In November 2019 the ICC & IHBS policies were draft and are now finalized and posted as of September 2020. In January 2020 all BHRS CSOC/TAY programs screened all open and new children and youth open to BHRS CSOC/TAY programs. Those children and youth who meet criteria were referred to Aspiranet CCR CFT program. A total of 1,885 referrals were submitted to Aspiranet between January 2020 through June 2020. A total of 594 meet criteria and accepted services, a total of 184 meet criteria and declined services, and total of 1,107 did not meet criteria. A total of 234 ICC services were provided and 194 IHBS services were provided to those children and youth who accepted services between January 2020 through June 2020. In May 2020 a procedure was developed to provide further instructions for screening, re-screening, clarifying referral options and provided a tracking tool for the primary programs to capture the data for screenings, re-screenings and referrals. The primary programs are expected to provide the data quarterly to the BHRS CSOC/TAY Leadership and report out monthly the number of ICC and IHBS for their program in BHRS CSOC/TAY QIC meeting. In addition, Aspiranet CCR CFT Program reports out monthly data/outcome to BHRS CSOC/TAY Contract Monitor as part of the contract expectation and reports out in the BHRS CSOC/TAY QIC monthly meeting. BHRS CSOC/TAY Leadership is working with the BHRS ASOC to ensure the young adult ages 18-21 in the BHRS ASOC Programs are screen, refer and receive ICC & IHBS services.

## **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, in accordance with California Code of Regulations, title 9, section 1810.435. (MHP Contract, Ex. A, Att. 8)

## **DHCS Finding #3**

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.

### **Corrective Action Description**

Stanislaus County BHRS was aware of the upcoming Medi-Cal Recertification for state provider 5047 however, Medi-Cal site recertification was not initiated as this provider was in the process of termination. In effort to assure accuracy in processing, the Stanislaus County BHRS Business Office assures all claims have been submitted prior to the termination of a contracted and/or organizational provider. Once our Business Office determines specialty mental health services are not being provided and all claims have been submitted, Quality Services begins the termination process. Typically, our claiming is processed 4-6 months after a service is provided.

### **Proposed Evidence/Documentation of Correction**

- DHCS 5047 Certification Transmittal
- Stanislaus County Overdue Report
- BHRS Master Medi-Cal Program Certification Schedule

### **Implementation Timeline:**

BHRS will continue to utilize the MHP developed Program Certification Schedule to track Medi-Cal recertification deadlines.

### **Requirement**

The MHP shall conduct performance-monitoring activities throughout the MHP's operations. These activities shall include, but not be limited to, beneficiary and system outcomes, utilization management, utilization review, provider appeals, credentialing and monitoring, and resolution of beneficiary grievances. (MHP contract, Ex. A, Att. 5; Fed. Code Regs., tit. 42, § 438, subd.330(a)(e)(2).)

### **DHCS Finding #4**

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 conduct performance-monitoring activities throughout the MHP's operation. These activities shall include, but not be limited to, beneficiary and system outcomes, utilization management, utilization review, provider appeals, credentialing and monitoring, and resolution of beneficiary grievances. DHCS has determined that the MHP's QAPI work plan does not include performance-monitoring activities throughout the MHP's operations for provider credentialing and monitoring activities.

## **Corrective Action Description**

The QAPI was missing the MHP's operations for provider credentialing and monitoring activities. Provider credentialing and monitoring activities has been added to the current FY 2020- 2021 QI work plan.

## **Proposed Evidence/Documentation of Correction**

FY 2020-2021 QI Work Plan, Goal #12, Pg. 35

## **Implementation Timeline:**

Completed July 2020

## **Requirement**

- Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number: (Cal. Code Regs., tit. 9, chap. 11, § 1810, subd.405(d) and 410(e)(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.
- 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.
- The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.
- The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

## **DHCS Finding #5**

The 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). Each MHP must provide 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, that will provide information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met and services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearing processes. The seven (7) test calls are summarized below.

## **Corrective Action Description**

Beginning in April 2017, QS began collecting and reviewing test call data monthly as a means to enhance monitoring and deliver immediate feedback to the UM supervisor. Meetings with the access team staff are conducted throughout the year to review test call data in an effort to increase quality improvement and compliance of access calls

and logs. Ongoing trainings to access team staff and the contracted answering service, Professional Exchange Service Corporation (PESC), staff were offered on an annual basis, and as needed, to ensure compliance with state and BHRS protocol. QS reached out to PESC as issues arose to address any concerns brought to QS, UM, and access line staff. During the review of monthly test call data, it was found that the majority of the out of compliance test call logs were being completed by PESC.

Due to the ongoing compliance issues with the 24/7 access line during after hours, despite regular training and review, QS and the UM supervisor began looking for a new answering service in March 2019. After gathering quotes and additional information regarding the capabilities of the answering service, the new answering service provider (AnswerNet) was contracted with in June 2020. Training is planned to be provided in October 2020 with the plan for AnswerNet to begin answering calls by the end of 2020. AnswerNet will not only be able to provide the information to beneficiaries as required by the MHP contract, it will also be able to do the scheduling of assessment appointments. The training will include state requirements of the access line including call logs, as well as training regarding Notice of Adverse Benefit Determination letters as they relate to scheduling assessment appointments.

### **Proposed Evidence/Documentation of Correction**

Updated training materials and test call score sheets for the Access Team and AnswerNet

- Scope of work for AnswerNet

### **Implementation Timeline:**

- Ongoing annual trainings to the BHRS Access Line Team (most recently completed in June 2020)
- Initial training to the AnswerNet staff is expected to commence October 2020 with AnswerNet taking calls by the end of 2020
- Ongoing annual trainings to AnswerNet beginning October 2021
- Meetings between QS and BHRS Access Line Team (Quarterly- most recently completed with annual training in June 2020)

### **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. (Cal. Code Regs., tit. 9, chap. 11, §1810, subd.405(f)). The written log(s) contain the following required elements:
  - Name of the beneficiary.
  - Date of the request.
  - Initial disposition of the request.

## **DHCS Finding #6**

The MHP did not furnish evidence to demonstrate compliance with California Code of 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 the name of the beneficiary, date of the request, and initial disposition of the request.

### **Corrective Action Description**

Beginning in April 2017, QS began collecting and reviewing test call data monthly as a means to enhance monitoring and deliver immediate feedback to the UM supervisor. Meetings with the access team staff are conducted throughout the year to review test call data in an effort to increase quality improvement and compliance of access calls and logs. Ongoing trainings to access team staff and the contracted answering service, Professional Exchange Service Corporation (PESC), staff were offered on an annual basis, and as needed, to ensure compliance with state and BHRS protocol. QS reached out to PESC as issues arose to address any concerns brought to QS, UM, and access line staff. During the review of monthly test call data, it was found that the majority of the out of compliance test call logs were being completed by PESC.

Due to the ongoing compliance issues with the 24/7 access line during after hours, despite regular training and review, QS and the UM supervisor began looking for a new answering service in March 2019. After gathering quotes and additional information regarding the capabilities of the answering service, the new answering service provider (AnswerNet) was contracted with in June 2020. Training is planned to be provided in October 2020 with the plan for AnswerNet to begin answering calls by the end of 2020. AnswerNet will not only be able to provide the information to beneficiaries as required by the MHP contract, it will also be able to do the scheduling of assessment appointments. The training will include state requirements of the access line including call logs, as well as training regarding Notice of Adverse Benefit Determination letters as they relate to scheduling assessment appointment.

### **Proposed Evidence/Documentation of Correction**

Updated training materials and test call score sheets for the Access Team and AnswerNet

Scope of work for AnswerNet

Training sign-in sheets (AnswerNet)

Training sign-in sheets (PESC & BHRS Access Line staff)



### **Implementation Timeline:**

- Ongoing annual trainings to the BHRS Access Line Team (most recently completed in June 2020)
- Initial training to the AnswerNet staff is expected to commence October 2020 with AnswerNet taking calls by the end of 2020
- Ongoing annual trainings to AnswerNet beginning October 2021
- Meetings between QS and BHRS Access Line Team (Quarterly-most recently completed with annual training in June 2020)

### **Requirement**

In situations when a foster child or youth is in imminent danger to themselves or others or experiencing an emergency psychiatric condition, MHPs must provide SMHS immediately, and without prior authorization. (MHSUDS IN No., 18-027)

### **DHCS Finding #7**

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services., Information Notice, No. 18-027. The MHP must provide SMHS immediately, and without prior authorization, in situations when a foster child or youth is in imminent danger to themselves or others or experiencing an emergency psychiatric condition.

### **Corrective Action Description**

BHRS CSOC/TAY is in compliance with Mental Health and Substance Use Disorder Services., Information Notice, No. 18-027. BHRS CSOC/TAY provides SMHS immediately, and without prior authorization, in situations when a foster child or youth is in imminent danger to themselves or others or experiencing an emergency psychiatric condition. BHRS CSOC/TAY has a policy and procedure that outline the expectation from MHSUDS IN. 18-027. The policy and procedure was updated to include the following language: The MHP must provide SMHS immediately, and without prior authorization, in situations when a foster child or youth is in imminent danger to themselves or others or experiencing an emergency psychiatric condition.

## **Proposed Evidence/Documentation of Correction**

Presumptive Transfer Policy & Procedure 90.1.107 – Updated July 6, 2020 and finalized September 2020

### **Implementation Timeline:**

BHRS CSOC/TAY policy and procedure titled PRESUMPTIVE TRANSFER (AB 1299) - ACCESS TO MENTAL HEALTH SERVICES that outlines the expectation form MHSUDS IN. 18-027 was updated on July 6, 2020 to include the following language: "The MHP must provide SMHS immediately, and without prior authorization, in situations when a foster child or youth is in imminent danger to themselves or others or experiencing an emergency psychiatric condition."

### **Requirement**

Posting notices explaining grievance, appeal, and expedited appeal process procedures in locations at all Contractor provider sites. Notices shall be sufficient to ensure that the information is readily available to both beneficiaries and provider staff. The posted notice shall also explain the availability of fair hearings after the exhaustion of an appeal or expedited appeal process, including information that a fair hearing may be requested whether or not the beneficiary has received a notice of adverse benefit determination. For the purposes of this Section, a Contractor provider site means any office or facility owned or operated by the Contractor or a provider contracting with the Contractor at which beneficiaries may obtain specialty mental health services. (MHP Contract, Ex. A, Att. 12; Cal. Code Regs., tit. 9, §§ 1850.205(c)(1)(B) and 1850.210.)

### **DHCS Finding #8**

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 12, California Code of Regulations, title 9, section 1850, subdivisions 205 and 210, and Federal Code of Regulations, title 42, section 438, subdivision 406(a) and 228(a). The MHP must ensure that each beneficiary has adequate information about the MHP's problem resolution processes by taking at least above listed actions.

### **Corrective Action Description**

BHRS Quality Services has updated and added the State Fair Hearing requirement on MHP's Problem Resolution Policy and Procedure, Grievance Forms and posting notices. BHRS Quality Services has included in these forms and posting notices

information explaining the availability of fair hearing after the exhaustion of an appeal or expedited appeal process and that beneficiaries may request a fair hearing whether or not the beneficiary has received a notice of adverse benefit determination. BHRS Quality Services will be reaching out and notifying all county operated programs and contractors of the updated grievance posting notice and forms and informing them that this information needs to be available for beneficiaries. BHRS Quality services will also follow up and monitor to make sure all county operated programs and contractors have the most current forms and information available for beneficiaries and provider staff.

### **Proposed Evidence/Documentation of Correction**

MHP has added State Fair Hearing requirement on their Problem Resolution Policy and Procedure and on their English and Spanish Grievance Forms.

- Problem Resolution Process Policy & Procedure
- Copy of Grievance Posting Notice Form

### **Implementation Timeline:**

- Completed

### **Requirement**

- The MHP shall acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing. (MHP contract, Ex. A, Att. 12; Fed. Code. Regs., tit. 42, § 438, subd.406(b)(1).)
- 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 #9**

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 by sending an acknowledgement letter to the beneficiary within five (5) calendar days of receipt of the grievance, appeal, or request for expedited appeal. DHCS reviewed the MHP's submitted sample of fifty-seven (57) acknowledgement letters and found that four (4) acknowledgement letters were mailed to beneficiaries beyond the five (5)-calendar day timeline.

### **Corrective Action Description**

BHRS Risk Manager recognized this deficiency prior to the 2020 Triennial review and immediately re-trained the previous administrative staff on this requirement. BHRS Risk Manager also trained the new administrative staff on the above requirement. The grievances identified as out of compliance were prior to this date. The grievance process procedures were reviewed to ensure this requirement was included in the current process.

After the 2020 Triennial review, the Policy and Procedure 80.5.100 was updated with the following information (to clarify this requirement): Procedure N -The Designated Receiver (or designee) will enter the complaint/grievance/appeal/expedited appeal into the database within one (1) working day of the date of receipt. Receipt of each grievance and/or appeal will be acknowledged to the Medi-Cal complainant in writing and to ensure that the letter is postmarked within five (5) working days.

### **Proposed Evidence/Documentation of Correction**

Grievance Process (see highlighted area)

Problem Resolution Policy 80.5.100

### **Implementation Timeline:**

BHRS reviewed the policy immediately with Administrative staff to assure existing process was followed correctly. – Completed

### **Requirement**

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

Maintain a grievance and appeal log and record grievances, appeals, and expedited appeals in the log within one working day of the date of receipt of the grievance, appeal, or expedited appeal. (Fed. Code Regs., tit. 42, § 438, subd.416(a); Cal. Code Regs., tit. 9, § 1850, subd.205(d)(1).)

### **DHCS Finding #10**

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 adhere to the record keeping, monitoring, and review requirements as listed above. Upon review of the MHP's grievance log and the sample of fifty-seven (57) grievances, DHCS found twelve (12) grievances that were not logged within one (1) day.

### **Corrective Action Description**

BHRS Risk Manager recognized this deficiency prior to the 2020 Triennial review and immediately re-trained the previous administrative staff on this requirement. BHRS Risk

Manager also trained the new administrative staff on the above requirement. The grievance process procedures were updated to include that the Risk Manager is immediately notified upon receipt of grievances, appeals and expedited appeals to ensure and monitor that all grievances, appeals and expedited appeals are logged in one (1) day. This formally went into effect November 12, 2019 (prior to the 2020 Triennial review). The grievances identified as out of compliance were prior to this date.

### **Proposed Evidence/Documentation of Correction**

Grievance Process (see highlighted section)

### **Implementation Timeline:**

BHRS formally implemented this new procedure on November 12th, 2019. – Completed

### **Requirement**

#### **11. REQUIREMENT:**

The MHP has a process, at the time of hiring/ contracting, to confirm the identity and exclusion status of all providers (employees, network providers, subcontractors, person's with ownership or control interest, managing employee/agent of the MHP). This includes checking the:

- a) Social Security Administration's Death Master File.
- b) National Plan and Provider Enumeration System (NPPES)
- c) Office of the Inspector General List of Excluded Providers and Entities (LEIE)
- d) System of Award Management (SAM)
- e) Department's Medi-Cal Suspended and Ineligible List (S&I List).

(MHP Contract, Ex. A, Att. 13; 42 C.F.R. §§ 438, subd.602(b)(d) and §455, subd.436)  
The MHP has a process to confirm monthly that no providers is on the:

- a) OIG List of Excluded Individuals/Entities (LEIE).
- b) System of Award Management (SAM) Excluded Parties List System (EPLS).
- c) DHCS Medi-Cal List of Suspended or Ineligible Providers (S&I List). (Fed. Code Regs., tit. 42, § 438, subd.608(d) and §455, subd.436)

If the MHP finds a party that is excluded, it must promptly notify DHCS. (Fed. Code Regs., tit.42, §438, subd.608(a)(2),(4).

#### **DHCS FINDING #11**

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 608 and section 455, subdivision 436. The

MHP must comply with the database check processes for above listed circumstances. In addition, if the MHP finds an excluded party, the MHP must promptly notify DHCS.

**Corrective Action Description**

Behavioral Health and Recovery Services (BHRS) Human Resources (HR) is currently registered with the U.S Department of Commerce National Technical Information Services (NTIS) to establish access to the Limited Access Death Master File (LADMF). To date, BHRS-HR has secured 3 of the 4 requirements: the Certification Form, Agreement Form, and Subscriber Agreement. The remaining Attestation Form is in process for completion by BHRS/HR and for review by the NTIS.

**Proposed Evidence/Documentation of Correction**

BHRS HR confirmed monthly checks of the OIG, SAM, and S&I entities. The LADMF will be aligned with this process, as detailed in the departments established Policy & Procedure.

**Implementation Timeline:**

Contract language will be reviewed to ensure that it is clear that monthly checks of the LADMF must be completed for all contract providers by the contractor.