

**Trinity County Mental Health Services**  
**Fiscal Year 2019-2020 Specialty Mental Health Triennial Review**  
**Corrective Action Plan**

**System Review**

**Requirement**

Question A.III.F

**DHCS Finding**

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

The MHP did not provide evidence that it is able to provide TFC services to all children and youth who meet medical necessity criteria for TFC.

Per the facilitated discussion, the MHP has not identified any providers to provide 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 for Medi-Cal Beneficiaries, 3rd Edition, and January 2018. The MHP must complete a CAP addressing this finding of non-compliance.

**Corrective Action Description**

The MHP has written the attached Policy and Procedure 3312. Unfortunately, due to a lack of providers in our county, we have only had a couple of foster homes at one time, none of which were willing to be trained to provide TFC. Until 2019, most foster care youth were placed out of county. The MHP will continue to work with Health and Human Services to receive an update if any foster care provider show interest.

**Proposed Evidence/Documentation of Correction**

Policy and Procedure 3312

**Ongoing Monitoring**

The MHP will track the number of TFC homes as they become available in the county for TFC placements

**Person Responsible**

MHP

**Implementation Timeline:** February 1, 2021

**Requirement**

Question A.III.G

**DHCS Finding**

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

The MHP did not provide evidence that it determines if children and youth who meet medical necessity criteria need TFC.

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 for Medi-Cal Beneficiaries, 3rd Edition, and January 2018. The MHP must complete a CAP addressing this finding of non-compliance.

**Corrective Action Description**

The MHP has written the attached Policy and Procedure 3312. Effective 2/3/21, the MHP will now screen all children and youth to determine if TFC medical necessity criteria is met.

The MHP will track all children and youth that meet medical necessity criteria to ensure that reassessments are occurring every 90 days.

**Proposed Evidence/Documentation of Correction**

Policy and Procedure 3312

**Ongoing Monitoring**

90 days

**Person Responsible**

MHP

**Implementation Timeline:** Effective 2/3/21

**Requirement**

Question A.VI.E

**DHCS Finding**

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 documentation 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.

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

- Selection and Monitoring of Providers

Internal documents:

- Provider Monitoring Report

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP certified their subcontractors. The DHCS Provider Monitoring Report revealed that five (5) of the 12 providers were overdue. Per our facilitated discussion, the MHP is aware of the overdue providers.

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

### **Corrective Action Description**

In 2019, the MHP went through some staff changes. This process got shifted around before being assigned to the new DDQA in December of 2019. Due to COVID-19, this process got delayed. Going forward, the MHP will ensure that all current contracted providers are compliant.

The MHP has developed a spreadsheet to determine when a contracted provider needs to be recertified as well as when new contracted providers are added.

This process was implemented in October 2020.

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

Spreadsheet

### **Person Responsible**

MHP

**Implementation Timeline:** October 2020

### **Requirement**

Question B.I.A.

### **DHCS Finding**

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 ensure that each beneficiary has an ongoing source of care appropriate to his or her needs and a person or entity formally designated as primarily responsible for coordinating the services accessed by the beneficiary, and the beneficiary shall be provided information on how to contact their designated person or entity.

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

- Policy 3204 Consumer Care-Crisis: Hospital Discharge Procedure

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP shall ensure that each beneficiary has an ongoing source of care appropriate to his or her needs and a person or entity formally designated as primarily responsible for coordinating the services accessed by the beneficiary. This was not evident as the MHP does not include this requirement in their policy and procedure and did not submit evidence of practice.

Per the facilitated discussion, the MHP was to submit an Anasazi report identified as “Days Hospitalization Log”. The MHP did not submit this document as supporting evidence.

DHCS deems the MHP out of 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 complete a CAP addressing this finding of non-compliance.

### **Corrective Action Description**

The MHP has created the attached Discharge form to provide to all clients as they are discharged from their hospital stay.

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

Discharge Form

### **Person Responsible**

MHP

**Implementation Timeline:** Effective 2/5/21

### **Requirement**

Question B.1.B

### **DHCS Finding**

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 10, Federal Code of Regulations, title 42, subdivision 208(b)(2)(i)-(iv), and California Code of Regulations, title 9, section 1810, subdivision 415. The MHP must coordinate the services the MHP furnishes to the beneficiary between settings of care, including appropriate discharge planning for short term and long-term hospital and institutional stays.

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

- Policy 3311 Continuity of Care Coordination

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP coordinates the services the MHP furnishes to the beneficiary between settings of care, including appropriate discharge planning for short term and long-term hospital and institutional stays. This was not evident as the MHP does not include this requirement in their policy and procedure and did not submit evidence of practice. Per the facilitated discussion, the MHP is in the process of updating the policy to include the required language.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 10, Federal Code of Regulations, title 42, subdivision 208(b)(2)(i)-(iv), and California Code of Regulations, title 9, section 1810, subdivision 415. The MHP must complete a CAP addressing this finding of non-compliance

### **Corrective Action Description**

The MHP has created the attached Discharge form to provide to all clients as they are discharged from their hospital stay. This form is effective 2/5/21.

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

Discharge Form

### **Person Responsible**

MHP

**Implementation Timeline:** Effective 2/5/21

### **Requirement**

Question B.IV.C

### **DHCS Finding**

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 370(a)(1). The MHP must ensure the MOU addresses the referral protocol between the MHP and MCP.

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

- Policy 3311 Continuity of Care Coordination

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP is providing beneficiaries with services necessary for the treatment of mental illness covered by the MHP when those necessary services are covered by the MCP. This was not evident as the MHP does not include this requirement in the policy and procedure and did not submit evidence of practice.

Per the facilitated discussion, the MHP is in the process of updating the policy to include the required language to meet compliance.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 370(a)(1). The MHP must complete a CAP addressing this finding of non-compliance.

### **Corrective Action Description**

The MHP was unaware of all of the responsibilities of referrals to the MCP prior to April 2020. Until January 2018, the MHP provided all mental health services to all clients of Trinity County.

The referral process that takes place at this time is as follows:

- If a beneficiary does not meet medical necessity for SMHS, a beneficiary will be referred to the MCP using the attached Referral Form. In addition, all beneficiaries who do not meet medical necessity, will be provided a NOABD with a copy of the Referral Form sent to the MCP on their behalf.
- All referrals started to be tracked effective 7/1/20 in the intake and assessment log.

This process was implemented in January 2021. The MHP updated the attached NOABD policy (3004) to include the referral information.

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

NOABD policy (3004), Referral Form

### **Person Responsible**

MHP

**Implementation Timeline:** January 2021

**Requirement**

Question D.II.D

**DHCS Finding**

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(d)(5)(i) and (iii), California Code of Regulations, title 9, section 1810, subdivision 410(e)(4). The MHP must notify beneficiaries that written translation is available in prevalent languages free of cost and shall notify beneficiaries how to access those materials.

- The MHP did not submit evidence that beneficiaries were notified that written translation is available free of cost and shall notify beneficiaries how to access those materials.

Per the facilitated discussion, the MHP would provide evidence of posted notices and signage to meet compliance. However, this evidence was not submitted.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(d)(5)(i) and (iii), California Code of Regulations, title 9, section 1810, subdivision 410(e)(4). The MHP must complete a CAP addressing this finding of non-compliance

**Corrective Action Description**

This should not have been a finding. The MHP provided a copy of the notice that was posted in the lobby. However, photos were not submitted as requested. In addition to the notice, there is also a statement in the beneficiary handbook that states “You can get this Beneficiary Handbook and other materials for free in other languages.”

The MHP felt that this was sufficient. The posted notice is attached to this CAP.

**Proposed Evidence/Documentation of Correction**

Posted notice

**Person Responsible**

MHP

**Requirement**

Question A.IV.D.

**DHCS Finding**

Trinity County Mental Health Services  
FY 2019/2020 Specialty Mental Health Triennial Review – Corrective Action Plan

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(h)(1)(v), California Code of Regulations, title 9, chapter 11, section 1810, subdivision 410, and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-020. The MHP provider directory must contain all the elements required above.

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

- Individual Provider List-July 2020

While the MHP submitted evidence to demonstrate compliance, at the time of the review the provider directory did not contain the following required elements during the triennial period reviewed:

- National Provider Identifier
- An indication of whether the provider has completed cultural competence training.

Per the facilitated discussion, the MHP has updated the provider directory to include required elements to meet compliance.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(h)(1)(v), California Code of Regulations, title 9, chapter 11, section 1810, subdivision 410, and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-020. The MHP must complete a CAP addressing this finding of non-compliance.

### **Corrective Action Description**

The MHP does not concur with this finding. The Provider list that was provided within the timeframe allotted, contained the NPI & the Cultural Competence training. It is attached for reference.

The MHP has continued to use this format since August 2020.

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

NPI & the Cultural Competence training

### **Person Responsible**

MHP

### **Requirement**

Question D.VI.B.1-4

### **DHCS 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 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.

### **Corrective Action Description**

The MHP reviewed the times and dates of the test calls. It was discovered that not all callers had been documented correctly, times and dates were off, and some calls were not logged. The MHP has identified that more training for calls received needs to occur. Monthly reminders beginning February 2021 will be made.

Additionally, due to the antiquated phone system the MHP had in place at the time of the audit, the MHP also believes that some of the ringing phone errors may have been caused by our phone system. The MHP is replacing the phone system in May of 2021 to hopefully mitigate some of those issues going forward.

Monthly test calls are continuing within the MHP and trainings will be documented by the Compliance Officer.

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

Test Calls and Trainings

### **Ongoing Monitoring**

Monthly

### **Person Responsible**

MHP and Compliance Officer

**Implementation Timeline:** February 2021

### **Requirement**

Question D.VI.C2

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

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

- Trinity Access Call Log (excerpt: March 2020)
- Contract: Crisis Support Services of Alameda County
- Night Watch Training material

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 three (3) calls that were logged were logged under a different date than the date of the original call. The logged calls matched the caller's name and disposition. The DHCS team discussed this error and the MHP is aware that more attention to detail is required when logging each call. The MHP will also perform additional test calls and provide training to staff.

DHCS deems the MHP in partial compliance with California Code of Regulations, title 9, section 1810, subdivision 405(f). The MHP must complete a CAP addressing this finding of partial compliance.

Repeat deficiency Yes

### **Corrective Action Description**

The MHP reviewed the times and dates of the test calls. It was discovered that not all callers had been documented correctly, times and dates were off, and some calls were not logged. The MHP has identified that more training for calls received needs to occur. Monthly reminders beginning February 2021 will be made.

Additionally, due to the antiquated phone system the MHP had in place at the time of the audit, the MHP also believes that some of the ringing phone errors may have been caused by our phone system. The MHP is replacing the phone system in May of 2021 to hopefully mitigate some of those issues going forward.

Monthly test calls are continuing within the MHP and trainings will be documented by the Compliance Officer. The MHP will continue to monitor the effectiveness of the proposed training by monitoring the Access Call Log.

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

Access Call Log, Monthly Test Calls, Trainings

### **Ongoing Monitoring**

Monthly

**Person Responsible**

MHP and Compliance Officer

**Implementation Timeline:** February 2021

**Requirement**

Question D.VII.D1

**DHCS Finding**

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 410(c)(4). There is a plan for cultural competency training for the administrative and management staff of the MHP.

- The MHP did not submit evidence of a plan for cultural competency training for the administrative and management staff of the MHP.

During the facilitated conversation, the MHP stated that they would provide evidence of their annual cultural competence training tracking mechanism. However, this evidence was not submitted.

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

**Corrective Action Description**

The MHP submitted the Cultural Competence Plan that was written in 2019. However, due to COVID-19, training did not take place. MHP administrative and management staff are invited to the same trainings as the clinical staff. Attached please find the tracking mechanism that the MHP currently uses.

Each month at Department all staff meetings cultural competence videos are being shown, with dialogue regarding equity following the presentation. This began in January 2021 and will be tracked on the tracking mechanism.

**Proposed Evidence/Documentation of Correction**

Tracking Mechanism

**Ongoing Monitoring**

Monthly

**Person Responsible**

MHP

**Implementation Timeline:** January 2021

## **Requirement**

Question E.1.B

## **DHCS Finding**

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.

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

- Sample of 25 Service Authorization Requests
- Sample of 13 Treatment Authorization Requests
- Policy 3206 Consumer Care - Crisis
- Signature Page

In addition, DHCS inspected a sample of service authorizations to verify compliance with regulatory requirements. While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP authorized decision and notification within 14 calendar days for non-extended and/or non-expedited request and date stamped authorization request.

DHCS deems the MHP in partial 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 complete a CAP addressing this finding of partial compliance.

Repeat deficiency Yes

## **Corrective Action Description**

The MHP acknowledges being out of compliance with the 14-day rule. The MHP is exploring 3 options of how to retain compliance including a HIPPA compliant E-fax, additional administrative support and possibly both options.

Additional administrative support position is being proposed to the Board of Supervisors in March 2021, with a potential hire date of 5/1/21. The MHP began the exploration of E-faxing effective 1/26/2021.

The MHP will monitor the effectiveness of their implemented processes by monitoring the timeline of the SARS being signed.

**Proposed Evidence/Documentation of Correction**

E-faxing and HIPPA compliant E-fax

**Person Responsible**

MHP

**Implementation Timeline:** Effective 1/26/2021

**Requirement**

Question E.II.G3

**DHCS Finding**

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

- Policy 3206 Consumer Care – Crisis, Concurrent Review and Inpatient Treatment Authorization Requests

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP determines, that following the standard timeframe could jeopardize the beneficiary’s life or health or ability to attain, maintain, or regain maximum function, the MHP shall make an expedited authorization decision and provide notice as expeditiously as the beneficiary’s health condition requires and no later than 72 hours after receipt of the request for service. This was not evident as the MHP does not include this requirement in their policy and procedure and did not submit evidence of practice.

Per the facilitated discussion, the MHP stated that they are in the process of updating the policy to include the required language to meet compliance.

DHCS deems the MHP out of compliance with Fed. Code Regs., tit. 42, § 438, subd. 210(d)(2)). The MHP must complete a CAP addressing this finding of non-compliance.

**Corrective Action Description**

The MHP updated policy 3206 to resolve this concern. Policy 3206 is attached.

**Proposed Evidence/Documentation of Correction**

Policy 3206

**Person Responsible**

MHP

## **Requirement**

Question E.III.C

## **DHCS Finding**

The MHP did not furnish evidence to demonstrate compliance with California Welfare and Institution Code, section 14717, subdivision 1(f). The MHP must ensure if the MHP in the county of original jurisdiction has completed an assessment of needed services for the foster child, the MHP in the county in which the foster child resides shall accept that assessment.

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

- Policy 3201 Consumer Care-Crisis

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP in the county of original jurisdiction has completed an assessment of needed services for the foster child, the MHP in the county in which the foster child resides shall accept that assessment. This was not evident as the MHP does not include this requirement in the policy and procedure and did not submit evidence of practice.

Per the facilitated discussion, the MHP is in the process of updating the policy to include the required language to meet compliance.

DHCS deems the MHP out of compliance with California Welfare and Institution Code, section 14717, subdivision 1(f). The MHP must complete a CAP addressing this finding of non-compliance.

## **Corrective Action Description**

The MHP often times is not aware when children have been placed in foster care until after the placement has occurred. This causes the inability to assess the child for SMHS. Typically, the child has been placed in foster care in a neighboring county who completes all necessary assessments to determine medical necessity. In the event that the child is an existing client of the MHP, the assessment is shared with the neighboring county upon request.

The MHP does not agree with this finding as it does not occur. However, a policy 3313 is included for review.

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

Policy 3313

**Person Responsible**

MHP

**Requirement**

Question E.III.D

**DHCS Finding**

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No.17-032. The MHP must provide evidence of a single point of contact or a unit with a dedicated phone number and/ or email address for the purpose of Presumptive Transfer, and evidence the contact information is posted to its public website.

- The MHP did not provide evidence of a single point of contact or a unit with a dedicated phone number and/ or email address for the purpose of Presumptive Transfer.

Per the facilitated discussion, the MHP will update the policy to reflect requirement. The website did not include any information regarding Presumptive Transfer.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice, No.17-032. The MHP must complete a CAP addressing this finding of non-compliance.

**Corrective Action Description**

The MHP added the Presumptive Transfer contact information on the website at the time of the audit. The MHP has written the attached policy and procedure 3313 for Presumptive Transfer.

This policy is effective as of 2/3/21

**Proposed Evidence/Documentation of Correction**

Policy and Procedure 3313

**Person Responsible**

MHP

**Implementation Timeline:** Effective 2/3/21

**Requirement**

Question E.III.K

### **DHCS Finding**

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.

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

- Policy 3201 Consumer Care Crisis

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP meets, and requires its providers to meet, Department standards for timely access to care and services for children/youth presumptively transferred to the MHP's responsibility. This is not evident as the MHP does not include this requirement in their policy and procedure and did not submit evidence of practice. In addition, Trinity County is unable to provide the time lines for access to care for children that are being served out of county, as they do not have a tracking mechanism.

Per the facilitated discussion, the MHP stated that they would update the policy to reflect requirement and develop a tracking mechanism.

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 requirements per Network Adequacy Findings Report addressing this finding of non-compliance.

### **Corrective Action Description**

The MHP has written the attached policy and procedure 3313 for Presumptive Transfer. In addition to the policy and procedure, the MHP is exploring an MOU option with Trinity County Health and Human Services, Child Welfare division to ensure further compliance.

This policy is effective as of 2/1/21.

The effectiveness of the proposed MOU will be evaluated by tracking timeliness.

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

Policy and Procedure 3313

### **Person Responsible**

MHP

**Implementation Timeline:** Effective 2/1/21

### **Requirement**



Question E.III.M

**DHCS Finding**

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.

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

- Policy 3201 Consumer Care Crisis

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP 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. This was not evident as the MHP does not include this requirement in their policy and procedure and did not submit evidence of practice.

Per the facilitated discussion, the MHP will update the policy to reflect this requirement.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services., Information Notice, No. 18-027. The MHP must complete a CAP addressing this finding of non-compliance.

**Corrective Action Description**

The MHP has written the attached policy and procedure 3313 for Presumptive Transfer. In addition to the policy and procedure, the MHP is exploring an MOU option with Trinity County Health and Human Services, Child Welfare division to ensure further compliance.

This policy is effective as of 2/1/21.

**Proposed Evidence/Documentation of Correction**

Policy and Procedure 3313

**Person Responsible**

MHP

**Implementation Timeline:** Effective 2/1/21

**Requirement**

Question IV.A4

**DHCS Finding**

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 under the circumstances listed above.

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

- Service Request Log – January 1, 2018 – March 13, 2020
- NOABD Log (FY 2018-19 & FY 2019-20)
- Policy 3005: Consumer Care Access to Services (NOABDS)

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provided beneficiaries with a NOABD upon failure to provide services in a timely manner. The Notice of Adverse Benefit Determination (NOABD) column on the service request log does not reflect whether a NOABD was sent for timeliness. The NOABD logs for fiscal year 2018- 2019 and 2019-20 did not reflect that any NOABD”s were sent.

Per the facilitated discussion, the MHP is aware that they do not comply with this requirement.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 400. The MHP must complete a CAP addressing this finding of non-compliance.

**Corrective Action Description**

The MHP did not comply with this requirement. However, beginning in 2021, the MHP did start to use the NOABD for timely service. (We have used the NOABD since 2014, but we have not kept up with the log.)

Please find the attached NOABD for reference.

**Proposed Evidence/Documentation of Correction**

NOABD

**Person Responsible**

MHP

**Implementation Timeline:** 2021

**Requirement**

Question F.I.E1

### **DHCS Finding**

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:

- Beneficiary Problem Resolution Procedure
- MHP's FY19-20 Grievance Log
- Grievance and Appeals sample packets Internal Documents
- Grievance and Appeals worksheet
- ABGAR Reports

In addition, DHCS reviewed a sample of grievance, appeals and expedited appeals to verify compliance with this requirement.

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 Use Disorder Services, Information Notice, No. 18010E. The MHP must complete a CAP addressing this finding of partial compliance.

### **Corrective Action Description**

The MHP reviewed all grievances, appeals, and requests for expedited appeals for the 19-20 fiscal year. It appears that one grievance received a late response. The MHP will continue to track all grievances and responses and strive to meet all timeliness requirements.

### **Person Responsible**

MHP

### **Requirement**

Question E.II.B

### **DHCS Finding**

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

- Policy 3201 Consumer Care Crisis

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP notifies DHCS and contracting providers in writing of all services that require prior or concurrent authorization and ensure that all contracting providers are aware of the procedures and timeframes necessary to obtain authorization for these services.

DHCS recommends, at a minimum, the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements, or to strengthen current processes in this area to ensure compliance in future reviews:

Update policy to reflect the above requirements

### **Corrective Action Description**

The MHP notifies its contracting providers in writing of all services that require prior or concurrent authorization through Exhibit B in the contract with the provider. The contracts are provided to DHCS with the quarterly NACT submission.

The Exhibit is attached for reference. In addition, the concurrent review policy 3206 is attached for reference.

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

Policy 3206 and Exhibit B

### **Person Responsible**

MHP

### **Requirement**

Question E.II.G 1,3

### **DHCS Finding**

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

- Policy 3206 Consumer Care –Crisis; Concurrent Review & Inpatient Treatment
- Policy 3007 Consumer Care-Access to Services

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP:

- Establishes and implements policies regarding prior authorization and/or MHP referral requirements for outpatient SMHS

- Makes an expedited authorization decision and provides notice as expeditiously as the beneficiary's health condition requires and no later than 72 hours after receipt of the request for service.

DHCS recommends, at a minimum, the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements, or to strengthen current processes in this area to ensure compliance in future reviews:

Update policy to reflect the above requirements.

### **Corrective Action Description**

The MHP updated policy 3206 to resolve this concern. Policy 3206 is attached.

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

Policy 3206

### **Person Responsible**

MHP

## **Chart Review**

### **DHCS Finding 1A-3b**

The actual interventions documented in the progress note(s) for the following Line number(s) did not meet medical necessity criteria since the intervention(s) were not reasonably likely to result in at least one of the following: a) significantly diminish the impairment, or b) prevent deterioration in an important area of life functioning. Specifically: **Line number 4**: The intervention documented on the progress note does not meet the definition of a valid Specialty Mental Health Service. **RR15b, refer to Recoupment Summary for details.**

- The progress note was claimed as collateral and describes a clerical function; specifically, it provides information regarding the clinician's preparation of a Release of Information associated with the beneficiary's court hearing.

### **Corrective Action Description**

The MHP shall submit a CAP that describes how the MHP will ensure that all SMHS interventions are reasonably likely to correct or reduce the beneficiary's documented mental health condition and meet the definition of a valid Specialty Mental Health Service.

The MHP acknowledges that the intervention documented was documented incorrectly. The MHP will ensure that all interventions are reasonably likely to correct or reduce the beneficiary's document mental health condition.

The MHP did void the service and will also submit the void on the annual void report.

The MHP will also provide additional training to the clinical staff about service interventions such as Collateral and Case Management services.

**Proposed Evidence/Documentation of Correction**

Training

**Person Responsible**

MHP

**DHCS Finding 3B**

Written medication consents do 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:

Possible side effects if taken longer than 3 months: **Line number(s) 1, 2, 3, 4, 5, 6, 7, 8, and 9.**

During the review, the MHP provided DHCS reviewers with Medication Information Forms associated with the specific medications prescribed to the line numbers above. The MHP stated in the review that the Medication Information Forms are given to the beneficiaries in tandem with their initial prescriptions, at the time they complete their Medication Consent Forms.

Neither the Medication Information Forms nor the beneficiary’s accompanying Medication Consent Forms include information specifically describing possible side effects if the medication is taken longer than 3 months.

**Corrective Action Description**

The MHP shall submit a CAP that describes how the MHP will ensure that every medication consent process addresses whether possible side effects may be experienced if the medication is taken longer than 3 months.

The MHP amended the medication consent form to address whether possible side effects may be experienced if the medication is taken longer than 3 months. The medication consent form is still under review by our Medical Director and his staff.

**Proposed Evidence/Documentation of Correction**

Medication Consent

**Person Responsible**

MHP

### **DHCS Finding 3D**

The MHP did not furnish evidence that it has a mechanism for ensuring the safety and effectiveness of its medication practices. Specifically:

The MHP did not submit evidence that it has a Policy and Procedure or other written process describing how it monitors the safety and effectiveness of its medication practices.

#### **Corrective Action Description**

The MHP shall submit a CAP that describes how the MHP will ensure that mechanisms for monitoring and assessing the effectiveness of its medication practices are in place, are under the supervision of qualified individuals, are performed at least annually, with findings documented in written form, and include monitoring of all medications the MHP prescribes to children, adolescents, adults and seniors.

The MHP has a medication monitoring policy and procedure. The MHP overlooked submission at time of audit. The MHP has updated the policy to include the monitoring of all medications the MHP prescribes to children, adolescents, adults, and seniors. Policy 3107 has been attached for review.

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

Policy 3107

#### **Person Responsible**

MHP

### **DHCS Finding 4C**

Client Plans do not include all of the required elements specified in the MHP Contract.

Specifically:

- One or more proposed intervention does not include an expected duration. **Line number(s) 1, 2, 4, 5, and 9.**

#### **Corrective Action Description**

The MHP shall submit a CAP that describes how the MHP will ensure that Mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.

The MHP will provide additional treatment plan training to clinical staff to address all the required elements such as frequency and duration of services on Tuesday February 23, 2021.

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

Treatment Plan Training

#### **Person Responsible**

MHP

**Implementation Timeline:** Tuesday February 23, 2021

### **DHCS Finding 5B**

Progress notes do not include all required elements specified in the MHP Contract, and/or are not in accordance with the MHP's written documentation standards.

Specifically:

- **Line number(s) 3, 4, 6, and 7.** One or more progress note was not completed within the MHP's written timeliness standard of within **3 business days from the date of service**. Fourteen (**14**) or **11%** of all progress notes reviewed were completed late.
- **Line number 7:** One or more progress note is missing the provider's professional degree, licensure or job title.

The note provided for the following date is missing the provider's degree or job title:  
4/6/2019

### **Corrective Action Description**

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

- Timely completion and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP's written documentation standards.

The provider's/providers' professional degree, licensure or job title.

The clinical staff will be provided training and ongoing reminders regarding the required timelines for completing progress notes. This training will include but be limited to organizational skills, self-care and how to make notes more concise without losing required content. UR reviews may prompt unscheduled trainings throughout the year.

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



Training, ongoing reminders, and UR Reviews

### **Ongoing Monitoring**

Throughout the year

### **Person Responsible**

MHP

### **DHCS Finding 5D**

Progress notes were not documented according to the frequency requirements specified in the MHP Contract.

Specifically:

- **Line number 9:** For Mental Health Services claimed, the service activity (e.g., Assessment, Plan Development, Rehab) identified on the progress note was not consistent with the specific service activity actually documented in the body of the progress note.

The note provided for the following date was claimed as Collateral; however, the service described is Plan Development: 4/3/2019

### **Corrective Action Description**

The MHP shall submit a CAP that describes how the MHP will ensure that all Specialty Mental Health Services claimed are claimed for the correct service modality billing code, and units of time.

The MHP will provide additional training to clinical staff about the services codes such as Collateral and Plan Development in the weekly Clinical Meetings.

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

Training

### **Person Responsible**

MHP

### **DHCS Finding 6A**

- 1) The MHP did not furnish evidence that it has a standard procedure for providing and documenting individualized determinations of eligibility for ICC services and IHBS on behalf of beneficiaries under age 22 that is based on their strengths and needs.

- 2) The medical record associated with the following Line number(s) does 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 are included in their Client Plan: **Line number(s) 6, 7, 8, 9, and 10.**

For example: **Line number 10:** The 3/21/2019 Assessment documents that the beneficiary experienced circumstances which may have required multiple child service systems (e.g., removal from home by Child Protective Services, guardian’s history of addiction, school-based challenges, etc.), indicating the beneficiary might have met eligibility criteria for ICC services and IHBS.

### **Corrective Action Description**

The MHP shall submit a CAP that describes how it will ensure that:

- 1) Written documentation is in place describing the process for determining and documenting eligibility and need for ICC Services and IHBS.
- 2) Training is provided to all staff and contract providers who have the responsibility for determining eligibility and need for ICC and IBHS.
- 3) Each beneficiary under age 22 who is authorized to receive Specialty Mental Health Services also receives an individualized determination of eligibility and need for ICC Service and IHBS prior to or during the development of the beneficiary’s Initial Client Plan.

The MHP has changed the “SAI” form to include if the beneficiary meets medical necessity for ICC and/or IHBS services. MHP staff will be trained on how to determine if the beneficiary meets medical necessity in March of 2021.

Additionally, all beneficiaries meeting the medical necessity criteria, will be tracked on the ICC/IHBS log to ensure that the need for services is determined every 90-days for all beneficiaries receiving ICC/IHBS.

All beneficiaries under age 22 who receive ICC services will have a case consultation or CFT meeting at least every 90 days as well. This is documented by making a note in the chart and keeping minutes/agenda of the meeting.

The MHP is also exploring which member of the staff will be assigned to be the ICC Coordinator beginning in February 2021. The ICC Coordinator will work with administrative staff to track progress of the proposed corrective action.

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

SAI Form, ICC/IHBS log, minutes/agenda meeting

### **Person Responsible**

MHP and ICC Coordinator

**Implementation Timeline:** March 2021

### **DHCS Finding 6B**

The MHP did not furnish evidence that it has a specific procedure for beneficiaries under age 22 who are receiving ICC services to receive a reassessment, during a CFT or other meeting, of the strengths and needs of these beneficiaries and their families at least every 90-days for the purpose of determining if ICC services and/or IBHS should be increased, reduced or otherwise modified.

### **Corrective Action Description**

The MHP shall submit a CAP that describes how it will ensure that:

- 1) Written documentation is in place describing the process for reassessing and documenting the eligibility and need for IHBS and ICC services at least every 90-days for all beneficiaries who are already receiving ICC services.
- 2) All staff and contract providers who have the responsibility for determining eligibility and need for the provision of ICC services receive training about ICC service requirements.
- 3) All beneficiaries under age 22 who receive ICC services have a case consultation, team or CFT meeting at least every 90 days to discuss the beneficiaries' current strengths and needs.

The MHP has changed the "SAI" form to include if the beneficiary meets medical necessity for ICC and/or IHBS services. MHP staff will be trained on how to determine if the beneficiary meets medical necessity in March of 2021.

Additionally, all beneficiaries meeting the medical necessity criteria, will be tracked on the ICC/IHBS log to ensure that the need for services is determined every 90-days for all beneficiaries receiving ICC/IHBS.

All beneficiaries under age 22 who receive ICC services will have a case consultation or CFT meeting at least every 90 days as well. This is documented by making a note in the chart and keeping minutes/agenda of the meeting. The MHP is also exploring which member of the staff will be assigned to be the ICC Coordinator beginning in February 2021. The ICC Coordinator will work with administrative staff to track progress of the proposed corrective action.

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

SAI Form, ICC/IHBS log, minutes/agenda meeting

### **Person Responsible**

MHP and ICC Coordinator

**Implementation Timeline:** March 2021

