

Plan of Correction

For Triennial Review Conducted June 18th – June 21st, 2018

Del Norte County Mental Health Branch

Section	DHCS Finding	DHCS Plan of Correction	MHP POC & Evidence	Timeline
A. Network Adequacy A1. Does the MHP have a current Implementation Plan, which meets title 9 requirements?	The MHP did not furnish evidence it has a current Implementation Plan which meets title 9 requirements. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Implementation Plan FY 2018 - 2019. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not provide an implementation plan for the triennial period. Protocol question A1 is deemed OOC.	The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a current Implementation Plan which meets title 9 requirements.	The MHP will review the current implementation and ensure it contains all required regulatory elements. An Implementation Plan P&P will be developed with instructions for required updates. Evidence/ To Do: Develop an Implementation Plan P&P. Verify and update Implementation Plan with all required elements.	June 2019
A3g. Does the MHP maintain and monitor a network of appropriate providers that is supported by written agreements that consider the following:	The MHP did not furnish evidence it maintains and monitors a network of appropriate providers that is supported by written agreements. Specifically, anticipated number of Med-Cal eligible clients, expected utilization of	The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it maintains and monitors a	The MHP will address this item in a number of ways. Separate policies and procedures will be developed for non-discrimination and the Americans with Disabilities Act. These topics will also be added	June 2019

3g. The ability of network providers to ensure the following:

- 1) physical access
- 2) reasonable accommodations
- 3) culturally competent communications; and
- 4) accessible equipment for beneficiaries with physical or mental disability

services, number and types of providers in terms of training, experience, and specialization needed to meet expected utilization, number of network providers who are not accepting new beneficiaries, and geographic location of providers and their accessibility to beneficiaries, considering distance, travel time, means of transportation ordinarily used by Medi-Cal beneficiaries and physical access for disabled beneficiaries, ability of network providers to communicate with limited English proficient beneficiaries in their preferred language, ability of network providers to ensure, physical access, reasonable accommodations, culturally competent communications and accessible equipment for beneficiaries with physical or mental disabilities, availability of triage lines or screening systems and use of telemedicine, e-visits, and/or other evolving and innovative technological solutions. DHCS reviewed

network of appropriate providers that is supported by written agreements. Specifically, anticipated number of Med-Cal eligible clients, expected utilization of services, number and types of providers in terms of training, experience, and specialization needed to meet expected utilization, number of network providers who are not accepting new beneficiaries, and geographic location of providers and their accessibility to beneficiaries, considering distance, travel time, means of transportation ordinarily used by Medi-Cal beneficiaries and physical access for disabled beneficiaries, ability of network providers to communicate with limited English proficient beneficiaries in their preferred language, ability of network providers to ensure, physical access, reasonable accommodations, culturally competent communications and accessible equipment for beneficiaries with physical or mental disabilities, availability of

to our boilerplate contract. The MHP will add a portion into the boilerplate contract requiring providers to adhere to our policies and procedures. The MHP will develop survey surrounding information required in A3g to be completed annually by contracted network providers to ensure standard is met.

Evidence/ To Do: Create Non-Discrimination P&P. Create Americans with Disability Act P&P. Add non-discrimination and ADA boilerplate contract. Add requirements to follow MHP P&Ps into boilerplate contract. Create survey for contracted providers.

	<p>the following documentation presented by the MHP as evidence of compliance: Provider Directory, Fire Marshall Report. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, no verification mechanism from the provider to ensure accessible equipment for beneficiaries with physical or mental disabilities. Protocol question A3g is deemed OOC.</p>	<p>triage lines or screening systems and use of telemedicine, e-visits, and/or other evolving and innovative technological solutions.</p>	
<p>A4b. Does the MHP ensure that its providers offer hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation offered to commercial beneficiaries or comparable to Medicaid fee-for-service, if the provider serves only Medicaid beneficiaries</p>	<p>The MHP did not furnish evidence it require its network providers to meet State standards for timely access to care and services, taking into account the urgency for the need of services and ensure that its providers offer hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation offered to commercial beneficiaries or comparable to Medicaid fee-for-service, if the provider serves only Medicaid beneficiaries.</p>	<p>The MHP must submit a POC addressing the OOC findings for this requirement. The MHP require its network providers to meet State standards for timely access to care and services, taking into account the urgency for the need of services and ensure that its providers offer hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation offered to commercial beneficiaries or comparable to Medicaid fee-for-service, if the</p>	<p>The MHP will include this requirement and verbiage to the boilerplate contract for contractors.</p> <p>Evidence/ To Do: The MHP will add this verbiage to its contract for subcontractors.</p> <p>June 2019</p>

DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Remi Vista Contract, Provider Contract Boilerplate, and Provider Manual. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, no evidence of provider hours of operation listed within the contract or provider boilerplate. Protocol question A4b is deemed OOC.

provider serves only Medicaid beneficiaries.

A4d1. Has the MHP established mechanisms to ensure compliance by network providers?

The MHP did not furnish evidence it established mechanisms to ensure compliance by network providers, monitor network providers regularly to determine compliance, take corrective action if there is a failure to comply by a network provider. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Provider Contract Boilerplate, Remi Vista Contract, and Provider Manual. However, it was

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it established mechanisms to ensure compliance by network providers, monitor network providers regularly to determine compliance, take corrective action if there is a failure to comply by a network provider.

The MHP will add a Network Compliance Agenda Item to its monthly Quality Improvement Committee meeting. Network adequacy requirements will be reviewed and if necessary, corrective actions will be implemented. A Policy and Procedure will be developed outlining corrective action steps for any compliance deficiencies.

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determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP does not have a mechanism to ensure compliance by network providers, no mechanism to monitor network providers, no corrective action procedures or policy nor a mechanism to ensure compliance. Protocol questions A4d1, A4d2, and A4d3 are deemed OOC.

Evidence/ To Do: Add a network compliance agenda item to each QIC meeting. Create a P&P for Monitoring Network Compliance, outlining corrective action steps. Supply meeting notes detailing ongoing oversight of contract providers.

Ad2. Does the MHP monitor network providers regularly to determine compliance?

The MHP did not furnish evidence it established mechanisms to ensure compliance by network providers, monitor network providers regularly to determine compliance, take corrective action if there is a failure to comply by a network provider. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Provider Contract Boilerplate, Remi Vista Contract, and Provider Manual. However, it was determined the documentation lacked sufficient evidence of

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it established mechanisms to ensure compliance by network providers, monitor network providers regularly to determine compliance, take corrective action if there is a failure to comply by a network provider

The MHP will add a Network Adequacy Compliance Agenda Item to its monthly Quality Improvement Committee meeting. Network adequacy requirements will be reviewed and if necessary, corrective actions will be implemented. A Policy and Procedure will be developed outlining corrective action steps for any compliance deficiencies.

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Evidence/ To Do: Add a network compliance agenda item to each

compliance with regulatory and/or contractual requirements. Specifically, the MHP does not have a mechanism to ensure compliance by network providers, no mechanism to monitor network providers, no corrective action procedures or policy nor a mechanism to ensure compliance. Protocol questions A4d1, A4d2, and A4d3 are deemed OOC.

QIC meeting. Create a P&P for Monitoring Network Compliance, outlining corrective action steps. Supply meeting notes detailing ongoing oversight of contract providers. .

Ad3. Does the MHP take corrective action if there is a failure to comply by network providers.

The MHP did not furnish evidence it established mechanisms to ensure compliance by network providers, monitor network providers regularly to determine compliance, take corrective action if there is a failure to comply by a network provider. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Provider Contract Boilerplate, Remi Vista Contract, and Provider Manual. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically,

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it established mechanisms to ensure compliance by network providers, monitor network providers regularly to determine compliance, take corrective action if there is a failure to comply by a network provider

The MHP will add a Network Adequacy Compliance Agenda Item to its monthly Quality Improvement Committee meeting. Network adequacy requirements will be reviewed and if necessary, corrective actions will be implemented. A Policy and Procedure will be developed outlining corrective action steps for any compliance deficiencies.

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Evidence/ To Do: Add a network compliance agenda item to each QIC meeting. Create a P&P for Monitoring Network Compliance,

the MHP does not have a mechanism to ensure compliance by network providers, no mechanism to monitor network providers, no corrective action procedures or policy nor a mechanism to ensure compliance. Protocol questions A4d1, A4d2, and A4d3 are deemed OOC.

outlining corrective action steps. Supply meeting notes detailing ongoing oversight of contract providers.

5d. Does the MHP have a mechanism to ensure all children/youth referred and/or screened by the MHP's county partners (i.e., child welfare) receive an assessment, and/or referral to a MCP for non-specialty mental health services, by a licensed mental health professional or other professional designated by the MHP?

The MHP did not furnish evidence it has a mechanism to ensure all children/youth referred and/or screened by the MHP's county partners (i.e., child welfare) receive an assessment, and/or referral to a MCP for non-specialty mental health services, by a licensed mental health professional or other professional designated by the MHP. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Katie A Documentation Procedure and Policy, Del Norte County Access to Services Assessment. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a mechanism to ensure all children/youth referred and/or screened by the MHP's county partners (i.e., child welfare) receive an assessment, and/or referral to a MCP for non-specialty mental health services, by a licensed mental health professional or other professional designated by the MHP.

The MHP will review and revise our method of tracking referrals received from child welfare. In order to better track ensure that each referral has received an assessment, our utilization review staff will monitor these referrals as part of their standard UR activities.

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Evidence/ To Do:
Review Child Welfare Referral tracking log.
Add monitoring of Child welfare tracking log to UR activities. Provide CFT Meeting minutes related to Child Welfare referrals.

and/or contractual requirements. Specifically, the MHP does not have a tracking mechanism to ensure compliance. Protocol question A5d is deemed OOC.

Section	DHCS Finding	DHCS Plan of Correction	MHP Evidence & POC	Timeline
<p>B. Access B6d3 Does the MHP have policies, procedures, and practices that comply with the following requirements of Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973: 3) Minor children should not be used as interpreter</p>	<p>The MHP did not furnish evidence it has policies, procedures, and practices, in compliance with title VI of the Civil Rights Act of 1964, prohibiting the expectation that family members provide interpreter services, ensuring clients are informed of the availability of free interpreter services before choosing to use a family member or friend as an interpreter, and ensuring minor children are not used as interpreters. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Guidelines for Providing Linguistic Access Policies and Procedures. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory</p>	<p>The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has policies, procedures and practices, in compliance with title VI of the Civil Rights Act of 1964, prohibiting the expectation that family members provide interpreter services, ensuring clients are informed of the availability of free interpreter services before choosing to use a family member or friend as an interpreter, and ensuring minor children are not used as interpreters.</p>	<p>The MHP will update the policy and procedure that applies to this requirement. Evidence/ To Do: Update Guidelines for providing linguistic Access P&P to include the prohibition of using minor children as interpreters.</p>	<p>March 2019</p>

and/or contractual requirements. Specifically, the policy does not include detail regarding minor children not being used as interpreters. Protocol question B6d3 is deemed OOC.

B9a2 Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number:
Does the toll-free telephone number provide 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 operator did not provide adequate information regarding how to access SMHS and did not provide details on how to treat a beneficiary's urgent condition. Protocol questions B9a2, B9a3 are deemed in partial compliance.

The MHP will submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides a statewide, toll-free telephone number 24 hours a day, 7 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, services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearing processes

The MHP will update its phone answering script and its Access and Authorization P&P. The update will include information about meeting medical necessity criteria when contacting the 24/7 toll free telephone number.

Operator did not provide information about how to access SMHS including AMHS required to access whether medical necessity criteria are met. (After hours)

Evidence/ To Do: Update phone answering script and Access and Authorization P&P. Provide routine test calls to after-hours answering service to specifically address this item.

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B9a3 Regarding the statewide, 24 hours a

The operator did not provide adequate

The MHP will submit a POC addressing the OOC

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day, 7 days a week (24/7) toll-free telephone number:
Does the toll-free telephone number provide information to beneficiaries about services needed to treat a beneficiary's urgent condition?

information regarding how to access SMHS and did not provided details on how to treat a beneficiary's urgent condition. Protocol questions B9a2, B9a3 are deemed in partial compliance.

findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides a statewide, toll-free telephone number 24 hours a day, 7 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, services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearing processes

Caller was not asked about client's current mental health condition and not told how to access crisis intervention(business hours)

The MHP will update it phone answering script and its Access and Authorization P&P. The update will include instructions for accessing crisis intervention services when contacting the 24/7 toll free telephone number.

Evidence/ To Do: Update phone answering script and Access and Authorization P&P. Provide routine test calls to after-hours answering service to specifically address this item.

B12b1 Does the MHP have evidence of policies, procedures, and practices that demonstrate the CCC activities include the following:
1) Participates in overall planning and implementation of services at the county?

The MHP did not furnish evidence it has a CCC or other group that addresses cultural issues and has participation from cultural groups that is reflective of the community. The MHP did not demonstrate the CCC participates in overall planning and implementation of services at the county, provides

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a CCC or other group that addresses cultural issues and has participation from cultural groups that is

The MHP will ensure that an agenda item for cultural competency will be added to each QIC meeting.

Evidence/ To Do: Add cultural competency agenda item will be added to each QIC meeting. Create Cultural competency meeting

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reports to the Quality Assurance/Quality Improvement program, and/or that it completes an annual report of CCC activities. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Organizational Chart, Cultural Competency Plan, Cultural Competency Meeting Minutes, and QIC Meeting Minutes. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, no evidence of overall planning and implementation of services, no reports provided to the Quality Improvement Program, no annual report of CCC activities. Protocol questions 12b1, 12b2, 12c are deemed OOC.

reflective of the community. The MHP must also provide evidence the CCC participates in overall planning and implementation of services at the county, provides reports to the Quality Assurance/Quality Improvement program, and that it completes an annual report of CCC activities.

calendar with participant list.

B12b2 Does the MHP have evidence of policies, procedures, and practices that demonstrate the CCC

The MHP did not furnish evidence it has a CCC or other group that addresses cultural issues and has participation from cultural groups that is reflective of

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to

The MHP will develop a policy and procedure outlining the role of the Cultural Competency Committee. Included in the P&P will be the

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activities include the following:
Provides reports to the Quality Assurance and/or the Quality Improvement Program?

the community. The MHP did not demonstrate the CCC participates in overall planning and implementation of services at the county, provides reports to the Quality Assurance/Quality Improvement program, and/or that it completes an annual report of CCC activities. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Organizational Chart, Cultural Competency Plan, Cultural Competency Meeting Minutes, and QIC Meeting Minutes. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, no evidence of overall planning and implementation of services, no reports provided to the Quality Improvement Program, no annual report of CCC activities. Protocol questions 12b1, 12b2, 12c are deemed OOC.

substantiate its POC and to demonstrate that it has a CCC or other group that addresses cultural issues and has participation from cultural groups that is reflective of the community. The MHP must also provide evidence the CCC participates in overall planning and implementation of services at the county, provides reports to the Quality Assurance/Quality Improvement program, and that it completes an annual report of CCC activities.

requirement that the committee provides an annual report to the QIC. The Committee will begin develop an annual report for submission to the QIC.

Evidence/ To Do: Create a Cultural Competence Committee P&P. The committee will submit a annual P&P to the QIC.

B12c Does the CCC complete its Annual Report of CCC activities as required in the CCPR?

The MHP did not furnish evidence it has a CCC or other group that addresses cultural issues and has participation from cultural groups that is reflective of the community. The MHP did not demonstrate the CCC participates in overall planning and implementation of services at the county, provides reports to the Quality Assurance/Quality Improvement program, and/or that it completes an annual report of CCC activities. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Organizational Chart, Cultural Competency Plan, Cultural Competency Meeting Minutes, and QIC Meeting Minutes. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, no evidence of overall planning and implementation of services, no reports provided to the Quality

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a CCC or other group that addresses cultural issues and has participation from cultural groups that is reflective of the community. The MHP must also provide evidence the CCC participates in overall planning and implementation of services at the county, provides reports to the Quality Assurance/Quality Improvement program, and that it completes an annual report of CCC activities.

The MHP will develop a policy and procedure outlining the role of the Cultural Competency Committee. Included in the P&P will be the requirement that the committee provides an annual report to the QIC. The Committee will begin develop an annual report for submission to the QIC.

Evidence/ To Do: Create a Cultural Competence Committee P&P. The committee will submit an annual P&P to the QIC.

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Improvement Program, no annual report of CCC activities. Protocol questions 12b1, 12b2, 12c are deemed OOC.

B13a2 Regarding the MHP's plan for annual cultural competence training necessary to ensure the provision of culturally competent services:
2) Is there a plan for cultural competency training for persons providing SMHS employed by or contracting with the MHP

The MHP did not furnish evidence it has a plan for annual cultural competence training necessary to ensure the provision of culturally competent services. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Linguistic Access Policy and Procedure, Cultural Competency Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not have a plan for or evidence of implementation of cultural competency training for administrative and management staff and/or persons providing SMHS employed by or contracting with the MHP. The MHP did not have a process to ensure interpreters are trained

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a plan for annual cultural competence training necessary to ensure the provision of culturally competent services. Specifically, the MHP must develop a plan for, and provide evidence of implementation of, cultural competency training for administrative and management staff as well as persons providing SMHS employed by or contracting with the MHP. The MHP must develop a process to ensure interpreters are trained and monitored for language competence

The MHP will develop a policy and procedure outlining the role of the Cultural Competency Committee. Included in the P&P will be the requirement that the committee develops an annual plan for trainings and that all staff including contractors participate in at least an annual Cultural Competency training.

Evidence/ To Do: Develop a Cultural Competency training schedule that includes an annual Cultural Competency training for all staff including contractors. Include Cultural Competency in the Boiler Plate Contract for all Network Providers.

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and monitored for language competence. Protocol questions B13a2, B13a3 are deemed OOC.

B13a3 Regarding the MHP's plan for annual cultural competence training necessary to ensure the provision of culturally competent services:
3) Is there a process that ensures that interpreters are trained and monitored for language competence (e.g., formal test)?

The MHP did not furnish evidence it has a plan for annual cultural competence training necessary to ensure the provision of culturally competent services. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Linguistic Access Policy and Procedure, Cultural Competency Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not have a plan for or evidence of implementation of cultural competency training for administrative and management staff and/or persons providing SMHS employed by or contracting with the MHP. The MHP did not have a process to ensure interpreters are trained and monitored for

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a plan for annual cultural competence training necessary to ensure the provision of culturally competent services. Specifically, the MHP must develop a plan for, and provide evidence of implementation of, cultural competency training for administrative and management staff as well as persons providing SMHS employed by or contracting with the MHP. The MHP must develop a process to ensure interpreters are trained and monitored for language competence

The MHP contracts with and utilizes *Language Line Solutions* for our interpreter services. The MHP will use this service as the primary vehicle for performing interpretation and translation. Staff will be notified that Language Line solutions should be used as the first option when interpretation or translation is needed.

Evidence/ To Do: Obtain proof of Language Line Solutions interpreter competence. Notify staff that Language Line Solutions is to be used as the first option for interpretation and translation.

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language competence.
 Protocol question B13a3
 are deemed OOC.

Section	DHCS Finding	DHCS Plan of Correction	MHP Evidence & POC	Timeline
<p>C. Authorization C1a Regarding the Treatment Authorization Requests (TARs) for hospital services: Are the TARs being approved or denied by licensed mental health or waived/registered professionals of the beneficiary's MHP in accordance with title 9 regulations?</p>	<p>The MHP did not furnish evidence it complies with regulatory requirements regarding Treatment Authorization Requests (TARs) for hospital services. DHCS reviewed the MHP's authorization policy and procedure: DHHS Manual, TARs Policy and Procedure. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, DHCS inspected a sample of 53 TARs to verify compliance with regulatory requirements and found that 1 TAR was not checked as approved or denied</p>	<p>The MHP did not furnish evidence it complies with regulatory requirements regarding Treatment Authorization Requests (TARs) for hospital services. DHCS reviewed the MHP's authorization policy and procedure: DHHS Manual, TARs Policy and Procedure. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, DHCS inspected a sample of 53 TARs to verify compliance with regulatory requirements and found that 1 TAR was not checked as approved or denied, and 4 TARs were not approved within 14 calendar days. The TAR sample review findings are detailed below: Protocol questions C1a, C1b are deemed in partial compliance.</p>	<p>The MHP will develop and implement a quarterly review of Treatment Authorizations Requests and Standard Authorization requests. The review will be conducted by Mental Health Branch supervisory staff, fiscal staff and the Branch staff services analyst. In addition to other requirements the review will examine if TARs are approved by a licensed professional. This will be added to the QI/QA meeting agenda.</p> <p>Evidence/ To Do: Develop TAR and SAR review schedule and review form. Review TAR and SAR compliance in QI/QA meeting.</p>	<p>March 2019</p>

C1b Regarding the Treatment Authorization Requests (TARs) for hospital services:
Does the MHP approve or deny TARs within 14 calendar days of the receipt of the TAR and in accordance with title 9 regulations?

4 TARs were not approved within 14 calendar days.

The MHP did not furnish evidence it complies with regulatory requirements regarding Treatment Authorization Requests (TARs) for hospital services. DHCS reviewed the MHP's authorization policy and procedure: DHHS Manual, TARs Policy and Procedure. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, DHCS inspected a sample of 53 TARs to verify compliance with regulatory requirements and found that 1 TAR was not checked as approved or denied, and 4 TARs were not approved within 14 calendar days. The TAR sample review findings are detailed below:

Protocol questions C1a, C1b are deemed in partial compliance.
The MHP did not furnish evidence it complies with regulatory requirements regarding standard authorization requests (SARs) for non-hospital SMHS services. DHCS

The MHP will develop and implement a quarterly review of Treatment Authorizations Requests and Standard Authorization requests. The review will be conducted by Mental Health Branch supervisory staff, fiscal staff and the Branch staff services analyst. In addition to other requirements the review will examine if TARs are approved in 14 days.

Evidence/ To Do:
Develop TAR and SAR review schedule and review form. Review TAR and SAR compliance in QI/QA meeting.

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C2b Regarding Standard Authorizations Requests for non-hospital SMHS:
b. Are payment authorization requests being approved or denied by licensed mental health

The MHP did not furnish evidence it complies with regulatory requirements regarding standard authorization requests (SARs) for non-hospital SMHS services. DHCS

The MHP will develop and implement a quarterly review of Treatment Authorizations Requests and Standard Authorization requests.

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professionals or
waivered/registered
professionals of the
beneficiary's MHP

reviewed the MHP's
authorization policy and
procedure: DHHS Manual,
TARs Policy and
Procedure. However, it
was determined the
documentation lacked
sufficient evidence of
compliance with regulatory
and/or contractual
requirements. Specifically,
1 SAR did not have an
authorization signature;

reviewed the MHP's
authorization policy and
procedure: DHHS Manual,
TARs Policy and
Procedure. However, it
was determined the
documentation lacked
sufficient evidence of
compliance with regulatory
and/or contractual
requirements. Specifically,
1 SAR did not have an
authorization signature, 1
SAR was not approved
within 14 calendar days, no
policy or procedure
regarding expedited
authorizations that provide
notice within 72 hours. In
addition, DHCS inspected
a sample of 25 SARs to
verify compliance with
regulatory requirements.
The SAR sample review
findings are detailed below:
Protocol questions C2b is
deemed in partial
compliance

The review will be
conducted by Mental
Health Branch
supervisory staff, fiscal
staff and the Branch
staff services analyst. In
addition to other
requirements the review
will examine if SARs are
approved or denied by a
licensed professionals.

Evidence/ To Do:
Develop TAR and SAR
review schedule and
review form. Review
TAR and SAR
compliance in QI/QA
meeting.

C2c Regarding Standard
Authorizations Requests
for non-hospital SMHS:
For standard
authorization decisions,
does the MHP make an
authorization decision and
provide notice as
expeditiously as the
beneficiary's health
condition requires and

1 SAR was not approved
within 14 calendar days,

The MHP did not furnish
evidence it complies with
regulatory requirements
regarding standard
authorization requests
(SARs) for non-hospital
SMHS services. DHCS
reviewed the MHP's
authorization policy and
procedure: DHHS Manual,
TARs Policy and

The MHP will develop
and implement a
quarterly review of
Treatment
Authorizations Requests
and Standard
Authorization requests.
The review will be
conducted by Mental
Health Branch
supervisory staff, fiscal

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within 14 calendar days following receipt of the request for service with a possible extension of up to 14 additional days?

Procedure. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, 1 SAR did not have an authorization signature, 1 SAR was not approved within 14 calendar days, no policy or procedure regarding expedited authorizations that provide notice within 72 hours. In addition, DHCS inspected a sample of 25 SARs to verify compliance with regulatory requirements. The SAR sample review findings are detailed below: Protocol question C2c, is deemed in partial compliance

staff and the Branch staff services analyst. In addition to other requirements the review will examine if SAR decisions and notice are made in 14 days.

Evidence/ To Do: Develop TAR and SAR review schedule and review form.

C2d Regarding Standard Authorizations Requests for non-hospital SMHS: For expedited authorization decisions, does the MHP make an expedited authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and within 72 hours following receipt of the request for service or, when applicable, within 14

No policy or procedure regarding expedited authorizations that provide notice within 72 hours.

The MHP did not furnish evidence it complies with regulatory requirements regarding standard authorization requests (SARs) for non-hospital SMHS services. DHCS reviewed the MHP's authorization policy and procedure: DHHS Manual, TARs Policy and Procedure. However, it was determined the documentation lacked sufficient evidence of

The MHP will update its SAR Policy and Procedure to provide for expedited authorization decisions.

Evidence/ To Do: Update SAR P&P to include instructions for expedited authorization decisions.

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calendar days of an extension?

compliance with regulatory and/or contractual requirements. Specifically, 1 SAR did not have an authorization signature, 1 SAR was not approved within 14 calendar days, no policy or procedure regarding expedited authorizations that provide notice within 72 hours. In addition, DHCS inspected a sample of 25 SARs to verify compliance with regulatory requirements. The SAR sample review findings are detailed below: Protocol question C2d is deemed OOC.

C3a1 Regarding payment authorization for Day Treatment Intensive and Day Rehabilitation Services:
The MHP requires providers to request advance payment authorization for Day Treatment Authorization and Day Rehabilitation in accordance with MHP Contract:
1) In advance of service delivery when services will be provided for more than 5 days per week

The MHP did not furnish evidence it requires providers to request advance payment authorization for Day Treatment Authorization (DTI) and Day Rehabilitation (DR). DHCS reviewed the MHP's authorization policy and procedure: Implementation Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, there was no policy or procedure provided

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it requires providers to request advance payment authorization for DTI and DR.

While Del Norte County does not provide Day Treatment Intensive or Day Rehabilitation Services, the MHP will develop policies and procedures that meet the requirements, for these two types of services, in case it provides them in the distant future.

Evidence/ To Do: Create a Day Treatment Intensive P&P. Create a Day Rehabilitation Services P&P.

March 2019

<p>C3a2 Regarding payment authorization for Day Treatment Intensive and Day Rehabilitation Services: The MHP requires providers to request advance payment authorization for Day Treatment Authorization and Day Rehabilitation in accordance with MHP Contract: 2) At least every 3 months for continuation of Day Treatment Intensive</p>	<p>regarding Day Treatment Intensive or Day Rehabilitation Services or the specific requirements for authorization for day treatment services</p> <p>The MHP did not furnish evidence it requires providers to request advance payment authorization for Day Treatment Authorization (DTI) and Day Rehabilitation (DR). DHCS reviewed the MHP's authorization policy and procedure: Implementation Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, there was no policy or procedure provided regarding Day Treatment Intensive or Day Rehabilitation Services or the specific requirements for authorization for day treatment services</p>	<p>The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it requires providers to request advance payment authorization for DTI and DR.</p>	<p>While Del Norte County does not provide Day Treatment Intensive or Day Rehabilitation Services, the MHP will develop policies and procedures that meet the requirements, for these two types of services, in case it provides them in the distant future.</p> <p>Evidence/ To Do: Create a Day Treatment Intensive P&P. Create a Day Rehabilitation Services P&P.</p>	<p>March 2019</p>
<p>C3a3 Regarding payment authorization for Day Treatment Intensive and Day Rehabilitation Services: The MHP requires providers to request</p>	<p>The MHP did not furnish evidence it requires providers to request advance payment authorization for Day Treatment Authorization (DTI) and Day</p>	<p>The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and</p>	<p>While Del Norte County does not provide Day Treatment Intensive or Day Rehabilitation Services, the MHP will develop policies and procedures that meet</p>	<p>March 2019</p>

advance payment authorization for Day Treatment Authorization and Day Rehabilitation in accordance with MHP Contract:
3) At least every 6 months for continuation of Day Rehabilitation

Rehabilitation (DR). DHCS reviewed the MHP's authorization policy and procedure: Implementation Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, there was no policy or procedure provided regarding Day Treatment Intensive or Day Rehabilitation Services or the specific requirements for authorization for day treatment services

to demonstrate that it requires providers to request advance payment authorization for DTI and DR.

the requirements, for these two types of services, in case it provides them in the distant future.

Evidence/ To Do: Create a Day Treatment Intensive P&P. Create a Day Rehabilitation Services P&P.

C3a4 Regarding payment authorization for Day Treatment Intensive and Day Rehabilitation Services:
The MHP requires providers to request advance payment authorization for Day Treatment Authorization and Day Rehabilitation in accordance with MHP Contract:
The MHP requires providers to request authorization for mental health services provided concurrently with day requirements/Total number of Day Treatment

The MHP did not furnish evidence it requires providers to request advance payment authorization for Day Treatment Authorization (DTI) and Day Rehabilitation (DR). DHCS reviewed the MHP's authorization policy and procedure: Implementation Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, there was no policy or procedure provided

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it requires providers to request advance payment authorization for DTI and DR.

While Del Norte County does not provide Day Treatment Intensive or Day Rehabilitation Services, the MHP will develop policies and procedures that meet the requirements, for these two types of services, in case it provides them in the distant future.

Evidence/ To Do: Create a Day Treatment Intensive P&P. Create a Day Rehabilitation Services P&P.

March 2019

Authorizations treatment intensive and day reviewed rehabilitation, excluding services to treat emergency and urgent condition

C4b Regarding out-of-plan services to beneficiaries placed out of county:

Does the MHP ensure that it complies with the timelines for processing or submitting authorization requests for children in a AAP or KinGAP aid code living outside his or her county of origin

regarding Day Treatment Intensive or Day Rehabilitation Services or the specific requirements for authorization for day treatment services

The MHP did not furnish evidence it provides out-of-plan services to beneficiaries placed out of county and it ensure that it complies with the timelines for processing or submitting authorization requests for children in a foster care, AAP, or KinGAP aid code living outside his or her county of origin and a mechanism to ensure it complies with the use of standardized contract, authorization procedure, documentation standards and forms issued by DHCS, unless exempted. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Remi Vista Contract. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP does not have a policy or procedure that

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides out-of-plan services to beneficiaries placed out of county and it ensure that it complies with the timelines for processing or submitting authorization requests for children in a foster care, AAP, or KinGAP aid code living outside his or her county of origin and a mechanism to ensure it complies with the use of standardized contract, authorization procedure, documentation standards and forms issued by DHCS, unless exempted.

The MHP will develop a policy and procedure related to the operations of AAP and KinGAP. This policy and procedure will detail the timelines for processing authorization requests for AAP and KinGAP services. The MHP will develop and bi-annual review schedule of AAP and KinGAP services.

Evidence/ To Do: Create AAP and KinGAP P&P. Develop AAP and KinGAP review schedule.

March 2019

complies with the timelines for processing or submitting authorization request for children in foster care, AAP, or KinGap. The MHP does not have a mechanism to ensure compliance. Protocol questions C4b, C4c are deemed OOC.

C4c Regarding out-of-plan services to beneficiaries placed out of county:

Does the MHP have a mechanism to ensure it complies with the use of standardized contract, authorization procedure, documentation standards and forms issued by DHCS, unless exempted

The MHP did not furnish evidence it provides out-of-plan services to beneficiaries placed out of county and it ensure that it complies with the timelines for processing or submitting authorization requests for children in a foster care, AAP, or KinGAP aid code living outside his or her county of origin and a mechanism to ensure it complies with the use of standardized contract, authorization procedure, documentation standards and forms issued by DHCS, unless exempted. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Remi Vista Contract. However, it was determined the documentation lacked sufficient evidence of

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides out-of-plan services to beneficiaries placed out of county and it ensure that it complies with the timelines for processing or submitting authorization requests for children in a foster care, AAP, or KinGAP aid code living outside his or her county of origin and a mechanism to ensure it complies with the use of standardized contract, authorization procedure, documentation standards and forms issued by DHCS, unless exempted.

The MHP will develop a policy and procedure related to the operations of AAP and KinGAP. This policy and procedure will detail the use of standardized contracts, authorization procedures, documentation standards, and forms for AAP and KinGAP services. The MHP will develop and bi-annual review schedule of AAP and KinGAP services.

Evidence/ To Do: Create AAP and KinGAP P&P. Develop AAP and KinGAP review schedule.

March 2019

compliance with regulatory and/or contractual requirements. Specifically, the MHP does not have a policy or procedure that complies with the timelines for processing or submitting authorization request for children in foster care, AAP, or KinGap. The MHP does not have a mechanism to ensure compliance. Protocol questions C4b, C4c are deemed OOC.

Section	DHCS Finding	DHCS Plan of Correction	MHP Evidence & POC	Timeline
<p>D. Beneficiary Protection D4c1. 1) Does the MHP provide written acknowledgement of each expedited appeal to the beneficiary in writing?</p>	<p>The MHP did not furnish evidence it provides written acknowledgement and notifications of dispositions to beneficiaries for all grievances, appeals, and expedited appeals. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Grievances, Appeal Process: Problem Resolution. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically,</p>		<p>The MHP will develop template letters for acknowledging each expedited appeal that is received.</p> <p>Evidence/ To Do: Create expedited appeal acknowledgement letter.</p>	<p>March 2019</p>

the MHP does not have an expedited appeal letter template nor a clear mechanism for documenting expedited appeals dispositions when they occur.

D4c2. Is the MHP notifying beneficiaries, or their representatives, of the expedited appeal disposition, and is this being documented?

The MHP did not furnish evidence it provides written acknowledgement and notifications of dispositions to beneficiaries for all grievances, appeals, and expedited appeals. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Grievances, Appeal Process: Problem Resolution. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP does not have an expedited appeal letter template or a clear mechanism for documenting expedited appeals dispositions when they occur.

The MHP will create a template for expedited appeal disposition letter for use with each expedited appeal that is filed.

Evidence/ To Do: create expedited appeal disposition letter.

March 2019

Section
E. Funding
Nothing Out of
Compliance

DHCS Finding

DHCS Plan of Correction

MHP Evidence & POC

Timeline

Section	DHCS Finding	DHCS Plan of Correction	MHP Evidence & POC	Timeline
F. Interface with Physical Healthcare F2c. Regarding Memorandums of Understanding (MOUs) with Medi-Cal Managed Care Plans (MCPs): Does the MHP have a mechanism for monitoring and assessing the effectiveness of any MOU with a physical health care plan	The MHP did not furnish evidence it has entered into MOUs, or has documentation of a good faith effort to do so, with any Medi-Cal MCPs that enrolls beneficiaries covered by the MHP. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: MOU with Partnership Health Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not have a mechanism for monitoring or assessing the effectiveness of the MOU. Protocol question F2c is deemed OOC.	The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has entered into MOUs, or has documentation of a good faith effort to do so, with any Medi-Cal MCPs that enrolls beneficiaries covered by the MHP. The MHP must also have processes in place for resolving disputes between the MHP and MCPs, mechanisms for monitoring and assessing the effectiveness of MOUs, and/or referral protocols between the MHP and MCPs to ensure continuity of care.	The MHP will set a date for an annual review of all MOUs with Medi-Cal Managed Care Plans. The review will be conducted at the Quality Improvement Committee meeting, by the QIC members. The MHP will add Mentoring mechanism to MOU Evidence/ To Do: Set date for annual review of all MOUs with Medi-Care Managed Care Plans by the QIC. Revise MOU for Monitoring effectiveness.	March 2019

Section	DHCS Finding	DHCS Plan of Correction	MHP Evidence & POC	Timeline
G.Provider Relations G2b. Regarding the MHP's ongoing monitoring of county-owned and operated and contracted organizational providers:	The MHP did not furnish evidence it has an ongoing and effective monitoring system in place that ensures contracted organizational providers and county owned and	The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and	The MHP will name a designated staff person who will be in charge of the MHPs site certification process. The MHP will name a backup designated staff	March 2019

Is there evidence the MHP's monitoring system is effective?

operated providers are certified and recertified per title 9 regulations. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Remi Vista Contract, Provider System Certification Procedure for Medi-Cal Reimbursement, DHCS Overdue Provider Report.

DHCS reviewed its Online Provider System (OPS) and generated an Overdue Provider Report which indicated the MHP has providers overdue for certification and/or re-certification. The table below summarizes the report findings:

1 overdue provider 92% compliance rate

to demonstrate that it has an ongoing and effective monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified per title 9 regulations.

person who will be in charge of the MHPs site certification process if the designated person is unable to complete their duties. The staff person will update the organizational provider selection and retention P&P with a standard for timeframe for reviewing the calendar for re-certifications.

Evidence/ To Do:
Designate a staff person and backup staff person to manage the site certification process.
Update the organizational provider selection and retention P&P with timeframes for checking on required re-certifications.

G3a1. Do all contracts or written agreements between the MHP and any network provider specify the following: The delegated activities or obligations, and related reporting responsibilities?

The MHP did not furnish evidence that all contracts or written agreements between the MHP and any subcontractor specify the required elements in G3a.1-8 above. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Remi Vista Contract, Provider System

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that that all contracts or written agreements between the MHP and any subcontractor specify the

The MHP will incorporate all required verbiage from protocol items G3a1, G3a2, G3a3, G3a5, G3a6 in to its boilerplate language.

Evidence/ To Do:
Update boilerplate contract language with text from protocol items

June 2019

Certification Procedure for Medi-Cal Reimbursement. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not have evidence or provider contracts that specified that providers delegate activities or obligations, and related reporting responsibilities. No evidence of subcontractors agreeing to perform the delegated activities and reported responsibilities in compliance with the MHP contract obligations. No remedies in instances where the state or MHP determine the subcontractor has not performed satisfactorily. No evidence that the subcontractor may be subject to audit, evaluation and inspection of any books, records, contracts, computer or electronic systems that pertain to any aspect of services and activities. No evidence of the subcontractor making available for the purpose of an audit, its premises,

elements listed above under G3a

G3a1, G3a2, G3a3, G3a5, G3a6

physical facilities, equipment, books, records, contracts, computer or other electronic system relating to Medi-Cal beneficiaries.

G3a2. Do all contracts or written agreements between the MHP and any network provider specify the following: The subcontractor agrees to perform the delegated activities and reporting responsibilities in compliance with the SUGGESTED DOCUMENTATION: Provider contracts and written agreements Evidence of provider compliance with reporting requirements Other evidence deemed appropriate by review team GUIDANCE: Review provider contracts for required language. MHP's contract obligation?

The MHP did not furnish evidence that all contracts or written agreements between the MHP and any subcontractor specify the required elements in G3a.1-8 above. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Remi Vista Contract, Provider System Certification Procedure for Medi-Cal Reimbursement. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not have evidence or provider contracts that specified that providers delegate activities or obligations, and related reporting responsibilities. No evidence of subcontractors agreeing to perform the delegated activities and reported responsibilities in compliance with the MHP

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that that all contracts or written agreements between the MHP and any subcontractor specify the elements listed above under G3a

The MHP will incorporate all required verbiage from protocol items G3a1, G3a2, G3a3, G3a5, G3a6 in to its boilerplate language.

Evidence/ To Do:
Update boilerplate contract language with text form protocol items G3a1, G3a2, G3a3, G3a5, G3a6

June 2019

contract obligations. No remedies in instances where the state or MHP determine the subcontractor has not performed satisfactorily. No evidence that the subcontractor may be subject to audit, evaluation and inspection of any books, records, contracts, computer or electronic systems that pertain to any aspect of services and activities. No evidence of the subcontractor making available for the purpose of an audit, its premises, physical facilities, equipment, books, records, contracts, computer or other electronic system relating to Medi-Cal beneficiaries.

G3a3. Do all contracts or written agreements between the MHP and any network provider specify the following: Remedies in instances where the State or the MHP determine the subcontractor has not performed satisfactorily?

The MHP did not furnish evidence that all contracts or written agreements between the MHP and any subcontractor specify the required elements in G3a.1-8 above. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Remi Vista Contract, Provider System Certification Procedure for Medi-Cal Reimbursement. However, it was

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that that all contracts or written agreements between the MHP and any subcontractor specify the elements listed above under G3a

The MHP will incorporate all required verbiage from protocol items G3a1, G3a2, G3a3, G3a5, G3a6 in to its boilerplate language.

Evidence/ To Do:
Update boilerplate contract language with text form protocol items G3a1, G3a2, G3a3, G3a5, G3a6

June 2019

determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not have evidence or provider contracts that specified that providers delegate activities or obligations, and related reporting responsibilities. No evidence of subcontractors agreeing to perform the delegated activities and reported responsibilities in compliance with the MHP contract obligations. No remedies in instances where the state or MHP determine the subcontractor has not performed satisfactorily. No evidence that the subcontractor may be subject to audit, evaluation and inspection of any books, records, contracts, computer or electronic systems that pertain to any aspect of services and activities. No evidence of the subcontractor making available for the purpose of an audit, its premises, physical facilities, equipment, books, records, contracts, computer or

G3a5. Do all contracts or written agreements between the MHP and any network provider specify the following: The subcontractor may be subject to audit, evaluation and inspection of any books, records, contracts, computer or electronic systems that pertain to any aspect of the services and activities performed, in accordance with 42 C.F.R. §§ 438.3(h) and 438.230(c)

other electronic system relating to Medi-Cal beneficiaries. The MHP did not furnish evidence that all contracts or written agreements between the MHP and any subcontractor specify the required elements in G3a.1-8 above. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Remi Vista Contract, Provider System Certification Procedure for Medi-Cal Reimbursement. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not have evidence or provider contracts that specified that providers delegate activities or obligations, and related reporting responsibilities. No evidence of subcontractors agreeing to perform the delegated activities and reported responsibilities in compliance with the MHP contract obligations. No remedies in instances where the state or MHP

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that that all contracts or written agreements between the MHP and any subcontractor specify the elements listed above under G3a

The MHP will incorporate all required verbiage from protocol items G3a1, G3a2, G3a3, G3a5, G3a6 in to its boilerplate language.

Evidence/ To Do:
Update boilerplate contract language with text form protocol items G3a1, G3a2, G3a3, G3a5, G3a6

June 2019

determine the subcontractor has not performed satisfactorily. No evidence that the subcontractor may be subject to audit, evaluation and inspection of any books, records, contracts, computer or electronic systems that pertain to any aspect of services and activities. No evidence of the subcontractor making available for the purpose of an audit, its premises, physical facilities, equipment, books, records, contracts, computer or other electronic system relating to Medi-Cal beneficiaries.

G3a6. Do all contracts or written agreements between the MHP and any network provider specify the following:
6) The subcontractor will make available, for purposes of an audit, evaluation or inspection, its premises, physical facilities, equipment, books, records, contracts, computer or other electronic systems relating to Medi-Cal beneficiaries

The MHP did not furnish evidence that all contracts or written agreements between the MHP and any subcontractor specify the required elements in G3a.1-8 above. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Remi Vista Contract, Provider System Certification Procedure for Medi-Cal Reimbursement. However, it was determined the documentation lacked sufficient evidence of

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that that all contracts or written agreements between the MHP and any subcontractor specify the elements listed above under G3a

The MHP will incorporate all required verbiage from protocol items G3a1, G3a2, G3a3, G3a5, G3a6 in to its boilerplate language.

Evidence/ To Do:
Update boilerplate contract language with text form protocol items G3a1, G3a2, G3a3, G3a5, G3a6

June 2019

compliance with regulatory and/or contractual requirements. Specifically, the MHP did not have evidence or provider contracts that specified that providers delegate activities or obligations, and related reporting responsibilities. No evidence of subcontractors agreeing to perform the delegated activities and reported responsibilities in compliance with the MHP contract obligations. No remedies in instances where the state or MHP determine the subcontractor has not performed satisfactorily. No evidence that the subcontractor may be subject to audit, evaluation and inspection of any books, records, contracts, computer or electronic systems that pertain to any aspect of services and activities. No evidence of the subcontractor making available for the purpose of an audit, its premises, physical facilities, equipment, books, records, contracts, computer or other electronic system relating to Medi-Cal beneficiaries.

Section	DHCS Finding	DHCS Plan of Correction	MHP Evidence & POC	Timeline
<p>H. Program Integrity H2e. 2. Regarding the MHP's procedures designed to guard against fraud, waste, and abuse: Is there evidence of effective training and education for the MHP's employees and contract providers?</p>	<p>The MHP did not furnish evidence of effective training and education for the compliance officer and for the MHP's employees and contract providers. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: DHHS Manual, Compliance Training Policy and Procedure, MHP Staff Training Log. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP does not have policy or procedures for effective training for contract providers nor do they track provider training and education. Protocol question H2e is deemed OOC</p>	<p>The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides for effective training and education for the compliance officer and for the MHP's employees and contract providers.</p>	<p>The MHP will construct an annual compliance training for its staff and its contractors.</p> <p>Evidence/ To Do: Develop compliance training calendar that includes MHP staff and contracting staff. Conduct compliance training with contracting staff.</p>	<p>March 2019</p>
<p>H2i. 2. Regarding the MHP's procedures designed to guard against fraud, waste, and abuse: Does the MHP have a mechanism for prompt response to compliance issues and investigation of</p>	<p>The MHP did not furnish evidence it has a provision for internal monitoring and auditing of fraud, waste, and abuse. The MHP does not have a provision for a prompt response to detected offenses and for</p>	<p>The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has</p>	<p>The MHP will update its existing policy and procedure titled oversight of the compliance programs. The update will contain steps that outline how the MHP will respond to</p>	<p>March 2019</p>

potential compliance problems as identified in the course of self-evaluation and audits?

development of corrective action initiatives relating to the MHP's Contract. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: DHHS Manual, Standards for Risk Areas & Potential Violations Policy and Procedures, Compliance Log FY17-18. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP does not have a mechanism for prompt response nor do they have a template letter that is utilized for these occurrences. Protocol question H2i is deemed OOC.

a provision for internal monitoring and auditing of fraud, waste, and abuse. The MHP must also have a provision for a prompt response to detected offenses and for development of corrective action initiatives relating to the MHP's Contract.

compliance issues and how it will develop corrective action plans if necessary.

Evidence/ To Do:
Updated the following P&Ps for responding promptly: Oversight of compliance program, compliance reporting suspected fraudulent activity.

H3b. Regarding verification of services: When unable to verify services were furnished to beneficiaries, does the MHP have a mechanism in place to ensure appropriate actions are taken?

The MHP did not furnish evidence it has a method to verify whether services reimbursed by Medicaid were actually furnished to the beneficiaries and, if unable to verify services, a mechanism to ensure appropriate actions are taken. DHCS reviewed the following documentation presented by the MHP as

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a method to verify whether services reimbursed by Medicaid were actually furnished to the

The MHP will develop a verification of services Policy and procedure that outlines how we will conduct verification of services and the steps that will be taken when we are unable to verify services, for example the billing will be removed, and/or the

March 2019

	<p>evidence of compliance: Confirmation of Services, Verification Letter. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP is currently working on a process to verify services and is not currently sending out the letters, the MHP shall create a policy and procedure, tracking mechanism to ensure compliance.</p>	<p>beneficiaries and, if unable to verify services, a mechanism to ensure appropriate actions are taken.</p>	<p>overpayment shall be returned.</p> <p>Evidence/ To Do: The MHP will develop a verification of services P&P, outlining the actions to be taken if services cannot be verified, i.e. the billing will be removed and/ or the overpayment shall be returned.</p>	
<p>H4a. Regarding disclosures of ownership, control and relationship information: Does the MHP ensure that it collects the disclosure of ownership, control, and relationship information from its providers and managing employees, including agents and managing agents, as required in CFR, title 42, sections 455.101, 455.104 and 455.416 and in Exhibit A of the MHP Contract, Program Integrity Requirements?</p>	<p>The MHP did not furnish evidence it collects the disclosure of ownership, control, and relationship information from its providers, managing employees, including agents and managing agents as required in regulations and the MHP Contract. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Remi Vista Contract, CA 700 Form Draft Memo, and Compliance Plan. However, it was determined the</p>	<p>The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it collects the disclosure of ownership, control, and relationship information from its providers, managing employees, including agents and managing agents as required in regulations and the MHP Contract.</p>	<p>The MHP will begin to administer the form 700 to all staff people annually; in addition this requirement will be added to our boilerplate contract. The MHP will develop a disclosure of ownership P&P with a date set for the annual administration of form 700.</p> <p>Evidence/ To Do: Create disclosure of ownership P&P, and administer form 700 annual to all staff even contractors. Add</p>	<p>June 2019</p>

documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP will begin to use CA Form 700 but this is yet to be implemented. Protocol question H4a is deemed OOC.

disclosure of ownership to boilerplate contract.

H4b. Regarding disclosures of ownership, control and relationship information: Does the MHP require its providers to consent to criminal background checks as a condition of enrollment per 42 CFR 455.434(a)?

The MHP did not furnish evidence it require its providers to consent to criminal background checks as a condition of enrollment and require providers, or any person with a 5 percent or more direct or indirect ownership interest in the provider to submit a set of fingerprints. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Compliance Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP does not have a policy or procedure for criminal background checks nor a policy for monitoring providers or

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it require its providers to consent to criminal background checks as a condition of enrollment and require providers, or any person with a 5 percent or more direct or indirect ownership interest in the provider to submit a set of fingerprints

The County of Del Norte June 2019 is finalizing a background check policy that is applicable to all County employees. The MHP will develop a policy and procedure that mirrors the county policy requiring background checks and it will add the requirement to its boilerplate contract

Evidence/ To Do: Del Norte County counsel's office is finalizing a background check policy. Include the criminal back ground check requirement in boilerplate contract.

any person with a 5 percent or more direct or indirect ownership interest. Protocol questions H4b, H4c are deemed OOC.

H4c. Regarding disclosures of ownership, control and relationship information: Does the MHP require providers, or any person with a 5 percent or more direct or indirect ownership interest in the provider to submit a set of fingerprints per 42 CFR 455.434(b)

The MHP did not furnish evidence it require its providers to consent to criminal background checks as a condition of enrollment and require providers, or any person with a 5 percent or more direct or indirect ownership interest in the provider to submit a set of fingerprints. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Compliance Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP does not have a policy or procedure for criminal background checks nor a policy for monitoring providers or any person with a 5 percent or more direct or indirect ownership interest. Protocol questions H4b, H4c are deemed OOC.

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it require its providers to consent to criminal background checks as a condition of enrollment and require providers, or any person with a 5 percent or more direct or indirect ownership interest in the provider to submit a set of fingerprints

The County of Del Norte is finalizing a background check policy that is applicable to all County employees. The policy outlines the need for live scan fingerprints to be taken as legally required. The MHP will ensure that this requirement is followed by developing a policy and procedure that mirrors the county policy and adding the fingerprinting requirement to its boilerplate contract.

Evidence/ To Do: Add 45 CFR 455.434(b) language to the boilerplate contract, to the provider handbook. Develop and background check/ fingerprinting P&P.

June 2019

H5a3. Regarding monitoring and verification of provider eligibility: Does the MHP ensure the following requirements are met: Is there evidence that the MHP has a process in place to verify new and current (prior to contracting/employing) providers and contractors are not in the Social Security Master Death File?

The MHP did not furnish evidence it monitors and verifies provider eligibility (prior to contracting and monthly) to ensure providers, including contractors, are not on the OIG LEIE, Medi-Cal List of Suspended or Ineligible Providers, the NPPES, and the EPLS/SAM database. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Exclusion List for Individual and Group Provider Selection and Retention Policy and Procedure. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP does not have a policy or procedure for checking the Social Security Administration's Death Master File database, nor is this being tracked. The MHP does not have a mechanism in place to take corrective action on excluded providers. Protocol

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it monitors and verifies provider eligibility (prior to contracting and monthly) to ensure providers, including contractors, are not on the OIG LEIE, Medi-Cal List of Suspended or Ineligible Providers, the NPPES, and the EPLS/SAM database.

The MHP will begin contracting with an exclusion check agency in order to fulfill this

Evidence/ To Do:
Contract with an exclusion check agency to fulfill the SSA death master file requirement.

June 2019

questions H5a3, H5b are deemed OOC.

H5b. When an excluded provider/contractor is identified by the MHP, does the MHP have a mechanism in place to take appropriate corrective action?

The MHP did not furnish evidence it monitors and verifies provider eligibility (prior to contracting and monthly) to ensure providers, including contractors, are not on the OIG LEIE, Medi-Cal List of Suspended or Ineligible Providers, the NPPEs, and the EPLS/SAM database. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Exclusion List for Individual and Group Provider Selection and Retention Policy and Procedure. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP does not have a policy or procedure for checking the Social Security Administration's Death Master File database, nor is this being tracked. The MHP does not have a mechanism in place to take corrective

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it monitors and verifies provider eligibility (prior to contracting and monthly) to ensure providers, including contractors, are not on the OIG LEIE, Medi-Cal List of Suspended or Ineligible Providers, the NPPEs, and the EPLS/SAM database.

The MHP will revise their exclusion check P&P to describe how they will deal with a provider on an exclusion list. Namely, any provider on the exclusion list will have their Medi-Cal billing removed. They will also be banned from participating in the MHB operations until a Human Resources investigation is completed.

Evidence/ To Do:
Revise Exclusion List P&P.

March 2019

action on excluded providers. Protocol questions H5a3, H5b are deemed OOC.

Section	DHCS Finding	DHCS Plan of Correction	MHP Evidence & POC	Timeline
<p>I. Quality Improvement I3c. Regarding monitoring of medication practices: If a quality of care concern or an outlier is identified related to psychotropic medication use is there evidence that the MHP took appropriate action to address the concern?</p>	<p>The MHP did not furnish evidence that if a quality of care concern or an outlier is identified related to psychotropic medication use is there evidence that the MHP took appropriate action to address the concern. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: MHP Practice Guidelines. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP does not have a policy or procedure or evidence of corrective actions. Protocol question I3c is deemed OOC.</p>	<p>The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that If a quality of care concern or an outlier is identified related to psychotropic medication use is there evidence that the MHP took appropriate action to address the concern.</p>	<p>The MHP will update the existing Medication Monitoring policy and procedure. Should the medication chart auditor find or suspect a quality of care concern, the client will be removed from the current provider's caseload and moved to different psychiatrist that has not previously had a quality of care issue with the client. The Utilization Review committee will convene and review the findings. If the Utilization Review committee determines that a quality of care issue has occurred they will direct the current provider to take the appropriate action to correct the previous medication issue.</p>	<p>March 2019</p>
			<p>Evidence/ To Do: Revise the Medication Monitoring P&P.</p>	

I6e3. Regarding the QAPI Work Plan:

Does the QAPI work plan include a description of mechanisms the Contractor has implemented to assess the accessibility of services within its service delivery area, including goals for:

3) Timeliness of services for urgent conditions

The MHP did not furnish evidence it has a QM/QI work plan covering the current contract cycle, with documented annual evaluations and necessary revisions, which meets MHP Contract requirements. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: QI Work Plan, QI Work Plan Evaluations. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the work plan did not have a specific goal related to after-hours care or a way to monitor this. The goal stated for after-hours is "Anyone requiring after hours can go to the Sutter Coast Hospital for Emergency Services." This is not a goal and there was no evidence presented of a mechanism to assess after hours services. While there is a goal for timeliness of

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a QM/QI work plan covering the current contract cycle, with documented annual evaluations and necessary revisions, which meets MHP Contract requirements.

The MHP will revise its Quality Improvement Work Plan by January. This revision will include goals for the timeliness of services for urgent conditions.

Evidence/ To Do:
Revise QI work plan and include goals for timeliness of urgent conditions.

March 2019

urgent conditions, no evidence was presented of a mechanism to assess these services. The MHP does not include evidence of compliance for cultural competence and linguistic competence. Protocol question I6e3, I6e4, I6f are deemed OOC.

I6e4. Regarding the QAPI Work Plan:
Does the QAPI work plan include a description of mechanisms the Contractor has implemented to assess the accessibility of services within its service delivery area, including goals for:
4) Access to after-hour

The MHP did not furnish evidence it has a QM/QI work plan covering the current contract cycle, with documented annual evaluations and necessary revisions, which meets MHP Contract requirements. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: QI Work Plan, QI Work Plan Evaluations. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the work plan did not have a specific goal related to after-hours care or a way to monitor this. The goal stated for after-hours is "Anyone requiring after hours can go to the Sutter Coast Hospital for

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a QM/QI work plan covering the current contract cycle, with documented annual evaluations and necessary revisions, which meets MHP Contract requirements.

The MHP will revise it Quality Improvement Work Plan by January. This revision will include goals for access to after-hours care.

Evidence/ To Do:
Revise QI work plan with goals for access to after-hours care.

March 2019

Emergency Services.”
This is not a goal and there was no evidence presented of a mechanism to assess after hours services. While there is a goal for timeliness of urgent conditions, no evidence was presented of a mechanism to assess these services. The MHP does not include evidence of compliance for cultural competence and linguistic competence. Protocol question I6e3, I6e4, I6f are deemed OOC.

I6f. Regarding the QAPI Work Plan:
Does the QAPI work plan include evidence of compliance with the requirements for cultural competence and linguistic competence?

The MHP did not furnish evidence it has a QM/QI work plan covering the current contract cycle, with documented annual evaluations and necessary revisions, which meets MHP Contract requirements. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: QI Work Plan, QI Work Plan Evaluations. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the work plan did not have

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a QM/QI work plan covering the current contract cycle, with documented annual evaluations and necessary revisions, which meets the MHP Contract requirements.

The MHP will revise its Quality Improvement Work Plan by January. The revision will include goals or standards for culturally competency and linguistic services. MHP staff will be trained on use of the Language Line, and monitored for culturally competence training and services availability.

Evidence/ To Do:
Revise QI work plan with goals and standards for culturally competence and linguistics competence.

March 2019

a specific goal related to after-hours care or a way to monitor this. The goal stated for after-hours is “Anyone requiring after hours can go to the Sutter Coast Hospital for Emergency Services.” This is not a goal and there was no evidence presented of a mechanism to assess after hours services. While there is a goal for timeliness of urgent conditions, no evidence was presented of a mechanism to assess these services. The MHP does not include evidence of compliance for cultural competence and linguistic competence. Protocol question I6e3, I6e4, I6f are deemed OOC.

Section K . Chart Review	DHCS Finding	DHCS Plan of Correction	MHP POC & Evidence	Timeline
2a. Has the Assessment been completed in accordance with the MHP’s established written documentation standards for frequency?	Assessments were not completed in accordance with regulatory and contractual requirements, specifically:	The MHP shall submit a POC that describes how the MHP will ensure that assessments are completed in accordance with the timeliness and frequency requirements specified in the MHP’s written documentation standards.	The MHP shall begin utilizing Access to Service Assessments and other timeliness dashboards as provided by Electronic Health Record and Monitor the timeliness frequency in Utilization Review meeting.	June 2019
3a. Did the provider obtain and retain a current written	The provider did not obtain and retain a current written		The MHP will provide administrative oversight	March 2019

medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication?

medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication, and there was no documentation in the medical record of a written explanation regarding the beneficiary's refusal or unavailability to sign the medication consent:

The MHP shall submit a POC that describes how the MHP will ensure that:

- 1) A written medication consent form is obtained and retained for each medication prescribed and administered under the direction of the MHP.
- 2) Written medication consent forms are completed in accordance with the MHP's written documentation standards.

and random Chart Audits to ensure that all medications prescribed have a Medication Consent Form associated with new or revised medications that are prescribed. All medication consent forms will utilize the same format that meets the guidelines of the MHP written documentation standards.

Does the medication consent for psychiatric medications include the following required elements:

1. The reasons for taking such medications?
2. Reasonable alternative treatments available, if any?
3. Type of medication?
4. Range of frequency (of administration)?
5. Dosage?

Written medication consents did not contain all of the required elements specified in the MHP Contract with the Department. The following required elements were not documented on the medication consent form, and/or documented to have been reviewed with the beneficiary, and/or provided in accompanying written materials to the beneficiary:

The MHP shall submit a POC that describes how the MHP will ensure that every medication consent process addresses all of the required elements specified in the MHP Contract with the Department.

NOTE: During the review, DHCS noted that the MHP has a medication consent process and a medication consent document, which meets the requirements of the MHP contract.

The MHP will provide administrative oversight and random Chart Audits to ensure that all medications prescribed have a Medication Consent Form associated with new or revised medications that are prescribed. All medication consent forms will utilize the same format that meets the guidelines of the MHP written documentation standards.

March 2019

- 6. Method of administration?
- 7. Duration of taking the medication?
- 8. Probable side effects?
- 9. Possible side effects if taken longer than 3 months?
- 10. Consent once given may be withdrawn at any time?

- 1) Range of Frequency: **Line number** ¹.
- 2) Dosage: **Line number** ².
- 3) Method of administration (oral or injection): **Line number(s)** ³.
- 4) Duration of taking each medication: **Line number** ⁴.
- 5) Possible side effects if taken longer than 3 months: **Line number(s)** ⁵.

However, DHCS also noted that there was a single medication consent form, which was different from the MHP consent document. The MHP shall submit a POC that describes how the MHP will ensure that only approved medication consent forms are used by the documenting clinician.

4a. Has the client plan been updated at least annually and/or when there are significant changes in the beneficiary's condition?

The Client Plan was not completed prior to planned services being provided and not updated at least annually or reviewed and updated when there was a significant change in the beneficiary's condition (as required in the MHP Contract with the Department and/or as specified in the MHP's documentation standards):

The MHP shall submit a POC that describes how the MHP will ensure that client plans are updated at least on an annual basis as required in the MHP Contract with the Department, and within the timelines and frequency specified in the MHP's written documentation standards.

The MHP will generate monthly reports related to Client Plans that are expiring and review these reports in the Utilization review committee meetings. This information will be relayed to the clinician assigned to the client to ensure timeliness and mandated frequency of

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¹ Line number(s) removed for confidentiality

² Line number(s) removed for confidentiality

³ Line number(s) removed for confidentiality

⁴ Line number(s) removed for confidentiality

⁵ Line number(s) removed for confidentiality

annual updates for all Client Plans.

1) Line number(s) ⁶:

There was a **lapse** between the prior and current client plans. However, this occurred outside of the audit review period.

2) Line number(s) ⁷:

There was a **lapse** between the prior and current client plans. However, no services were claimed.

4b. Does the client plan include the items specified in the MHP Contract with the Department?

- 1. Specific, observable, and/or specific quantifiable goals/treatment objectives related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis.

The following Line numbers had client plans that did not include all of the items specified in the MHP Contract with the Department:

4b-4) One or more of the proposed interventions did not indicate an expected duration. **Line number(s)**

⁸

The MHP shall submit a POC that describes how the MHP will ensure that all mental health interventions proposed on client plans indicate an expected duration for each intervention.

A licensed clinician working for the MHP QI/QA team will review and sign off on all client plans to ensure that all proposed interventions on Client Plans indicate duration.

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⁶ Line number(s) removed for confidentiality

⁷ Line number(s) removed for confidentiality

⁸ Line number(s) removed for confidentiality

2. The proposed type(s) of intervention/modality including a detailed description of the intervention to be provided.
3. The proposed frequency of intervention(s).
4. The proposed duration of intervention(s).
5. Interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance.
6. Interventions are consistent with client plan goal(s)/treatment objective(s).
7. Be consistent with the qualifying diagnoses.

5a. Do the progress notes document the following:

1. Timely documentation of relevant aspects of client care, including documentation of medical necessity?

Progress notes were not completed in accordance with regulatory and contractual requirements and/or with the MHP's written documentation standards:

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

5a-1) Timely completion by the

The MHP shall perform random Chart Audits that specifically address the issue of timeliness and duration of services provided to ensure that it meets the requirements of our documentation

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2. Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions?
3. Interventions applied, beneficiary's response to the interventions, and the location of the interventions?
4. The date the services were provided?
5. Documentation of referrals to community resources and other agencies, when appropriate?
6. Documentation of follow-up care or, as appropriate, a discharge summary?
7. The amount of time taken to provide services?
8. The signature of the person providing the service (or electronic

- One or more progress note was not completed within the timeliness and frequency standards in accordance with regulatory and contractual requirements.
- The MHP was not following its own written documentation standards for timeliness of staff signatures on progress notes.
- Progress notes did not document the following:

5a-1) Line number(s) ⁹:
Timely documentation of relevant aspects of beneficiary care, as specified by the MHP's documentation standards (i.e., progress notes completed late

person providing the service and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP's written documentation standards.

5a-7) The claim must accurately reflect the amount of time taken to provide services.

standards and our contract with the state. In addition the billing department will review all services billed to ensure that no services exceed applicable standard for clinical interventions.

⁹ Line number(s) removed for confidentiality

equivalent); the person's type of professional degree, and licensure or job title?

based on the MHP's written documentation standards in effect during the audit period).

5a-7i) Line number(s) ¹⁰: The amount of time taken to provide services. There was a progress note in the medical record for the date of service claimed. However, the amount of time documented on the progress note to provide the service was less than the time claimed, or was missing on the progress note. **RR6b3, refer to Recoupment Summary for details.**

5a-7ii) Line number ¹¹: The amount of time taken to

¹⁰ Line number(s) removed for confidentiality

¹¹ Line number(s) removed for confidentiality

provide the service was documented on a progress note with the date and type of service claimed. However, the time documented on the progress note was greater than the time claimed.

5b. When services are being provided to, or on behalf of, a beneficiary by two or more persons at one point in time, do the progress notes include:

1. Documentation of each person's involvement in the context of the mental health needs of the beneficiary?
2. The exact number of minutes used by persons providing the service?
3. Signature(s) of person(s) providing the services?

Documentation of services being provided to, or on behalf of, a beneficiary by two or more persons at one point in time did not include all required components. Specifically:

- **Line number** ¹²: Progress notes did not document the specific involvement of each provider in the context of the mental health needs of the beneficiary. **RR11a, refer to Recoupment**

The MHP shall submit a POC that describes how the MHP will ensure that:

- 1) Group progress notes clearly document the contribution, involvement or participation of each staff member as it relates to the identified functional impairment and mental health needs of the beneficiary.
- 2) A clinical rationale for the use of more than one staff in the group setting is documented.

The MHP shall complete random chart audits to ensure that all notes billed contain adequate clinical rationale for the intervention used, the functional impairment being addressed, mental health needs of the beneficiary, and the number of staff associated with the service.

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¹² Line number(s) removed for confidentiality

Summary for details.

5c. Timeliness/frequency as follows:

- 1) Every service contact for:
 - A. Mental health services
 - B. Medication support services
 - C. Crisis intervention
 - D. Targeted Case Management
 - E. Intensive Care Coordination
 - F. Intensive Home Based Services
 - G. Therapeutic Behavioral Services
- a. Daily for:
 - A. Crisis residential
 - B. Crisis stabilization (one per 23/hour period)
 - C. Day treatment intensive
 - D. Therapeutic Foster Care
- b. Weekly for:
 - A. Day treatment intensive (clinical summary)
 - B. Day rehabilitation Adult residential

Documentation in the medical record did not meet the following requirements:

- 1. a. **Line number(s)**¹³: 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. **Refer to RR6b-1 exception letter for details.**
- b. **Line number**¹⁴: For Mental Health Services claimed, the service activity (e.g., Assessment, Plan Development, Rehab) identified on the progress note was not consistent with the

The MHP shall submit a POC that describes how the MHP will:

- 1) Ensure that all SMHS claimed are:
 - a) Claimed for the correct service modality billing code, and units of time.
- 2) Ensure that all progress notes:
 - a) Are accurate, complete and meet the documentation requirements described in the MHP Contract with the Department.
 - b) Describe the type of service or service activity, the date the service was provided and the amount of time taken to provide the service, as specified in the MHP Contract

The MHP shall perform random chart audits to ensure that all progress notes are completed with the correct service modality being billed for as well as the correct units of time associated with billing. In addition all Progress notes done by non-licensed or non-waivered staff will be reviewed by a licensed member of the MHP QI/QA team to ensure the accuracy, completeness, and contractual requirements of the note. The random chart audit and approval process by the licensed staff member will also ensure that the progress note contains all of the information related to service activity, date the service was provided, and the amount of time it took to provide the services specified in

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¹³ Line number(s) removed for confidentiality

¹⁴ Line number(s) removed for confidentiality

specific service activity actually documented in the body of the progress note.

with the Department.

our contract with DHCS.