

**Medi-Cal Consolidated Specialty Mental Health Services
Fiscal Year 2017-2018 Review
LASSEN COUNTY MHP – PLAN OF CORRECTION**

4 REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Attestation, Question 6:

POC for Attestation, #6:

FINDING

The MHP did not furnish evidence it maintains written policies and procedures that provides for the education of staff and the MHP's network providers concerning its policies and procedures (P&Ps) on advance directives. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy and Procedure (P&P) BH 18-70 Staff and Provider Training on Advance Directives, P&P BH 18-73 Beneficiary Rights, P&P BH Advance Directives dated 05-15-2018. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP recently developed policies and procedures to meet this requirement. The MHP did not provide for the education of staff and the MHP's network providers concerning its policies and procedures on advance directives during the triennial review period. This Attestation requirement is deemed OOC.

PLAN OF CORRECTION

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 maintains written policies and procedures that provides for the education of staff and the MHP's network providers concerning its policies and procedures (P&Ps) on advance directives.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH will provide training to all staff on advance directives by *January 31, 2019*.
- New staff will receive training on advance directives at the time of hire.
- Network providers will be given information about advance directives within 6 months contract of execution and renewal, via the Provider Handbook.
 - The Provider Handbook will be updated with advance directive information by *January 31, 2019*.
 - Existing network providers will be sent a copy of the updated Provider Handbook within 30 days of the update.
- Participation in training will be tracked and maintained by designated QI staff on the LCBH Training Log.
 - Network providers submit to LCBH their training logs at least quarterly.

Responsible Party: Tiffany Armstrong

Projected Completion Date: December 31, 2018

New Projected Completion Date: January 31, 2019

1-31-19:

- Staff Training- See attached.
- Provider Handbook will be updated and existing network providers will be supplied a copy within 30 days of update. See attached.

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MHP RESPONSE

Section A, Network Adequacy, Question 3: POC for Section A, #3:

FINDINGS

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 Medi-Cal eligible clients, expected utilization of services, and ensuring culturally competent communications. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy BH 18-20 Array of Medi-Cal Services and Service Provision Standards, and Provider contracts. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. The MHP stated their EHR is not sophisticated enough to generate the required data, and staff would have to handcount this data. The MHP is not forecasting the estimated number of Medi-Cal eligibles, or the expected utilization of services. The MHP does not ensure network providers attend required training, or provide culturally competent communications. Protocol questions A3a, A3b, and A3g3 are deemed OOC.

PLAN OF CORRECTION

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 network of appropriate providers that is supported by written agreements. Specifically, anticipated number of Medi-Cal eligible clients, expected utilization of services, and culturally competent communications.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH will monitor all contract network providers monthly and assure all contracts have sufficient evidence of compliance with regulatory and/or contractual requirements-
- Anticipated number of Lassen County MediCal enrollees in 2019: 9164. Anticipated number of MediCal eligible MH clients in 2019: 777. Data for these calculations is drawn from census data penetration rates and LCBH client records. *See attached.*
- LCBH has completed its Cultural Competency Plan to address appropriate interactions between LCBH staff and the public. The document outlines a training schedule for culturally competent communications. *See attached.*
- LCBH will add national CLAS standards to the Contract boilerplates for all Contracts with network providers. LCBH will also require network providers to provide quarterly staff training logs regarding culturally competent communications. *To be initiated by January 31st, 2019.*

Responsible Party: Derrick Noah/Tammy Lee

Projected Completion Date: December 31, 2018

12-31-2018:

“monitor all contract network providers monthly” *to be initiated by January 31st, 2019.*

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MHP RESPONSE

“Anticipated number of Lassen County MediCal enrollees” *see attached sville pop.xlsx*

“LCBH has completed its Cultural Competency Plan” *see attached 2019 Plan Update FINAL*

“LCBH will add national CLAS standards to the Contract boilerplates for all Contracts” *To be initiated by January 31st, 2019.*

New Projected Completion Date: January 31, 2019

1-31-19:

- “monitor all contract network providers monthly” *to be initiated by February 28, 2019.*
- “LCBH will add national CLAS standards to the Contract boilerplates for all Contracts” *To be initiated by February 28, 2019.*

New Projected Completion Date: February 28, 2019

2-28-19:

- LCBH is in the process of adding CLAS standards to appropriate contract boilerplates, which will also include provisions for monitoring network providers.

New Projected Completion Date: March 31st, 2019

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section A, Network Adequacy, Question 4a:

POC for Section A, #4a:

FINDING

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. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Provider contracts with After Hours Crisis worker, and the contract boilerplate. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the Crisis Worker's contract stated the timeliness standard of 60 minutes from the call notification for urgent services, but the MHP has no method to monitor if that timeliness expectation is being met. Also, the contract boilerplate did not include any timeliness standards. Protocol question A4a is deemed OOC.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH will revise all network provider contract boilerplates to include timeliness standards and to submit logs of timely access to care and services.
- Monitor of timeliness: Regarding the contract for After-hours Crisis Services, LCBH will compare call times to Alameda Crisis Services with the arrival time of after-hours staff to ensure compliance with the timeliness standard of 60 minutes.
- All network providers will be required to furnish reports of timeliness adherence.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP requires its network providers to meet State standards for timely access to care and services, taking into account the urgency for the need of services.

Responsible Party: Derrick Noah and Sarah Bustamante

Projected Completion Date: December 31, 2018

12-31-2018:

- LCBH is continuing to develop a method of implementation to monitor after-hours staff timeliness.
- LCBH is in the process of amending contract boilerplates to reflect requirements of timeliness.

New Projected Completion Date: January 31, 2019

1-31-2019:

- LCBH is continuing to develop a method of implementation to monitor after-hours staff timeliness.
- LCBH is in the process of amending contract boilerplates to reflect requirements of timeliness.

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MHP RESPONSE

New Projected Completion Date: February 28, 2019

2-28-19:

LCBH is in the process of adding CLAS standards to appropriate contract boilerplates, which will also include provisions for monitoring after-hours staff for timeliness.

New Projected Completion Date: March 31st, 2019

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section A, Network Adequacy, Question 4d:

POC for Section A, #4d:

FINDING

The MHP did not furnish evidence it has established mechanisms to ensure compliance by network providers, monitor network providers regularly to determine compliance, or take corrective action if there is a failure to comply by a network provider. The MHP stated that they are monitoring timeliness to services within county services, but are unable to monitor the timeliness of their contracted providers, including the after-hours crisis clinician. The contract states the expectation that crisis services be provided within one (1) hour of initial notification, but there is no mechanism or method to monitor compliance, and therefore no corrective action can be taken for non-MHP providers. Protocol questions A4d1, A4d2, and A4d3 are deemed OOC.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH will revise its network provider contract boilerplates to include timeliness standards and to submit logs of timely access to care and services.
- Furthermore, Contracts between LCBH and network providers will include corrective actions to take with network providers if there is failure to comply with timeliness standards.
- LCBH will determine a specific method to track compliance of timely response by After-hours Crisis Services.

PLAN OF CORRECTION

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 established mechanisms to ensure compliance by network providers, monitor network providers regularly to determine compliance, and take corrective action if there is a failure to comply by a network provider.

Responsible Party: Derrick Noah/Sarah Bustamante

Projected Completion Date: December 31, 2018

12-31-2018:

- LCBH is continuing to develop a method of implementation to monitor after-hours staff timeliness.
- LCBH is in the process of amending contract boilerplates to reflect requirements of timeliness.

New Projected Completion Date: January 31, 2019

1-31-2019:

- LCBH is continuing to develop a method of implementation to monitor after-hours staff timeliness.
- LCBH is in the process of amending contract boilerplates to reflect requirements of timeliness.

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MHP RESPONSE

New Projected Completion Date: February 28, 2019

2-28-19:

- LCBH continues its work of amending contract boilerplates with requirements to prove timeliness of after-hours staff.

New Projected Completion Date: March 31st, 2019

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MHP RESPONSE

Section A, Network Adequacy, Question 5a:

POC for Section A, #5a:

FINDING

The MHP did not furnish evidence it has a mechanism in place to ensure appropriate identification of Katie A subclass members, or a mechanism in place to identify children who are eligible for ICC and IHBS services. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy 18-62 and 18-74 Intensive Services for Youth. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP stated that it does not have a formal mechanism with Social Services regarding identifying Katie A subclass members, or children who are eligible for ICC and IHBS services. The MHP started claiming ICC and IHBS about four (4) months ago, and the children all participate in Social Services wraparound program. That program does not necessarily include all Katie A eligible children. The MHP is hoping that when Lassen fills the DSS Director position they can start working to establish a system to meet this requirement. Protocol questions A5a1 and A5a2 are deemed OOC.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH will enact a Memo of Understanding (MOU) with Child Welfare System (CWS) regarding intake and assessment procedures to determine responsibilities of each agency concerning identification of Katie A. subclass members and children eligible for ICC and IHBS services. This will include a formal referral process of clients from CWS to LCBH and a formal mechanism to identify and track Katie A subclass members who are eligible for ICC and IHBS services.
- LCBH will continue identifying children for ICC and IHBS services.
- LCBH will also continue to follow Policy: 18-62 and 18-74.

PLAN OF CORRECTION

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 in place to ensure appropriate identification of Katie A subclass members, a mechanism in place to identify children who are eligible for ICC and IHBS services.

Responsible Party: Scott Nordstrom. Derrick Noah and Tiffany Armstrong

Projected Completion Date: December 31, 2018

12-31-2018:

LCBH is in the process of implementing an MOU between CWS and LCBH for the purpose of complying with ICC and IHBS service requirements.

New Projected Completion Date: January 31, 2019

1-31-19:

LCBH has is carrying out inter-department meetings with Child & Family Services and Social Services to create a system of identifying

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MHP RESPONSE

Katie A subclass qualifying children, and tracking services rendered to them. LCBH has also initiated internal meetings to create and implement a Katie A tracking system.

New Projected Completion Date: February 28, 2019

2-28-19:

LCBH continues participating in inter-department meetings over implementation of Katie A tracking, and has specifically addressed the legality of sharing information with other departments in regard to HIPAA. The committee is searching for an example of another county's MOU between departments as a model to construct one for Lassen County. The committee has developed a referral form to use between CFS and LCBH.

New Projected Completion Date: March 31st, 2019

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MHP RESPONSE

Section A, Network Adequacy, Question 5b:

POC for Section A, #5b:

FINDING

The MHP did not furnish evidence it maintains and monitors an appropriate network of providers to meet the anticipated need of children/youth eligible for ICC and IHBS services. The MHP stated that they have not had a children's clinician during the triennial period. They are in the process of hiring a clinician and a case manager who will be responsible to meet the Katie A requirements. Protocol question A5b is deemed OOC.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- An analyst began employment with LCBH on 08/06/18. The analyst will calculate the anticipated need for ICC and IHBS services based upon current and recent caseloads.
- LCBH will monitor network providers to meet the need of children eligible for ICC and IHBS.
- Once a MOU is in place between CWS and LCBH, LCBH anticipates there will be an increase in the number of children/youth eligible for ICC and IHBS services.
- All therapists and case managers in LCBH's Children's Services will be trained in providing ICC and IHBS services. The analyst will continue to monitor the need for Katie A services with regard to maintaining an adequate network of providers.

PLAN OF CORRECTION

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 maintains and monitors an appropriate network of providers to meet the anticipated need of children/ youth eligible for ICC and IHBS services.

Responsible Party: Scott Nordstrom, Derrick Noah and Tiffany Armstrong

Projected Completion Date: December 31, 2018

12-31-2018:

- LCBH is in the process of implementing an MOU between CWS and LCBH for the purpose of complying with ICC and IHBS service requirements.
- Once the MOU is implemented, LCBH will train its staff in providing ICC and IHBS services.

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MHP RESPONSE

New Projected Completion Date: January 31, 2019

1-31-19:

LCBH has is carrying out inter-department meetings with Child & Family Services and Social Services to create a system of identifying Katie A subclass qualifying children, and tracking services rendered to them. LCBH has also initiated internal meetings to create and implement a Katie A tracking system.

New Projected Completion Date: February 28, 2019

2-28-19:

Methods of tracking ICC and IHBS services between departments has been discussed during inter-departmental meetings on Katie A tracking. MOU is still in progress.

New Projected Completion Date: March 31st, 2019

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MHP RESPONSE

Section A, Network Adequacy, Question 5c:

POC for Section A, #5c:

FINDING

The MHP did not furnish evidence it has a mechanism to ensure appropriate participation in Child and Family Team (CFT) meetings. The MHP stated that they have started attending the Social Services wraparound meetings, where the focus is forensic and punitive, not behavioral. The MHP stated they are culturally challenged integrating behavioral health into existing county teams. Protocol question A5c is deemed OOC.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- As part of the MOU between LCBH and CWS regarding the referral and identification of children/youth eligible for Katie A services, the MOU will specify the role and participation of each agency in Child and Family Team (CFT) meetings.
- The MOU will specify the types of trainings, both interagency and within each agency, as to the purpose and goals of CFT meetings and the appropriate participation by each Team member. The trainings will be conducted by qualified individuals, and both verification of trainings provided and provider completion of trainings will be logged.
- Attendance and Minutes will be kept on all CFT meetings, and will be reviewed by QA staff for appropriate participation by attending agencies.

PLAN OF CORRECTION

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 appropriate participation in Child and Family Team (CFT) meetings.

Responsible Party: Scott Nordstrom, Derrick Noah and Tiffany Armstrong

Projected Completion Date: December 31, 2018

12-31-2018:

- LCBH is in the process of implementing an MOU between CWS and LCBH for the purpose of complying with ICC and IHBS service requirements.
- Once the MOU is implemented, LCBH will train its staff in providing ICC and IHBS services, including the

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MHP RESPONSE

requirement of Attendance and Minutes on all CFT meetings.

New Projected Completion Date: January 31, 2019

1-31-19:

LCBH has is carrying out inter-department meetings with Child & Family Services and Social Services to create a system of identifying Katie A subclass qualifying children, and tracking services rendered to them. LCBH has also initiated internal meetings to create and implement a Katie A tracking system.

New Projected Completion Date: February 28, 2019

2-28-19: LCBH has begun participating in/conducting CFT meetings for the purpose of delivering ICC and IHBS services to subclass-qualifying youth. See attached document CFT Meetings Billed under folder corresponding to item A5c.

The matter of training personnel to conduct and participate in CFT meetings is still being developed.

New Projected Completion Date: March 31st, 2019

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section A, Network Adequacy, Question 5d:

POC for Section A, #5d:

FINDING

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. The MHP stated that they can only identify these kids when they come in through Access. When trying to work with Social Services, Social Services is unable to provide the MHP with a list of children in foster care. Since January 2018 the MHP received three (3) referrals from Social Services, however none of the children came to the MHP for services. Protocol question A5d is deemed OOC.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- As part of the MOU between LCBH and CWS, a formal Referral Form will be implemented for referring children/youth from CWS to LCBH. As part of the MOU, for all children/youth in foster care who are referred to LCBH, CWS will ensure that the child/youth attend his or her assessment appointment.
- As part of the MOU, if the child/youth does not meet medical necessity for Specialty Mental Health Services, the mental health profession completing the assessment will refer the child/youth to a MCP for non-specialty mental health services

PLAN OF CORRECTION

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.

Responsible Party: Scott Nordstrom, Derrick Noah and Tiffany Armstrong

Projected Completion Date: December 31, 2018

12-31-2018:

- LCBH is in the process of implementing an MOU between CWS and LCBH for the purpose of complying with ICC and IHBS service requirements.
- Referral procedures will be a key component of the MOU implementation, as specified above.

New Projected Completion Date: January 31, 2019

1-31-19:

LCBH has is carrying out inter-department meetings with Child & Family Services and Social Services to create a system of identifying Katie A subclass qualifying children, and tracking services rendered to them. LCBH has

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MHP RESPONSE

also initiated internal meetings to create and implement a Katie A tracking system.

New Projected Completion Date: February 28, 2019

2-28-19:

Referral form between CWS and LCBH is in the revision process. See attached file “pathways screen v3” in folder corresponding to item A5d. Inter-department meetings continue to occur on bi-weekly basis. LCBH department meetings concerning Katie continue on a bi-weekly basis, covering logistics of moving a child through the process of administering Katie A services.

New Projected Completion Date: March 31st, 2019

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section B, Access, Question 2:

POC for Section B, #2:

FINDINGS

The MHP did not furnish evidence it provides beneficiaries with a current provider directory upon request and when first receiving a SMHS and the MHP's provider directory did not contain Website URL, as appropriate, Specialty, as appropriate. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Lassen County Behavioral Health Provider Directory. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the directory did not include the specialties of the providers. Protocol question B2b (5) is deemed OOC.

PLAN OF CORRECTION

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 beneficiaries with a current provider directory upon request and when first receiving a SMHS and the MHP's provider directory must contain Specialty, as appropriate.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH will compile a current list of providers and make monthly checks and updates for validity. This directory will include relevant website URLs and provider's specialties.
- LCBH will furnish this document to beneficiaries upon request and upon receipt of a SMHS.
- LCBH staff will document that the provider directory was provided to clients upon request and when first receiving SMHS. QA/QI will verify that this is being completed monthly.
- All staff will be trained (by November 2018) to current provider directory and the policy. They will also learn how to document that they provided beneficiaries a copy in their note.

Responsible Party: Holly Murphy and Sarah Bustamante

Projected Completion Date: November 30, 2018.

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MHP RESPONSE

Section B, Access, Question 7:

POC for Section B, #7:

FINDINGS

The MHP did not furnish evidence it has outreach efforts for the purpose of providing information to beneficiaries and providers regarding access under the MHP, community information and education plans or policies that enable Medi-Cal beneficiaries to access SMHS, and outreach for informing under-served target populations of the availability of cultural and linguistic services and programs. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P BH 18-11 Community Outreach and Awareness, and their outreach log. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP identified that they do not provide outreach activities, which specifically target under-served populations of the availability of cultural and linguistic services. The MHP stated that on a limited bases they started to use Grand Care, which allows a client to Skype from the client's home or from a One-Stop Center with their provider. Additional outreach is needed targeted [to] underserved populations. Protocol question B7b is deemed OOC.

PLAN OF CORRECTION

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 outreach efforts for the purpose of providing information to beneficiaries and providers regarding access under the MHP, community information and education plans or policies

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

LCBH will engage in and track outreach efforts in the following areas:

- Providing LCBH access information to beneficiaries and providers during the events listed in P&P BH 18-11.
- Developing a plan to educate the community providers on policies and plans that MediCal beneficiaries access SMHS via collaborations with other agencies and groups listed in P&P BH 18-11.
- Providing information material to under-served demographic populations on the availability of cultural and linguistic services and programs:
 - Drawing on LCBH Cultural Competency Plan and supporting demographic data to determine which target populations are underserved;
 - Tasking Cultural Competency Committee with identifying methods of distributing information to target populations;
 - Disseminating information to target populations using LCBH Cultural Competency Program effective means of communication;
 - Tracking these efforts in the outreach log.

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that enable Medi-Cal beneficiaries to access SMHS, and outreach for informing under-served target populations of the availability of cultural and linguistic services and programs.

MHP RESPONSE

- Outreach will be provided to all outlying areas.

Responsible Party: Derrick Noah and Cultural Competency Committee

Projected Completion Date: December 31, 2018

12-31-2018:

- LCBH will provide agendas and minutes of applicable events and meetings to support its compliance with these measures.
- LCBH staff will host events at Crossroads Ministries, a local non-profit devoted to helping the disenfranchised and underserved people in the community. The events will focus on services available to the identified sub-population through LCBH.
- LCBH has partnered with the local Health Care Collaborative, a quarterly gathering of local entities serving Lassen County public by means of health and social services. LCBH shares its plans and information for available services to the public with this forum of providers.

New Projected Completion Date: January 31, 2019

1-31-19:

- LCBH has initiated weekly outreach events at local homeless resource facility, Crossroads Ministries. See attached.

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MHP RESPONSE

Section B, Access, Question 9:

POC for Section B, #9:

FINDINGS

In addition to conducting the seven (7) test calls, DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy: BH 18-09 Access Line, sample of blank Access Logs, and a sample of completed, recent Access logs. Protocol question 9a-2 is deemed in partial compliance.

PLAN OF CORRECTION

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.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH will make more publically noticeable the information on its current 24/7, toll-free, statewide crisis hotline. This information will also list the languages available and relevant to Lassen County demographic groups based on LCBH CCP, and will also include the process(es) for accessing SMHS and assessment to determine medical necessity.
- LCBH will continue to work with consultant on providing test calls. Test calls will be provided in other languages.
- LCBH will continue to monitor ATT line for language access.
- LCBH will also ensure that all clerical staff are trained to properly field calls and track performance of these metrics using the 24/7 Test Call quarterly update report.

Responsible Party: Sarah Bustamante

Projected Completion Date: November 30, 2018.

Items proving compliance with this item were submitted on November 30, 2018

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LASSEN COUNTY MHP – PLAN OF CORRECTION**

4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section B, Access, Question 10:

POC for Section B, #10:

FINDINGS

The MHP did not furnish evidence its written logs of initial requests for SMHS includes requests made by phone, in person, or in writing. DHCS reviewed the policy and procedure: P&P Access Line and Call log. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, two (2) out of the five (5) test calls did not include the beneficiaries name and four (4) out of the five (5) test calls did not include the required initial disposition of the request. Protocol questions B10b (1) and B10b (3) are deemed in partial compliance.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH will continue tracking performance of test calls using the 24/7 Test Call quarterly update report. LCBH will document specific performance metric trainings for staff concerning OOC sections of the report and track metrics for outcomes. *Clerical Test Call Training pdf.*
- LCBH will monitor to assure documentation includes all regulatory and/or contractual requirements. *See attached quarterly test call reports.*

PLAN OF CORRECTION

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 its written log of initial requests for SMHS (including requests made via telephone, in person or in writing) complies with all regulatory requirements.

Responsible Party: Derrick Noah and Sarah Bustamante

Projected Completion Date: December 31, 2018.

Items proving compliance with this item were submitted on December 31, 2018.

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section B, Access, Question 12:

POC for Section B, #12:

FINDINGS

The MHP did not furnish evidence it provides reports to the Quality Assurance/Quality Improvement program, and that it completes an annual report of CCC activities. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy BH18- 12 Cultural Competence Program. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, MHP stated that they do not provide reports to the Quality Assurance and or Quality Improvement Program nor do they complete the Annual Report of CCC activities as required. Protocol questions B12b (2) and B12c are deemed OOC.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH has initiated Cultural Competency meetings according to their state approved CCP. LCBH has implemented staff attendance requirements for Cultural Competency meetings whose task is to report to QA/QI meetings. Using this information, LCBH will complete annual reports of CCC activities by assigning this task to specific personnel involved in both CCC and QA/QI.
- All reports will be submitted quarterly to QA/QI.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP must provide evidence the CCC activities include providing reports to the Quality Assurance/Quality Improvement program, and that it completes an annual report of CCC activities.

Responsible Party: Derrick Noah

Projected Completion Date: December 31, 2018.

12-31-2018:

- LCBH Analyst is attending both CC and QA/QI meetings, and is reporting to QA/QI committee regularly on CC team efforts.
- *See attached meeting attendance sheets.*

Items proving compliance with this item were submitted on December 31, 2018.

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section B, Access, Question 13:

POC for Section B, #13:

FINDINGS

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: Policy BH 18-12 Cultural Competence Program, Cultural and Linguistic Competence Plan (relevant pages) documentation of staff training, and Pay Differential information. 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 during the triennial review period. The MHP stated that currently their annual cultural competence training is provided to both management staff and providers together. The MHP provided sign in sheets for the trainings conducted in 2018. The MHP did not have a process to ensure interpreters are trained and monitored for language competence. The MHP is researching a behavioral health interpreter training and provided a flyer describing the 2-day, 14-hour intensive training. Protocol questions B13a1, B13a2, B13a3, and 813b are deemed OOC.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH has completed a CCP and obtained state approval for the plan. LCBH has also initiated Cultural Competency meetings and will continue to carry out staff briefings at monthly All-Staff meetings to ensure cultural competency requirements.
- LCBH will send interpreter staff to a state-approved intensive training on cultural competency through linguistic services within FY 18-19.

Responsible Party: Derrick Noah and Cultural Competency Team

Projected Completion Date: November 30th, 2018.

Items proving compliance with this item were submitted on November 30, 2018.

PLAN OF CORRECTION

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

**Medi-Cal Consolidated Specialty Mental Health Services
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LASSEN COUNTY MHP – PLAN OF CORRECTION**

4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

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.

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section C, Authorization, Question 1b:

POC for Section C, #1b:

FINDINGS

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: Policy BH 18-37 Inpatient Treatment Authorization Review. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, of the 50 sample TARs reviewed, eight (8) were not approved within fourteen days. It was noted on the eight TARs that all materials were received with the TAR. Protocol question C1b is deemed in partial compliance.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH will provide evidence it complies with regulatory requirements regarding Treatment Authorization Requests (TARs) for hospital services.
- LCBH will assure all TAR's are reviewed with 14 days.
- LCBH QA/QI will complete random checks to verify that TAR's are being completed with 14 days and has all regulatory requirements according to Policy 18-37.

PLAN OF CORRECTION

Responsible Party: Alyssa Gaynor and Catherine Schuck, and Derrick Noah

Projected Completion Date: November 30th, 2018.

Items proving compliance with this item were submitted on November 30, 2018.

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section C, Authorization, Question 4b:

POC for Section C, #4b:

FINDINGS

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: Policy BH 18-23 Out of Network Access, and the Log of children served in and out of county. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the log did not include authorization request or approval dates. There was no evidence that the MHP was tracking timelines for processing or submitting authorization requests for children in foster care, AAP, or KinGAP aid code living outside his or her county of origin. Protocol question C4b is deemed OOC.

PLAN OF CORRECTION

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 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.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH is Currently working on a policy which 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.
- Policy was submitted to the social services director for review.
- LCBH out-of-plan log will include authorization request or approval dates.
- LCBH will track timelines for processing or submitting authorization requests for children in foster care, AAP, or KinGAP aid code living outside his or her county of origin.

Responsible Party: Scott Nordstrom and Derrick Noah

Projected Completion Date: December 31, 2018

12-31-2018:

- LCBH is in the process of completing the policy that will govern timeliness for processing submitting authorization requests for children in categories mentioned above.

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

- LCBH is tracking timeliness for authorization requests and will submit proof along with the signed policy.

New Projected Completion Date: January 31, 2019

1-31-2019:

- LCBH is in the process of completing the policy that will govern timeliness for processing submitting authorization requests for children in categories mentioned above.
- LCBH is tracking timeliness for authorization requests and will submit proof along with the signed policy.

New Projected Completion Date: February 28, 2019

2-28-19:

- LCBH is in the process of completing the policy that will govern timeliness for processing submitting authorization requests for children in categories mentioned above.
- LCBH is tracking timeliness for authorization requests and will submit proof along with the signed policy.

New Projected Completion Date: March 31st, 2019

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LASSEN COUNTY MHP – PLAN OF CORRECTION**

4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section C, Authorization, Question 5b:

POC for Section C, #5b:

FINDINGS

The MHP did not furnish evidence it has a mechanism to ensure consistent application of review criteria for authorization decisions and/or that it is reviewing Utilization Management (UM) activities annually. The MHP stated that no Utilization Management activities are occurring, or have occurred over the past three years, and they had no evidence for this requirement. Protocol question C5b is deemed OOC.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH is now having regularly scheduled UM meetings quarterly.
 - 2.8.18
 - 3.22.18
 - 7.12.18
 - October 2018
- Information from UM will be shared with the QA/QI committee.

PLAN OF CORRECTION

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 mechanism to ensure consistent application of review criteria for authorization decisions and/or that it is reviewing Utilization Management (UM) activities annually.

Responsible Party: Alyssa Gaynor and Catherine Schuck, and Tiffany Armstrong

Projected Completion Date: October 31, 2018

Items proving compliance with this item were submitted on October 31, 2018.

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section C, Authorization, Question 6:

POC for Section C, #6:

FINDINGS

The MHP did not furnish evidence it provides a written NOA/NOABD to the beneficiary when a denial, in whole or in part, of a payment for service, failure to provide services in a timely manner, and failure to act within timeframes provided in 42 C.F.R. §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: TARs in the sample which were denied or modified, timeliness to access services data in the 2017/18 QIWP, and the grievance and appeal log. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, of the four TARs, which required a NOA-C, no clients were issued a NOA-C/NOABD. The MHP had not issued any NOA-Cs/NOABDs over the triennial review period. The QIWP stated that the MHP met the 14-day timeliness standard 56% of the time in 2015/16, and 83% of the time in 2017. The MHP did not provide NOA-Es/NOABDs for the clients who fell outside the standard 14-day standard. Eight Grievances were not resolved within the 90-day standard, and none of the eight beneficiaries were issued a NOA-D/NOABD. Protocol questions C6a3, C6a4, and C6a5 are deemed out of compliance.

PLAN OF CORRECTION

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 a written

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH will create a spreadsheet documenting all NOABD activities in detail, to include links to scanned documents involved in the process. Staff will be assigned for the purpose of reviewing NOABD actions and ensuring adherence to policies, and will report on these activities at Leadership meetings.
- LCBH will continue tracking timeliness data for failure to provide services within the allowable timeframe, partial and whole denial of service, and OOC timeliness actions regarding grievances and appeals.
- LCBH will provide training to key staff members (by December 2018) who will be tasked with NOABD policy compliance, actively engaging in timeliness data tracking and ensuring that any discrepancies are dealt with in accordance with NOABD policies.

Responsible Party: Derrick Noah and Sarah Bustamante

Projected Completion Date: December 31, 2018

12-31-2018:
See attached NOABD spreadsheet

Items proving compliance with this item were submitted on December 31, 2018.

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

NOABD to the beneficiary when there is a denial, in whole or in part, of a payment for service, failure to provide services in a timely manner, and failure to act within timeframes provided in 42 C.F.R. §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.

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LASSEN COUNTY MHP – PLAN OF CORRECTION**

4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section D, Beneficiary Protection, Question 2: POC for Section D, #2:

FINDINGS

The MHP did not furnish evidence it maintains a grievance, appeal, and expedited appeal log(s) that records the grievances, appeals, and expedited appeals within one working day of the date of receipt. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy BH 18-27 Client Problem Resolution Process, Samples of completed Grievance and Appeal logs and 20 sample grievance files. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, 2 (two) out of the twenty grievances reviewed as part of the sample were not logged within one working day of the date of receipt of the grievance. Protocol question D2 is deemed in partial compliance.

PLAN OF CORRECTION

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 a grievance, appeal, and expedited appeal log(s) that records the grievances, appeals, and expedited appeals within one working day of the date of receipt.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH has implemented a new process in which the beneficiary protection coordinator furnish evidence it maintains a grievance, appeal, and expedited appeal log(s) that records the grievances, appeals, and expedited appeals within one working day of the date of receipt. This will be kept in the log book
- LCBH will continue to follow policy 18-27 and continue to monitor through QA/QI that beneficiary protection is being completed.
- LCBH will train all staff on Grievance and Appeal process by October 31, 2018.

Responsible Party: Sarah Bustamante, Holly Murphy and Tiffany Armstrong

Project Completion Date: November 30, 2018

Items proving compliance with this item were submitted on November 30, 2018.

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section D, Beneficiary Protection, Question 3a:

POC for Section D, #3a:

FINDINGS

The MHP did not furnish evidence it ensures grievances, appeals, and expedited appeals are resolved within established timeframes and/or required notice(s) of an extension are given to beneficiaries. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy BH 18-27 Client Problem Resolution Process, Client Problem Resolution Guide (English/Spanish), Grievance and Appeal Log samples, and an Extension Notification letter. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, eight (8) out of the twenty (20) grievances were not resolved within established timeframes. In addition, DHCS inspected a sample of 20 grievances to verify compliance with regulatory requirements. Protocol question 03a (1) is deemed in partial compliance.

PLAN OF CORRECTION

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 ensures grievances, appeals, and expedited appeals are resolved within established timeframes.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH has implemented a new process in which the beneficiary protection coordinator furnish evidence it maintains a grievance, appeal, and expedited appeal log(s) that records the grievances, appeals, and expedited appeals within one working day of the date of receipt. This will be kept in the log book
- LCBH will continue to follow policy 18-27 and continue to monitor through QA/QI that beneficiary protection is being completed.
- LCBH will train all staff on Grievance and Appeal process by October 31, 2018.

Responsible Party: Sarah Bustamante, Holly Murphy and Tiffany Armstrong

Project Completion Date: November 30, 2018

Items proving compliance with this item were submitted on November 30, 2018.

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

***Section D, Beneficiary Protection,
Question 4a:***

POC for Section D, #4a:

FINDINGS

The MHP did not furnish evidence it provides notifications of dispositions to beneficiaries for all grievances. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy BH18-27 Client Problem Resolution Process, sample of acknowledgement and resolution letters (English/Spanish), and sample of Grievance and Appeal log. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, seven (7) out of the twenty (20) grievances reviewed, as part of the sample did not have the required disposition letter. In addition, DHCS inspected a sample of twenty (20) grievances, to verify compliance with regulatory requirements. Protocol question(s) D4a (2) is deemed in partial compliance.

PLAN OF CORRECTION

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 written acknowledgement and notifications of dispositions to beneficiaries for all grievances.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH has implemented a new process in which the beneficiary protection coordinator furnish evidence it maintains a grievance, appeal, and expedited appeal log(s) that records the grievances, appeals, and expedited appeals within one working day of the date of receipt. This will be kept in the log book
- LCBH will continue to follow policy 18-27 and continue to monitor through QA/QI that beneficiary protection is being completed.
- LCBH will train all staff on Grievance and Appeal process by October 31, 2018.

Responsible Party: Sarah Bustamante, Holly Murphy and Tiffany Armstrong

Project Completion Date: November 30, 2018

Items proving compliance with this item were submitted on November 30, 2018.

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4 REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section D, Beneficiary Protection, Question 8a: *POC for Section D, #8a:*

FINDINGS

The MHP did not furnish evidence it has procedures by which issues identified as a result of the beneficiary problem resolution process are transmitted to the MHP's QIC, the MHP's administration or another appropriate body within the MHP's organization in order to implement needed system changes. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy: BH 18-69 Quality Improvement Program. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP developed policy BH 18-69 which describes the process of reviewing grievances. However, this process has only been recently developed. The MHP did not have an established process that was used during the triennial review period. This question is in partial compliance and would not require a POC. The MHP has an established process that they are currently using. Protocol question D8a(1) is deemed OOC.

LCBH has developed the following action items to address these requirements:

- Does not require a POC.
- LCBH is currently following policy 18-69 for reviewing grievances.

PLAN OF CORRECTION

The MHP has provided a process addressing the OOC findings for these requirements. The process demonstrates that the MHP has procedures by which issues identified as a result of the beneficiary problem resolution process are transmitted to the MHP's QIC, the MHP's administration or another appropriate body within the MHP's organization in order to implement needed system changes.

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4 REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section F, Interface with Physical Health Care, Question 2:

POC for Section F, #2:

FINDINGS

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: Health Care Services Agreement between Partnership Health Plan of California and Health Care Services Provider and the Health Plan-Provider Agreement Amendment 3. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, MHP identified that they do not have a role in carrying out the MOU and provided no additional evidence. Protocol questions F2b, F2c, and F2d are deemed OOC.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH will work with Partnership Health to create an MOU that is between BH and not HSS.
- LCBH will work with Lassen Indian Health Center (LIHC) and Northeastern (FQHC) to enter into a MOU or documents a good faith effort to do so.

Responsible Party: Tiffany Armstrong, Alyssa Gaynor and Catherine Schuck

Date of Completion: December 31, 2018

- See attached MOU.
- LCBH Director Tiffany Armstrong met with Medical Director of FQHC Naomi Rae on 12-23-18 to begin the process of establishing an MOU between the two entities.

PLAN OF CORRECTION

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.

Items proving compliance with this item were submitted on December 31, 2018.

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section G, Provider Relations, Question 1:

POC for Section G, #1:

FINDINGS

The MHP did not furnish evidence it has an ongoing monitoring system in place, which ensures all contracted individual, group, and organizational providers utilized by the MHP are in compliance with the documentation standards requirements. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P BH 18-40 Individual and Org Provider Selection and Credentialing, P&P BH 18-24 Contract Development and Monitoring, and the Provider Handbook. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, MHP stated that historically they have not consistently monitored their providers. MHP has recently developed new policies and procedures to address this issue. Protocol question G1 is deemed OOC.

PLAN OF CORRECTION

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 an ongoing monitoring system in place, which ensures all contracted individual, group, and organizational providers utilized by the MHP are in compliance with the documentation standards requirements.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

LCBH will enforce statutes laid out in its P&P BH 18-24 Contract Development and Monitoring: Contract Oversight and Monitoring.

- Supervisors under which services are rendered will serve as Contract Monitors over providers in concern of documentation quality and quantity of clinical/professional services.
- Contract Monitors will collaborate with other Department sections such as Fiscal, Records, and other programs for enacting appropriate monitoring activities over providers.
- Requiring provider compliance in applicable LCBH policies, specifically state standards for documentation of services.
- Contract Monitors will report their monitoring activities over providers to the Department Director during weekly Compliance meetings.

Responsible Party: Derrick Noah

Projected Completion Date: December 31, 2018

12-31-2018:

- LCBH is beginning to implement the procedures laid out in BH 18-24 to ensure quality and quantity of contract providers' documentation.

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

New Projected Completion Date: January 31, 2019

1-31-2019:

- LCBH has scheduled meetings to audit providers' documentation.

New Projected Completion Date: February 28, 2019

2-28-2019:

- Due to the federal holidays this month coinciding with the dates of meetings allotted for review of provider documentation, the schedule for such reviews is delayed.

New Projected Completion Date: March 31st, 2019

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section G, Provider Relations, Question 2:

POC for Section G, #2:

FINDINGS

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 operated providers are certified and recertified per title 9 regulations. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P BH 18-33 Recertification of County- Owned Sites & Attachment, P&P BH 18-60 Medi-Cal Certification of Contract Providers, P&P BH 18-44 Individual and Org Provider Selection and Credentialing, and P&P BH 18-44 ITWS Provider Files. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP has not had a consistent monitoring system in place. The MHP recently hired support staff to assist with the process of tracking certifications and recertification's of their providers. Protocol question G2a, is deemed OOC.

In addition, 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. Protocol question G2b is deemed in partial compliance.

PLAN OF CORRECTION

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 an ongoing and effective monitoring system in place that ensures contracted organizational providers and county owned and operated providers

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH analyst will monitor certifications and re-certifications of providers.
- LCBH will enact its responsibilities outlined in P&P BH 18-44:
- Any new providers in the network will be processed and certified.

- LCBH will enact its responsibilities outlined in P&P BH 18-60:
- Existing providers in network will be initially certified and recertified every 3 years.

- LCBH will enact a monitoring system to determine recertification dates of network providers and will coordinate with DHCS to review the Online Provider System.

Responsible Party: Derrick Noah and Shiela McGarva

Projected Completion Date: December 31, 2018

12-31-2018:

- LCBH is developing a monitoring system to determine recertification dates of network providers.
- LCBH will ensure any new providers are certified.

New Projected Completion Date: January 31, 2019

1-31-19:

- LCBH has compiled tracking methods for (re)certifications, exclusion checks,

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4REVIEW FINDINGS & REQUIRED POC

are certified and recertified per title 9 regulations.

MHP RESPONSE

and pending and existing licensure expirations. See attached.

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section G, Provider Relations, Question 3:

POC for Section G, #3:

FINDINGS

The MHP did not furnish evidence that all contracts or written agreements between the MHP and any subcontractor included all required elements listed in G3a 1-8 above. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy BH 18- 24 Provider Contract Development and Monitoring, Provider Handbook (relevant pages - FY 17/18), Policy BH 18-67 Provider Problem Resolution Process, Agreement between Lassen County and Seneca Family of Services, Agreement between Lassen County and Debbie Rives. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the written agreements did not include all of the requirements. Protocol questions G3a, G4, G5, G6, G7, and G8 are deemed OOC.

PLAN OF CORRECTION

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 all contracts or written agreements between the MHP and any subcontractor include all required elements listed in G3a 1-8 on the previous page. Specifically, the written agreements currently do not include the following required elements: G3a 4-8.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH will change all network provider contracts to have all the required elements listed in boiler plate contracts.

Responsible Party: Derrick Noah

Projected Completion Date: December 31, 2018

12-31-2018:

- LCBH is currently addressing contract boilerplate amendments. Once all proposed changes are reviewed, they will all be enacted simultaneously.

New Projected Completion Date: January 31, 2019

1-31-19:

- LCBH is currently addressing contract boilerplate amendments. Once all proposed changes are reviewed, they will all be enacted simultaneously.

New Projected Completion Date: February 28, 2019

2-28-19:

- LCBH is currently addressing contract boilerplate amendments. Once all proposed changes are reviewed, they will all be enacted simultaneously.

New Projected Completion Date: March 31st, 2019

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section H, Program Integrity, Question 2c:

POC for Section H, #2c:

FINDINGS

The MHP did not furnish evidence it has a designated compliance committee who is responsible for developing and implementing policies, procedures, and practices designed to ensure compliance with the requirements of the contract and who reports directly to the MHP Director. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Lassen April 30, 2018 Compliance Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP had no "Leadership Team" quarterly meeting notes where compliance was covered. The MHP stated that the only compliance meetings that occurred was to develop and review the new policies and the Compliance Plan. Protocol question H2c is deemed OOC.

PLAN OF CORRECTION

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 practices designed to ensure compliance with the requirements of the contract.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH will work to establish a Compliance Officer within the Department.
- LCBH Compliance Committee will meet weekly
- LCBH will document all Compliance issues, reports and resolutions in the meeting minutes
- Compliance Issues will be tracked through minutes and reviewed at each LCBH Compliance Meeting
- Compliance Issues and resolutions will be addressed and the LCBH Leadership meeting an reported to the Compliance Committee upon resolution

Responsible Party: Tiffany Armstrong and Compliance Committee

Projected Date of Completion: June 30, 2019

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section H, Program Integrity, Question 2d & 2e:

POC for Section H, #2d & 2e:

FINDINGS

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: Training documentation for Compliance Officer from 2017, the Compliance Officer prior to the current Compliance Officer. However, there was no evidence of training for the current Compliance Officer. Also reviewed was a compliance training PowerPoint presentation, intended for the MHP staff. Due to the employee Union's objections, the MHP has been unable to provide the compliance training. Protocol questions H2d and H2e are deemed OOC.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH will work to establish a Compliance Officer within the Department.
- LCBH will furnish evidence of effective training and education for the compliance officer and for the MHP's employees and contract providers.
- LCBH will continue to work with the Union about compliance.

Responsible Party: Tiffany Armstrong and Compliance Committee

Projected Date of Completion: June 30, 2019

PLAN OF CORRECTION

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.

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4 REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section H, Program Integrity, Question 2f:

POC for Section H, #2f:

FINDINGS

The MHP did not furnish evidence it ensures effective lines of communication between the compliance officer and the organization's employees and/or contract providers. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: April 30, 2018 Compliance Plan, and a compliance flyer. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, no evidence of communications to the organization was provided, and due to the employee Union's objection, the MHP could not train staff on the disciplinary guidelines of non-compliance. Protocol question H2f is deemed OOC.

PLAN OF CORRECTION

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 ensures effective lines of communication between the compliance officer and the organization's employees and/or contract providers.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH will continue to work with the Union about compliance.
- LCBH will provide training to all staff on Compliance Requirements beginning November 21, 2018.
- New staff will be trained on Compliance requirements at the time of hire
- Network providers will be directed to provide training logs on their Compliance training in writing quarterly or upon request on the LCBH Compliance Officer
- Participation in training will be tracked and maintained by designated QI staff on the LCBH Training Log
- All boilerplate contracts for Network providers will state disciplinary guidelines in the contract.

Responsible Party: Tiffany Armstrong and Compliance Committee

Projected Date of Completion: June 30, 2019

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section H, Program Integrity, Question 2g:

POC for Section H, #2g:

FINDINGS

The MHP did not furnish evidence it ensures enforcement of the program integrity standards through well-publicized disciplinary guidelines. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: April 30, 2018 Compliance Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, due to issues with the employee Union, the MHP has been unable to communicate or ensure enforcement of the disciplinary guidelines. Protocol question H2g is deemed OOC.

PLAN OF CORRECTION

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 ensures enforcement of the program integrity standards through well-publicized disciplinary guidelines.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH has developed the following action items to address these requirements:
- LCBH will provide training to all staff on Compliance Disciplinary guidelines by 11/21/2018.
- New staff will receive training on Compliance Disciplinary guidelines at the time of hire
- Network providers will be expected to adhere to Compliance Disciplinary guidelines provided by LCBH and as outlined in their contracts
- Participation in training will be tracked and maintained by designated QI staff on the LCBH Training Log
- Network providers will submit to LCBH their training logs quarterly or upon request on the LCBH Compliance Officer

Responsible Party: Tiffany Armstrong and Compliance Committee

Projected Date of Completion: June 30, 2019

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section H, Program Integrity, Question 2h:

POC for Section H, #2h:

FINDINGS

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 development of corrective action initiatives relating to the MHP's Contract. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: April 30, 2018 Compliance Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not provide any evidence that routine internal monitoring and auditing of compliance risks are occurring. Protocol question H2h is deemed OOC.

PLAN OF CORRECTION

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 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.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

LCBH has developed the following action items to address these requirements:

- LCBH Compliance Committee will perform chart reviews utilizing a random sample of five charts monthly
- LCBH will document findings of chart reviews on Chart Audit Tool
- LCBH Compliance Committee will monitor and audit compliance risks and document findings in the Compliance Meeting minutes
- LCBH Compliance Committee will examine and document all findings of suspected Fraud, Waste, and Abuse and document in the Compliance Meeting Minutes
- LCBH will report all compliance irregularities to the appropriate regulatory bodies and document action and outcomes in the Compliance Meeting Minutes and Director.
- LCBH will take corrective action on all instances of compliance irregularities
- Network providers will submit chart review logs to LCBH quarterly or upon request of the LCBH Director or their designee

Responsible Party: Tiffany Armstrong and Compliance Committee

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Projected Date of Completion: June 30, 2019

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section H, Program Integrity, Question 3a & 3b:

POC for Section H, #3a & 3b:

FINDINGS

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 evidence of compliance: Policy SH 18-41 Medi-Cal Service Delivery Verification. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. The MHP stated that they just started verifying services April 2018, and are using two different methods. The first method is to have clients sign in when coming to the MHP clinic for services, the signature is then scanned into the client's EHR. This method was implemented in April 2018. The second method, which hasn't been implemented yet, is making random calls to at least ten clients quarterly, to verbally verify claimed services were provided. The first method does not create the opportunity to identify mis-claiming since claims are not reconciled to the signatures. If the claims were compared to the signatures, they would not validate the length of services provided to the length claimed. The policy language states that if claimed services were not actually provided, processes outlined in the Compliance Plan and other disciplinary guidelines will be followed. Since those documents have not been finalized and released to staff due to Union Issues, the MHP has no mechanism to ensure appropriate actions would be taken if unable to verify claimed services were provided.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

LCBH has developed the following action items to address these requirements:

- LCBH will reconcile Summary of Services with paid claims beginning 10/26/2018.
- LCBH will contact a random sampling of clients who have paid claims within the last thirty days for Quality Assurance and to verify service
- LCBH will provide training to all staff on the Compliance Plan, Policies and Procedures on documentation expectations beginning 10/26/2018.
- Network providers will submit a log of Compliance Service reviews performed quarterly or upon request on the LCBH Director or their designee
- LCBH will continue to work with the Union about compliance.

Responsible Party: Tiffany Armstrong and Compliance Committee

Projected Date of Completion: June 30, 2019

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Protocol questions H3a and H3b are deemed OOC.

PLAN OF CORRECTION

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 beneficiaries and, if unable to verify services, a mechanism to ensure appropriate actions are taken.

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section H, Program Integrity, Question 4a:

POC for Section H, #4a:

FINDINGS

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: Policy BH 18-31 Ownership Interest Disclosure of LCBH Managing Staff and Contract Providers, Ownership Disclosure Form template. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHPs mid and higher-level management complete and submit Form 700 as required by the county. However, contracted providers have not been required to report ownership and disclosure information. There is currently no contract language requiring contracted providers to report ownership, control, and relationship information. Protocol question H4a is deemed OOC.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

LCBH has developed the following action items to address these requirements:

- LCBH will require all contracted/network providers to submit a Form 700.
- LCBH will include the requirement for contractors/network providers to submit a 700 form in all contracts beginning 1/1/2019.
- LCBH will require all contractors/network providers to provide copies of Form 700 quarterly or at the request of LCBH Director or their designee.

Responsible Party: Tiffany Armstrong and Compliance Officer

Projected Date of Completion: June 30, 2019

PLAN OF CORRECTION

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.

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section H, Program Integrity, Question 4b & 4c:

POC for Section H, #4b & 4c:

FINDINGS

The MHP did not furnish evidence it requires 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 MHP provided no evidence, and stated that the language was not in the contract. Protocol questions H4b and H4c are deemed OOC.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

LCBH has developed the following action items to address these requirements:

PLAN OF CORRECTION

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 requires 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.

- LCBH will require all contractors/network 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.
- LCBH will update all boilerplate contracts to cover this requirement.
- LCBH will require all contractors/network providers to notify LCBH should there be criminal or change in conditions of any contractor/network provider or sub-contractors
- Contractors/network providers will submit logs to LCBH quarterly or upon request of the LCBH Director or their designee

Responsible Party: Derrick Noah/Sarah Bustamante

Projected Completion Date: December 31, 2018

12-31-2018:

- LCBH is currently addressing contract boilerplate amendments. Consent to criminal background checks, notification of circumstances affecting conditions of

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

contractual compliance, and readiness to submit documentation logs are items being reviewed for inclusion in the new contract boilerplate.

New Projected Completion Date: January 31, 2019

1-31-19:

- LCBH is currently addressing contract boilerplate amendments. Consent to criminal background checks, notification of circumstances affecting conditions of contractual compliance, and readiness to submit documentation logs are items being reviewed for inclusion in the new contract boilerplate.

New Projected Completion Date: February 28, 2019

2-28-19:

- LCBH is currently addressing contract boilerplate amendments. Consent to criminal background checks, notification of circumstances affecting conditions of contractual compliance, and readiness to submit documentation logs are items being reviewed for inclusion in the new contract boilerplate.

New Projected Completion Date: March 31st, 2019

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section H, Program Integrity, Question 5:

POC for Section H, #5:

FINDINGS

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: Policy BH 18-26 Verification of Staff, Contract Providers & Applicants - Exclusion & Status Lists, Policy BH 18-40 Individual, Group, and Organizational Provider Selection and Credentialing, and a template for tracking staff exclusion checks. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP stated that the MHP started performing exclusion checks on MHP employees in May 2017, however, could not provide evidence that the exclusion checks are occurring beyond a blank tracking template. In addition, the MHP could produce no evidence that their contracted providers are required to perform exclusion checks. Protocol questions H5a1, H5a2, H5a3, H5a4, and H5a5 are deemed OOC.

PLAN OF CORRECTION

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

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

LCBH has developed the following action items to address these requirements:

- LCBH will continue to perform exclusion checks on MHP employees monthly.
- LCBH will include the requirement for all network providers to submit/perform exclusion checks monthly.
- LCBH will require network providers to submit to exclusion checks on sub-contractors monthly.
- Contractors/network providers will submit logs to LCBH quarterly or upon request of the LCBH Director or their designee.

Responsible Party: Derrick Noah and Sarah Bustamante

Projected Completion Date: December 31, 2018

See attached Provider Verification List .xlsx

Items proving compliance with this item were submitted on December 31, 2018.

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Providers, the NPPES, and the EPLS/SAM database.

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section I, Quality Improvement, Question 1b:

POC for Section I, #1b:

FINDINGS

The MHP did not furnish evidence that its QM Program is evaluated annually and updated as necessary. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: FY 2017/18 QI Work Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, no evaluations were produced during the triennial period. The 2017/18 QI Work Plan did include data for FYs 2015/16, 2016/17, and 2017/18 through March 2018. However, there was no evaluation component stated what actions were implemented to impact the data, or measure effective versus non-effective actions. Protocol question I1b is deemed OOC.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH has hired an analyst tasked with evaluating QM program annually which involves the QI Work Plan. The analyst will evaluate component of the data, what actions were implemented to impact the data, and were the measures effective versus non-effective.
- Analyst will work with QA/QI team to determine appropriate actions to implement and report to them results of actions taken, whether effective or not.
- LCBH will update its QI Work Plan with actions to be implemented to improve results of variables being tracked.

PLAN OF CORRECTION

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 its QM Program is evaluated annually and updated as necessary.

Responsible Party: Derrick Noah

Projected Completion Date: December 31, 2018

12-31-2018:

- LCBH Analyst is currently evaluating and updating the QI Work Plan.
- Analyst will report findings to QA/QI team to determine implementation actions based on evaluation.

New Projected Completion Date: January 31, 2019

1-31-19:

- 2018 QI Work Plan data has been updated.

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

- 2019 QI Work Plan was revamped to include more relevant goals and plans to achieve them. See attached.
- LCBH Analyst and committees have begun working toward 2019 QIWP goals.

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section I, Quality Improvement, Question 2d:

POC for Section I, #2d:

FINDINGS

The MHP did not furnish evidence it is informing providers of the results of beneficiary/family satisfaction activities. The MHP did not provide any evidence for this protocol question, and stated that the survey results were shared with staff at an all staff meeting, but not shared with any contracted providers. Protocol question I2d is deemed OOC.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH will communicate with its network providers via email the results of currently tracked surveys on a quarterly basis.
- Informal communications between beneficiaries/families and LCBH concerning quality of services will be recorded and included in the updates.

PLAN OF CORRECTION

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 informed providers of the results of beneficiary/family satisfaction activities.

Responsible Party: Derrick Noah

Projected Completion Date: December 31, 2018

12-31-2018:

- LCBH Analyst is currently documenting and compiling survey results for presentation to providers.

New Projected Completion Date: January 31, 2019

1-31-2019:

- LCBH Analyst is currently documenting and compiling survey results for presentation to providers.

New Projected Completion Date: February 28, 2019

2-28-19: LCBH Analyst compiled Autumn 2018 POQI responses and presented a synopsis at the Feb. All-Staff Meeting. See attachments in folder corresponding to item I2d.

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section I, Quality Improvement, Question 3a:

POC for Section I, #3a:

FINDINGS

The MHP did not furnish evidence it has mechanisms to monitor the safety and effectiveness of medication practices at least annually. The MHP stated that no medication monitoring has occurred over the past three years. The MHP contracts with Owens as a mechanism to pay for medications, and the Owens contract scope of work states that Owens would do medication chart reviews. However, the MHP stated that Owens has not been performing that function. Protocol question 13a is deemed OOC.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH will contract with Owens Pharmacy to monitor, analyze medication charts for safety and effectiveness for clients served by LCBH psychiatrists and furnish results of medication chart reviews annually.
- Results will be submitted to LCBH QA/QI for analysis.

Responsible Party: Alyssa Gaynor, Catherine Schuck and Derrick Noah

PLAN OF CORRECTION

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 mechanisms to monitor the safety and effectiveness of medication practices at least annually.

Projected Completion Date: December 31, 2018

12-31-2018:

- LCBH has received a first-draft agreement from Owens Pharmacy pharmacist to analyze LCBH psychiatry clients' medication charts for safety and effectiveness. This agreement will be formalized and initiated.

New Projected Completion Date: January 31, 2019

1-31-19:

- LCBH has received a first-draft agreement from Owens Pharmacy pharmacist to analyze LCBH psychiatry clients' medication charts for safety and effectiveness. This agreement will be formalized and initiated.

New Projected Completion Date: February 28, 2019

2-28-19:

- LCBH has received a first-draft agreement from Owens Pharmacy

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

pharmacist to analyze LCBH psychiatry clients' medication charts for safety and effectiveness. This agreement will be formalized and initiated.

New Projected Completion Date: March 31st,
2019

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section I, Quality Improvement, Question 3c:

POC for Section I, #3c:

FINDINGS

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: Policy BH 18-68 Prescribing Psychotropic Meds to Children in Foster Care and Out-of-Home Placements. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, since the MHP has no method to monitor medication practices, they lose the best opportunity to identify concerns. Regarding resolving issues, the new policy 18-68 states "Issues are identified and mitigated to ensure compliance with Medi-Cal and other state and federal regulations." Protocol question I3c is deemed OOC.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH will ensure that it receives results of medication reviews performed by the contract pharmacist.
- Standards for these reviews are outlined in P&P BH 18-68 and BH 18-35. LCBH Director, either directly or through a designee, will enforce these policies.
- LCBH will contract with Owens Pharmacy to monitor medication practices.
- Any outliers or concerns identified by the pharmacist will be brought to the attention of LCBH Director, who will confer with pharmacist and prescribing psychiatrist to address the issue and mitigate any problems.

PLAN OF CORRECTION

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.

Responsible Party: Alyssa Gaynor, Catherine Schuck and Tiffany Armstrong

Projected Completion Date: December 31, 2018

12-31-2018:

- LCBH will ensure the contract with Owens Pharmacy includes requirements that it receives results of medication reviews, and that these results are reviewed by LCBH Director or designee.
- Contract will include verbiage that requires LCBH Director be notified of any outliers or concerns.

New Projected Completion Date: January 31, 2019

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MHP RESPONSE

1-31-19:

- LCBH will ensure the contract with Owens Pharmacy includes requirements that it receives results of medication reviews, and that these results are reviewed by LCBH Director or designee.
- Contract will include verbiage that requires LCBH Director be notified of any outliers or concerns.

New Projected Completion Date: February 28, 2019

2-28-19:

- LCBH will ensure the contract with Owens Pharmacy includes requirements that it receives results of medication reviews, and that these results are reviewed by LCBH Director or designee.
- Contract will include verbiage that requires LCBH Director be notified of any outliers or concerns.

New Projected Completion Date: March 31st, 2019

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Fiscal Year 2017-2018 Review
LASSEN COUNTY MHP – PLAN OF CORRECTION**

4 REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section I, Quality Improvement, Question 4:

POC for Section I, #4:

FINDINGS

The MHP did not furnish evidence it has mechanisms to address meaningful clinical issues affecting beneficiaries' system-wide and to monitor appropriate and timely intervention of occurrences that raise quality of care concerns and take appropriate follow-up action when such an occurrence is identified. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy BH 18-69 Quality Improvement Program. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the policy was developed in May 2018, and has not been implemented. Protocol question I4 is deemed OOC.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH will implement P&P BH 18-69 to address issues affecting beneficiaries system-wide and to monitor appropriate and timely intervention of occurrences that raise quality of care concerns and take appropriate follow-up action when such an occurrence is identified.
- LCBH will provide evidence it has mechanisms to address meaningful clinical issues affecting beneficiaries' system-wide and to monitor appropriate and timely intervention of occurrences that raise quality of care concerns and take appropriate follow-up action when such an occurrence is identified.

PLAN OF CORRECTION

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 mechanisms to address meaningful clinical issues affecting beneficiaries' system-wide and to monitor appropriate and timely intervention of occurrences that raise quality of care concerns and take appropriate follow-up action when such an occurrence is identified.

Responsible Party: Derrick Noah

Projected Completion Date: December 31, 2018

12-31-2018:

- LCBH is currently evaluating its QI Work Plan for effectiveness in addressing barriers to service and any other issues affecting beneficiaries.
- QAQI Team is examining results of beneficiary surveys to identify and research client-identified problems and barriers.
- QAQI Team will oversee monitoring of interventions applied in response to findings.

New Projected Completion Date: January 31, 2019

1-31-19:

**Medi-Cal Consolidated Specialty Mental Health Services
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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

- LCBH QAQI Team has begun evaluating beneficiary surveys and internal data to determine potential problems and barriers to service. See attached.

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LASSEN COUNTY MHP – PLAN OF CORRECTION**

4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section I, Quality Improvement, Question 6:

POC for Section I, #6:

FINDINGS

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: FY 2017/18 QI WP. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. No evaluations were produced during the triennial period. Although data was included for activities for FYs 2015/16, 2016/17, and 2017/18, little to no evaluation was written on what MHP actions were the reasons for data changes, or what actions were intended to be implemented to influence the data. The QI WP did not include evidence of monitoring fair hearings, provider appeals, or clinical records review. Nor did the QI WP include efforts for improving activities, or goals for access to after-hours care. Protocol questions I6a, I6b, I6d1, I6d2, and I6e4 are deemed OOC.

PLAN OF CORRECTION

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.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH will produce evaluations on data for ongoing QI activities to determine reasons behind data changes and the effects of various actions taken to improve those outcomes.
- LCBH QIC will ensure compliance with current P&P's by reviewing the following:
 - LCBH currently tracks grievances, appeals and fair hearings, although the department's unofficial policy is to seek solutions to those issues before they progress to that state.
 - LCBH is currently tracking after-hours care and working on improving goals.

Responsible Party: Derrick Noah

Projected Completion Date: December 31, 2018

12-31-2018:

- LCBH is currently tracking a variety of data points covering relevant aspects of service, and changes to those data over time.
- LCBH Analyst will evaluate these findings to determine causes of changes data trends, and whether they represent issues with services.

New Projected Completion Date: January 31, 2019

1-31-19:

- 2018 QI Work Plan data has been updated.

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LASSEN COUNTY MHP – PLAN OF CORRECTION**

4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

- 2019 QI Work Plan was revamped to include more relevant goals and plans to achieve them. See attached.
- LCBH Analyst and committees have begun working toward 2019 QIWP goals.

**Medi-Cal Consolidated Specialty Mental Health Services
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LASSEN COUNTY MHP – PLAN OF CORRECTION**

4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section I, Quality Improvement, Question 7:

POC for Section I, #7:

FINDINGS

The MHP did not furnish evidence its QIC is involved in or overseeing QI activities. The MHP's QM/QI program does not include active participation of the MHP's providers, as well as beneficiaries and family members, in the planning, design and execution of the QM/QI program. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: QI meeting minutes from July 24, 2017 through April 2, 2018, and Policy BH 18-69 Quality Improvement Program. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP could provide no evidence of compliance for questions I7a1-4, and the QIC has no members other than MHP staff. Protocol questions I7a2, I7a4, and I7b are deemed OOC.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH QIC minutes will include decisions on personnel assignments for identified issues and tasks to ensure compliance with existing P&P's and audit requirements.
- LCBH QIC will recruit members from each department under LCBH to participate and aid in the various processes.
- LCBH QIC will seek out participants from the body of beneficiaries and family members in the planning, design and execution of the QM/QI program.

PLAN OF CORRECTION

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 its QIC is involved in or overseeing QI activities. The MHP must also demonstrate its QM/QI program includes active participation of the MHP's providers, as well as beneficiaries and family members, in the planning, design, and execution of the QM/QI program.

Responsible Party: Derrick Noah

Projected Completion Date: December 31, 2018

12-31-2018:

- LCBH will continue creating comprehensive minutes in QAQI meetings which include personnel assignments for tasks arising from addressing issues in service.
- LCBH will continue its efforts to recruit members from other departments for collaboration in identifying and addressing issues.
- LCBH will continue its efforts to recruit participants from the body of beneficiaries and family members.

New Projected Completion Date: January 31, 2019

1-31-19:

- LCBH will continue creating comprehensive minutes in QAQI meetings which include personnel

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

assignments for tasks arising from addressing issues in service.

- LCBH will continue its efforts to recruit members from other departments for collaboration in identifying and addressing issues.
- LCBH will continue its efforts to recruit participants from the body of beneficiaries and family members.

New Projected Completion Date: February 28, 2019

2-28-19:

- LCBH will continue creating comprehensive minutes in QAQI meetings which include personnel assignments for tasks arising from addressing issues in service.
- LCBH will continue its efforts to recruit members from other departments for collaboration in identifying and addressing issues.
- LCBH will continue its efforts to recruit participants from the body of beneficiaries and family members.

New Projected Completion Date: March 31st, 2019

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section I, Quality Improvement, Question 8b:

POC for Section I, #8b:

FINDINGS

The MHP did not furnish evidence it obtains input from providers, beneficiaries and family members in identifying barriers to delivery of clinical care and administrative services. The MHP was unable to provide any evidence for this protocol requirement. Protocol question I8b is deemed OOC.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH will design and distribute quarterly survey questions to its providers, beneficiaries and their family members for the purpose of identifying barriers to clinical care and administrative services. *See attached.*
- LCBH Analyst will coordinate with QIC, Compliance team, clinical and clerical staff to identify relevant subjects for survey questionnaires.

PLAN OF CORRECTION

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 collects and analyzes data to measure against the goals or prioritized areas of improvement that have been identified and obtains input from providers, beneficiaries and family members in identifying barriers to delivery of clinical care and administrative services.

Responsible Party: Derrick Noah

Projected Date of Completion: December 31, 2018

- LCBH will continue conducting quarterly surveys to monitor clinical care and administrative services.
- Questions in attached survey were developed in a collaborative effort between Analyst, Clinical and Clerical Staff, QAQI and Compliance teams.
- See attached 18Q4 Survey results POC submission .xlsx

Items proving compliance with this item were submitted on December 31, 2018.

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section I, Quality Improvement, Question 9a:

POC for Section I, #9a:

FINDINGS

The MHP did not furnish evidence it's UM Program evaluates medical necessity, appropriateness and efficiency of services provided to Medi-Cal beneficiaries prospectively or retrospectively. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy BH 18-64 Outpatient Services Authorization Process, Policy BH 18-08 Medical Necessity Criteria, Policy BH 18-69 Quality Improvement Program, and a Medical Necessity Checklist. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP stated that the policies were just recently developed and UM has not been implemented. Protocol question I9a is deemed OOC.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH will implement the P&P BH 18-64 Outpatient Services Authorization and 18-08 Medical Necessity Criteria, overseen by appropriate personnel as outlined in the documents.
- LCBH QM will evaluate medical necessity, appropriateness and efficiency of services provided to Medi-Cal beneficiaries prospectively or retrospectively.

Responsible Party: Derrick Noah

Projected Date of Completion: June 30, 2019

PLAN OF CORRECTION

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 its UM Program evaluates medical necessity, appropriateness and efficiency of services provided to Medi-Cal beneficiaries prospectively or retrospectively.

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LASSEN COUNTY MHP – PLAN OF CORRECTION**

4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section I, Quality Improvement, Question 10b and 10c:

POC for Section I, #10b and 10c:

FINDINGS

The MHP did not furnish evidence it disseminates the practice guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries and take steps to assure that decisions for utilization management, beneficiary education, coverage of services, and any other areas to which the guidelines apply are consistent with the guidelines adopted. The MHP stated that they use the ASAM Motivational Interviewing and Trauma Informed Care in Behavioral Health Services as their practice guidelines. The guidelines have not been disseminated to contracted providers, and since there are no UM activities, the providers are not assuring the guidelines are being followed. Protocol questions I10b and I10c are deemed OOC.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH will furnish evidence it disseminates the practice guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries and take steps to assure that decisions for utilization management, beneficiary education, coverage of services, and any other areas to which the guidelines apply are consistent with the guidelines adopted.
- LCBH guidelines will be disseminated to contracted providers, and assure the guidelines are being followed.

PLAN OF CORRECTION

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 practice guidelines, which meet the requirements of the MHP contract, disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries and take steps to assure that decisions for utilization management, beneficiary education, coverage of services, and any other areas to which the guidelines apply are consistent with the guidelines adopted.

Responsible Party: Derrick Noah

Projected Completion Date: December 31, 2018

12-31-2018:

- LCBH is in the process of producing practice guidelines for distribution to affected providers, beneficiaries and potential beneficiaries.
- LCBH is working to ensure that applicable guidelines are adhered to in terms of beneficiary education, coverage of services and utilization management.

New Projected Completion Date: January 31, 2019

1-31-19:

- LCBH is in the process of producing practice guidelines for distribution to affected providers, beneficiaries and potential beneficiaries.

**Medi-Cal Consolidated Specialty Mental Health Services
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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

- LCBH is working to ensure that applicable guidelines are adhered to in terms of beneficiary education, coverage of services and utilization management.

New Projected Completion Date: February 28, 2019

2-28-19:

- LCBH is in the process of producing practice guidelines for distribution to affected providers, beneficiaries and potential beneficiaries.
- LCBH is working to ensure that applicable guidelines are adhered to in terms of beneficiary education, coverage of services and utilization management.

New Projected Completion Date: March 31st, 2019

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Fiscal Year 2017-2018 Review
LASSEN COUNTY MHP – PLAN OF CORRECTION**

4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section J, MHSA, Question 4b:

POC for Section J, #4b:

FINDINGS

The County did not furnish evidence it has conducted an assessment of its capacity to implement the proposed programs/services which includes strengths and limitations of the County and service providers that impact their ability to meet the needs of racially and ethnically diverse populations, and percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to the percentage of the total population needing services and the total population being served. MHP did not have an assessment that included these requirements. Protocol questions J4b(1) and J4b(3) are deemed OOC.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH analyst will conduct an assessment of its capacity to implement the proposed programs/services which includes strengths and limitations of the County and service providers that impact their ability to meet the needs of racially and ethnically diverse populations, and percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to the percentage of the total population needing services and the total population being served.

PLAN OF CORRECTION

The County must submit a POC addressing the OOC findings for these requirements. The County is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has conduct an assessment of its capacity to implement the proposed programs/services which includes strengths and limitations of the County and service providers that impact their ability to meet the needs of racially and ethnically diverse populations, bilingual proficiency in threshold languages, and percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to the percentage of the total population needing services and the total population being served.

Responsible Party: Derrick Noah/Corrine Reed

Projected Completion Date: December 31, 2018

12-31-2018:

- Drawing on the Cultural Competency Plan, its training schedule, and LCBH EHR demographic and other data, Analyst will determine LCBH ability to meet the community's needs by means of the proposed programs and services.
- Analyst is currently tracking utilization and penetration rates for LCBH for demographics among Lassen County population and Medi-Cal subscribers.
- LCBH is also analyzing peer-support generated engagement forms for data useful for this purpose.

New Projected Completion Date: January 31, 2019

1-31-19:

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

- Drawing on the Cultural Competency Plan, its training schedule, and LCBH EHR demographic and other data, Analyst will determine LCBH ability to meet the community's needs by means of the proposed programs and services.
- Analyst is currently tracking utilization and penetration rates for LCBH for demographics among Lassen County population and Medi-Cal subscribers.
- LCBH is also analyzing peer-support generated engagement forms for data useful for this purpose.

New Projected Completion Date: February 28, 2019

- Drawing on the Cultural Competency Plan, its training schedule, and LCBH EHR demographic and other data, Analyst will determine LCBH ability to meet the community's needs by means of the proposed programs and services.
- Analyst is currently tracking utilization and penetration rates for LCBH for demographics among Lassen County population and Medi-Cal subscribers.
- LCBH is also analyzing peer-support generated engagement forms for data useful for this purpose.

New Projected Completion Date: March 31st, 2019

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section K, Chart Review, Question 1a:

POC for Section K, #1a:

FINDINGS

[Specific medical records] did not establish that the beneficiary had a mental health diagnosis contained in the CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R).

PLAN OF CORRECTION

The MHP shall submit a POC that describes how the MHP will ensure that only beneficiaries with an included mental health diagnosis have claims submitted for specialty mental health services (SMHS) in order to meet the medical necessity criteria contained in CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R) for Medi-Cal reimbursement.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH will ensure that only beneficiaries with an included mental health diagnosis have claims submitted for specialty mental health services (SMHS) in order to meet the medical necessity criteria.
- LCBH will have a staff training (by November 21, 2018) to go over specialty mental health services (SMHS) in order to meet the medical necessity.

Responsible Party: Tiffany Armstrong and Scott Nordstrom

Projected Completion Date: December 31, 2018

12-31-2018:

- LCBH will hold staff training during Access meeting in January to address the above topics with providers.

New Projected Completion Date: January 31, 2019

1-31-19:

- LCBH held training in December for Therapists. Training covered Treatment Plans and Medical Necessity. See attached.

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section K, Chart Review, Question 1c-2:

POC for Section K, #1c-2:

FINDINGS

[Specific medical records] did not meet medical necessity criteria since there was no expectation that the claimed intervention would meet the intervention criteria, as specified in the CCR, title 9, chapter 11, section 1830.205(b)(3)(8)(1- 4).

PLAN OF CORRECTION

The MHP shall submit a POC that describes how the MHP will ensure that the interventions provided meet the intervention criteria specified in CCR, title 9, chapter 11, section 1830.205(b)(3)(8)(1-4).

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH QIC will designate staff to sample client charts on a monthly basis and report to the Committee on chart compliance with standards of completion, specifically focusing on clinical staff contributions to the charts. Acting clinical supervisor will directly address these issues with clinical staff, or designate an appointee to manage the corrective actions taken.

Responsible Party: Derrick Noah

Projected Date of Implementation: December 31, 2018

- *See attached Compliance Meetings Chart Reviews*

Items proving compliance with this item were submitted on December 31, 2018.

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LASSEN COUNTY MHP – PLAN OF CORRECTION**

4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section K, Chart Review, Question 2a:

POC for Section K, #2a:

FINDINGS

Assessments were not completed in accordance with regulatory and contractual requirements, specifically:

- The MHP did not furnish evidence it has written documentation standards for timeliness and frequency of assessments as required in the MHP Contract with the Department.
- One or more assessments were not completed within the timeliness and/or frequency requirements specified in the MHP's written documentation standards.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH will ensure assessments are completed in accordance with regulatory contractual requirements. *See attached.*
- LCBH will develop written documentation standards for timeliness and frequency of assessments as required in the MHP Contract with the Department. *See attached.*
- LCBH will assure all assessments are completed within the defined timeliness/frequency requirements. *See attached.*
- LCBH will have a staff training (by November 21, 2018) to go over assessments. *See attached.*
- LCBH QA/QI will complete random audits on assessments to ensure they are completed with the documented timelines.

PLAN OF CORRECTION

The MHP shall submit a POC that:

1. Provides evidence that the MHP has written documentation standards for assessments, including required elements or timeliness and frequency as required in the MHP Contract with the Department.
2. 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.

Responsible Party: Derrick Noah

Projected Date of Completion: December 31, 2018

12-31-2018:

- See attached BH 18-05 Client Treatment Plans and Tx and Assessment training
- LCBH is instituting random audits of assessments to ensure timeliness.

1-31-19:

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

- See attached.

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section K, Chart Review, Question 2b:

POC for Section K, #2b:

FINDINGS

[Specific] assessments reviewed did not include all of the elements specified in the MHP Contract with the Department.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

PLAN OF CORRECTION

The MHP shall submit a POC that describes how the MHP will ensure that every assessment contains all of the required elements specified in the MHP Contract with the Department.

- LCBH will ensure assessments have all the required elements specified in the MHP Contract with the Department. *See attached.*
- LCBH will have a staff training (by November 21, 2018) to go over all required elements of an assessment. *See attached.*
- LCBH QA/QI will complete random audits on assessments to ensure they contain all of the required elements specified in the MHP Contract with the Department. *See attached.*

Responsible Party: Scott Nordstrom and Derrick Noah

Projected Date of Completion: December 31, 2018

12-31-2018:

See attached Tx and Assessment training

Items proving compliance with this item were submitted on December 31, 2018.

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section K, Chart Review, Question 2c:

POC for Section K, #2c:

FINDINGS

The Assessment(s) did not include:

- a) Signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, or job title.
- b) Signature of the person providing the service (or electronic equivalent).

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH will work with EHR vendor to include signatures on all assessments.
- LCBH will ensure assessments include signature of the person providing the service that includes the person's professional degree, licensure, or job title.

PLAN OF CORRECTION

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

- a) The signature (or electronic equivalent) with the professional degree, licensure or title of the person providing the service.
- b) The date the signature was completed and the document was entered into the medical record.

Responsible Party: Tiffany Armstrong

Projected Date of Completion: June 30, 2019

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4 REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section K, Chart Review, Question 3a:

POC for Section K, #3a:

FINDINGS

The provider did not obtain and retain a current written 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.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

PLAN OF CORRECTION

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.

- LCBH has already completed this POC. LCBH is following P&P BH 18-52. The policy assures medical staff obtain and retain a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication. Also, medical staff document in the medical record a written explanation regarding the beneficiary's refusal or unavailability to sign the medication consent.
- Nursing Staff are available to obtain signature from client after prescribing doctor reviews.

Responsible Party: Alysa Gaynor, Catherine Schuck and contracted psychiatrists.

Projected Completion Date: May 15, 2018

Items proving compliance with this item were submitted on May 15, 2018.

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section K, Chart Review, Question 3c:

POC for Section K, #3c:

FINDINGS

The medication consent(s) did not include:

- a) Signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, or job title.
- b) Signature of the person providing the service (or electronic equivalent).

PLAN OF CORRECTION

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

- 1) Signature (or electronic equivalent) of the qualified person providing the service with the professional degree, licensure or title.
- 2) The provider's signature date / the date the signature was completed and entered into the medical record.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH has already completed this POC. LCBH is following P&P BH 18-52. The policy assures the medication consent includes signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, or job title. Also signature of the person providing the service (or electronic equivalent).
- The documents are being scanned into the EHR.

Responsible Party: Alysa Gaynor, Catherine Schuck and contracted psychiatrists.

Projected Completion Date: May 15, 2018

Items proving compliance with this item were submitted on May 15, 2018.

**Medi-Cal Consolidated Specialty Mental Health Services
Fiscal Year 2017-2018 Review
LASSEN COUNTY MHP – PLAN OF CORRECTION**

4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section K, Chart Review, Question 4a:

POC for Section K, #4a:

FINDINGS

The Client Plan was not completed prior to planned services being provided and not updated at least annually (as required in the MHP Contract with the Department and/or as specified in the MHP's documentation standards.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

PLAN OF CORRECTION

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

- 1) Ensure that client plans are completed prior to planned services being provided.
- 2) 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.
- 3) Ensure that client plans are reviewed and updated whenever there is a significant change in the beneficiary's condition.

- LCBH will ensure client plans are completed in accordance with regulatory contractual requirements. *See attached.*
- LCBH will assure client plans are completed prior to planned services being provided and updated at least annually (as required in the MHP Contract with the Department and/or as specified in the MHP's documentation standards. *See attached.*
- LCBH will ensure that client plans are reviewed and updated whenever there is a significant change in the beneficiary's condition. *See attached.*
- LCBH will have a staff training (by November 21, 2018) to go over client plans and the having them completed annually. *See attached.*
- LCBH QA/QI will complete random audits on client plans to ensure they are completed with the documented timelines and to assure they are completed before services are being provided.

Responsible Party: Scott Nordstrom and Derrick Noah

Projected Completion Date: December 31, 2018

12-31-2018:

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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

- LCBH will hold training for all-staff regarding treatment plan documentation standards.

New Projected Completion Date: January 31, 2019

1-31-19:

- See attached.

**Medi-Cal Consolidated Specialty Mental Health Services
Fiscal Year 2017-2018 Review
LASSEN COUNTY MHP – PLAN OF CORRECTION**

4 REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section K, Chart Review, Question 4b:

POC for Section K, #4b:

FINDINGS

[Specific medical records] had client plan(s) that did not include all of the items specified in the MHP Contract with the Department.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

PLAN OF CORRECTION

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

- (4b-1.) All client plan goals/treatment objectives are specific, observable and/or quantifiable and relate to the beneficiary's documented mental health needs and functional impairments as a result of the mental health diagnosis.
- (4b-4.) All mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.
- (4b-5.) All mental health interventions/modalities proposed on client plans address the mental health needs and identified functional impairments of the beneficiary as a result of the mental disorder.
- (4b-6.) All mental health interventions proposed on client plans are consistent with client plan goals/treatment objectives.
- (4b-7.) All client plans are consistent with the qualifying diagnosis.

- LCBH will assure all client plan goals/treatment objectives are specific, observable and/or quantifiable and relate to the beneficiary's documented mental health needs and functional impairments as a result of the mental health diagnosis.
- LCBH will assure mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.
- LCBH will assure interventions/modalities proposed on client plans address the mental health needs and identified functional impairments of the beneficiary as a result of the mental disorder.
- LCBH will assure all mental health interventions proposed on client plans are consistent with client plan goals/treatment objectives.
- LCBH will assure all client plans are consistent with the qualifying diagnosis.
- LCBH will have a staff training (by November 21, 2018) to go over client plans and the requirements involved in the client plan.
- LCBH QA/QI will complete random audits on client plans to ensure they are completed with the documented timelines and to assure they are completed before services are being provided.

**Medi-Cal Consolidated Specialty Mental Health Services
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4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Responsible Party: Scott Nordstrom and
Derrick Noah

Projected Completion Date: December 31,
2018

12-31-2018:

- LCBH will hold training for all staff covering the above topics.

New Projected Completion Date: January 31,
2019

1-31-19:

- See attached.

**Medi-Cal Consolidated Specialty Mental Health Services
Fiscal Year 2017-2018 Review
LASSEN COUNTY MHP – PLAN OF CORRECTION**

4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section K, Chart Review, Question 4e:

POC for Section K, #4e:

FINDINGS

There was no documentation that the beneficiary or legal guardian was offered a copy of the client plan for [specific medical records].

PLAN OF CORRECTION

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

- 1) Ensure that there is documentation substantiating that the beneficiary was offered a copy of the client plan.
- 2) Submit evidence that the MHP has an established process to ensure that the beneficiary is offered a copy of the client plan.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH will assure that the beneficiary or legal guardian was offered a copy of the client plan.
- LCBH will have a staff training (by November 21, 2018) to go over that the beneficiary or legal guardian was offered a copy of the client plan and how to document in the medical record.
- LCBH QA/QI will complete random audits on client plans to ensure they are completed with the documented timelines and to assure beneficiary or legal guardian was offered a copy of the client plan and how to document in the medical record

Responsible Party: Scott Nordstrom and Derrick Noah

Projected Completion Date: December 31, 2018

12-31-2018:

- LCBH will hold training for all staff covering the above topics.

New Projected Completion Date: January 31, 2019

1-31-19:

- LCBH will hold training for all staff covering the above topics.

New Projected Completion Date: February 28, 2019

2-28-19:

**Medi-Cal Consolidated Specialty Mental Health Services
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LASSEN COUNTY MHP – PLAN OF CORRECTION**

4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

- LCBH will hold training for all staff covering the above topics.

New Projected Completion Date: March 31, 2019

**Medi-Cal Consolidated Specialty Mental Health Services
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LASSEN COUNTY MHP – PLAN OF CORRECTION**

4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section K, Chart Review, Question 5a:

POC for Section K, #5a:

FINDINGS

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

PLAN OF CORRECTION

The MHP shall submit a POC that describes how the MHP will ensure that the MHP has written documentation standards for progress notes, including timeliness and frequency, as required by the MHP Contract with the Department.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

- LCBH will ensure progress notes are completed in accordance with regulatory contractual requirements and/or with the MHP's written documentation standards.
- LCBH will have a staff training (by November 21, 2018) to go over progress notes and go over timeliness and frequency, as required by the MHP Contract with the Department.
- LCBH QA/QI will complete random audits on progress notes to ensure they are completed with the documented timelines.

Responsible Party: Scott Nordstrom and Derrick Noah

Projected Date of Completion: December 31, 2018

12-31-2018:

See attached Progress Notes Training sign in sheet

Items proving compliance with this item were submitted on December 31, 2018.

**Medi-Cal Consolidated Specialty Mental Health Services
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LASSEN COUNTY MHP – PLAN OF CORRECTION**

4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section K, Chart Review, Question 5c:

POC for Section K, #5c:

FINDINGS

There was no progress note in [specific medical records] for the service(s) claimed.

Lassen County Behavioral Health Services (LCBH) has developed the following action items to address this requirement:

PLAN OF CORRECTION

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

- 1) Ensure that all SMHS claimed are:
 - a) Documented in the medical record.
 - b) Actually provided to the beneficiary.
 - c) Appropriate, relate to the qualifying diagnosis and identified functional impairments and are medically necessary as delineated in the CCR, title 9, chapter 11, sections 1830.205(a)(b).
- 2) Ensure that all progress notes:
 - a) Are accurate, complete and meet the documentation requirements described in the MHP Contract with the Department.

- LCBH will ensure progress notes are completed in accordance with regulatory contractual requirements and/or with the MHP's written documentation standards.
- LCBH will ensure that all SMHS claimed are:
 - Documented in the medical record.
 - Actually provided to the beneficiary.
 - Appropriate, relate to the qualifying diagnosis and identified functional impairments and are medically necessary as delineated in the CCR, title 9, chapter 11, sections 1830.205(a)(b).
- Ensure that all progress notes:
 - Are accurate, complete and meet the documentation requirements described in the MHP Contract with the Department.
- LCBH will have a staff training (By November 21, 2018) to go over progress notes and ensure progress notes are completed in accordance with regulatory contractual requirements and/or with the MHP's written documentation standards.
- LCBH QA/QI will complete random audits on progress notes to ensure they are completed with the documented

**Medi-Cal Consolidated Specialty Mental Health Services
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LASSEN COUNTY MHP – PLAN OF CORRECTION**

4REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

timelines and have all required components.

Responsible Party: Scott Nordstrom and Derrick Noah

Projected Date of Completion: December 31, 2018

12-31-2018:

- LCBH audits showed that there were sub-contractors and employees out of compliance in regard to progress note completion and timeliness.
- Corrective actions were taken to address the lack of contractual compliance.

1-31-19:

- See attached.