Item out of compliance	Description of corrective actions, including milestones	Timeline for implementation and/or completion of corrective actions	Proposed (or actual) evidence of correction that will be submitted to DHCS
Attestation 1	• Draft a copy of a Policy and Procedure (P&P) and any necessary forms or templates • Obtain final approval of P&P • Review new policy with staff	• 6/1/18 • 8/31/18 • Sept staff meeting (9/5/18)	• P&P (draft and/or final), including any forms or templates • Policy review attestation sign-in sheet
A1	• Update Implementation Plan to reflect current P&Ps Milestones: monthly review of updated draft Implementation Plan sections	• 11/2/2018	• Implementation Plan • Current P&Ps
A4a	• Implement Electronic Health Record (EHR) (MyAvatar) • Train Quality Assurance (QA) and Administrative staff on report writing/data gathering in relation to the EHR • Begin gathering timeliness data and problem-solve data collection/analysis issues • Full implementation of data gathering and reporting • Update Provider Handbook to ensure contracted providers provide the MHP with this information	• 10/1/18 • 10/1/18 • 10/1/18 • 1/1/2019 • 7/1/18	• Meeting minutes showing implementation of EHR • Training dates and sign-in sheets • Meeting minutes showing data gathering process and any problem-solving actions taken • Data reports • Updated Provider Handbook (excerpt)
B5c	• Update P&P to use 711 for TTY services • Update brochures with 711 information	• 5/31/18 • 7/1/18	• P&P (draft and/or final), including any forms or templates • Brochures

Item out of compliance	Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should purpose an alternative corrective action plan to DHCS	Description of corrective actions required of the MHP's contracted providers to address findings
Attestation 1	• Quarterly reviews to determine if any staff have left. If there are any who have, MHP will review a percentage of charts to ensure a letter was sent to clients the person was working with.	• Updated Policies and Procedures (including any forms or templates) will be provided to all contracted providers
A1	• Quarterly reviews of any P&Ps that have been approved to ensure that these have been sent to DHCS and the Implementation Plan has been updated accordingly.	• Implementation Plan will be provided to all contracted providers
A4a	• Monthly reviews of timeliness measures regarding access to services	• Contracted providers will be required to provide the MHP with data reports addressing these issues. This requirement will be addressed in the updated Provider Handbook
B5c	• Quarterly Access Line test calls specific to TTY accessibility	• Updated Policies and Procedures (including any forms or templates) will be provided to all contracted providers

Item out of compliance	Description of corrective actions, including milestones	Timeline for implementation and/or completion of corrective actions	Proposed (or actual) evidence of correction that will be submitted to DHCS
B9a4	• Review and revise P&P related to problem resolution and fair hearing process • Gain final approval (if revisions are needed) of updated P&P • Review updated P&P with staff	• 5/31/18 • 7/31/18 • Aug staff meeting (8/1/18); CCRU staff meeting (8/6/18)	• P&P (draft and/or final), including any forms or templates • Policy review attestation sign-in sheet
B9b	• Update P&P to use 711 for TTY services • Update brochures with 711 information	• 5/31/18 • 7/1/18	• P&P (draft and/or final), including any forms or templates • Brochures
B10a	• Implement EHR (MyAvatar) • Train QA and Admin staff on report writing/data gathering in relation to EHR • Begin gathering timeliness data and problem-solve data collection/analysis issues • Full implementation of data gathering and reporting • Update Provider Handbook to ensure contracted providers provide the MHP with this information	• 10/1/18 • 10/1/18 • 10/1/18 • 1/1/2019 • 7/1/18	• Meeting minutes showing implementation of EHR • Training dates and sign-in sheets • Meeting minutes showing data gathering process and any problem-solving actions taken • Data reports • Updated Provider Handbook (excerpt)
C1b	• Review draft and revise P&P related to TARs • Gain final approval of updated P&P • Review updated P&P with staff	• 5/31/18 • 6/30/18 • Jul staff meeting (7/11/18); CCRU staff meeting (7/16/18)	• P&P (draft and/or final), including any forms or templates • Policy review attestation sign-in sheet

Item out of compliance	Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should purpose an alternative corrective action plan to DHCS	Description of corrective actions required of the MHP's contracted providers to address findings
B9a4	• Monthly Access Line test calls specific to problem resolution and fair hearing process	• Updated Policies and Procedures (including any forms or templates) will be provided to all contracted providers
B9b	• Quarterly Access Line test calls specific to TTY accessibility	• Updated Policies and Procedures will be provided to all contracted providers
B10a	• Monthly reviews of timeliness measures regarding access to services	• Contracted providers will be required to provide the MHP with data reports addressing these issues. This requirement will be addressed in the updated Provider Handbook
C1b	• Quarterly reviews of completed TARs to determine timeliness of review	• Updated Policies and Procedures (including any forms or templates) will be provided to all contracted providers

Item out of compliance	Description of corrective actions, including milestones	Timeline for implementation and/or completion of corrective actions	Proposed (or actual) evidence of correction that will be submitted to DHCS
C6a4	• Review draft and revise P&P related to NOABD (previously Notices of Actions or NOAs), including any forms and templates • Gain final approval of updated P&P • Review updated P&P with staff	• 6/30/18 • 9/30/18 • Oct staff meeting (10/3/18)	• P&P (draft and/or final), including any forms or templates • Policy review attestation sign-in sheet
D3a1	• Review and revise P&P related to problem resolution and fair hearing process • Gain final approval (if revisions are needed) of updated P&P • Review updated P&P with staff • Quality Assurance Manager (QAM) will take over grievance resolution process from compliance officer • QAM will report on grievances monthly in Quality Improvement Committee (QIC), including any issues regarding resolution timeframes	• 5/31/18 • 7/31/18 • Aug staff meeting (8/1/18); CCRU staff meeting (8/6/18) • 5/1/18 • Jun QIC meeting (6/28/18)	• P&P (draft and/or final), including any forms or templates • Policy review attestation sign-in sheet • QIC minutes
G2b	• QAM will review the monitoring process (currently being handled by TCHSA Fiscal and Support Services) and ensure QAM is notified of certification timelines and timeliness	• 7/1/18	• ITWS reports showing all certifications are up to date • Process of monitoring and tracking of certification of organizational providers
G3a7	• Add this language to contract • Update Provider Handbook • Review new language with contractors as necessary	• Include in contracts written for FY 18-19 • 8/1/18 • In quarterly contractor meetings (Q3)	• Boilerplate contract • Provider Handbook • Meeting minutes

Item out of compliance	Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should purpose an alternative corrective action plan to DHCS	Description of corrective actions required of the MHP's contracted providers to address findings
C6a4	• Monthly reviews of NOABDs given in conjunction with timeliness reports of access to service to ensure all service requests outside the timeliness window was provided a NOABD	• Updated Policies and Procedures (including any forms or templates) will be provided to all contracted providers
D3a1	• Quarterly reviews of grievances, appeals, and expedited appeals regarding timeliness of responses	• Updated Policies and Procedures (including any forms or templates) will be provided to all contracted providers
G2b	• Quarterly reviews of reports from DHCS database to ensure all certifications are up-to-date and anything upcoming in 6 months is scheduled and addressed	N/A
G3a7	• Annual reviews of contract language to ensure all new contracts have this language included	• Updated contract language will be discussed with contracted providers. • Updated Provider Handbook will be provided to all contracted providers.

Item out of compliance	Description of corrective actions, including milestones	Timeline for implementation and/or completion of corrective actions	Proposed (or actual) evidence of correction that will be submitted to DHCS
G3a8	• Add this language to contract • Update Provider Handbook • Review new language with contractors as necessary	• Include in contracts written for FY 18-19 • 8/1/18 • In quarterly contractor meetings (Q3)	• Boilerplate contract • Provider Handbook • Meeting minutes
H3a	• Draft copy of P&P and any necessary forms or templates • Obtain final approval of P&P • Review new policy with staff	• 9/1/18 • 11/30/18 • December All Staff Meeting (12/5/18)	• P&P (draft and/or final), including any forms or templates • Policy review attestation sign-in sheet
H3b	• Draft copy of P&P and any necessary forms or templates • Obtain final approval of P&P • Review new policy with staff	• 9/1/18 • 11/30/18 • December All Staff Meeting (12/5/18)	• P&P (draft and/or final), including any forms or templates • Policy review attestation sign-in sheet
H4b	• Add this language to contract • Update Provider Handbook • Review new language with contractors as necessary	• Include in contracts written for FY 18-19 • 8/1/18 • In quarterly contractor meetings (Q3)	• Boilerplate contract • Provider Handbook • Meeting minutes
H4c	• Add this language to contract • Update Provider Handbook • Review new language with contractors as necessary	• Include in contracts written for FY 18-19 • 8/1/18 • In quarterly contractor meetings (Q3)	• Boilerplate contract • Provider Handbook • Meeting minutes
I1b	• QAM will lead evaluation of current FY Quality Improvement (QI)Workplan with help from QIC	• 6/29/18	• Fiscal Year (FY) 17-18 QI Workplan evaluation
I6a	• QAM will lead creation of next FY QI Workplan with help from QIC	• 6/29/18	• FY 18-19 QI Workplan

Item out of compliance	Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should purpose an alternative corrective action plan to DHCS	Description of corrective actions required of the MHP's contracted providers to address findings
G3a8	• Annual reviews of contract language to ensure all new contracts have this language included	• Updated contract language will be discussed with contracted providers. • Updated Provider Handbook will be provided to all contracted providers.
H3a	• Annual reviews of process follow-through (was the verification of services process completed as detailed in the P&P?)	• Updated Policies and Procedures (including any forms or templates) will be provided to all contracted providers
H3b	• Annual reviews of follow-up actions of issues that have arisen through the service verification process	• Updated Policies and Procedures (including any forms or templates) will be provided to all contracted providers
H4b	• Annual reviews of contract language to ensure all new contracts have this language included	• Updated contract language will be discussed with contracted providers. • Updated Provider Handbook will be provided to all contracted providers.
H4c	• Annual reviews of contract language to ensure all new contracts have this language included	• Updated contract language will be discussed with contracted providers. • Updated Provider Handbook will be provided to all contracted providers.
I1b	• Triennial reviews to determine if QI Workplan was evaluated annually	N/A
I6a	• Triennial reviews to determine if QI Workplan was evaluated and updated annually	N/A

Item out of compliance	Description of corrective actions, including milestones	Timeline for implementation and/or completion of corrective actions	Proposed (or actual) evidence of correction that will be submitted to DHCS
I6e3	• QAM will ensure this language is included in the next FY QI Workplan	• 6/29/18	• FY 18-19 QI Workplan
I6e4	• QAM will ensure this language is included in the next FY QI Workplan	• 6/29/18	• FY 18-19 QI Workplan
J4a	• Add this to the new Three-Year Program and Expenditure Plan • Conduct assessments regularly	• 7/1/18 • ongoing (at least annually)	• Three-Year Program and Expenditure Plan (July 2018 - June 2021) • Assessment results (and any changes taken based on these results)
J4b1	• Add this to the new Three-Year Program and Expenditure Plan • Conduct assessments regularly	• 7/1/18 • ongoing (at least annually)	• Three-Year Program and Expenditure Plan (July 2018 - June 2021) • Assessment results (and any changes taken based on these results)
J4b2	• Add this to the new Three-Year Program and Expenditure Plan • Conduct assessments regularly	• 7/1/18 • ongoing (at least annually)	• Three-Year Program and Expenditure Plan (July 2018 - June 2021) • Assessment results (and any changes taken based on these results)
J4b3	• Add this to the new Three-Year Program and Expenditure Plan • Conduct assessments regularly	• 7/1/18 • ongoing (at least annually)	• Three-Year Program and Expenditure Plan (July 2018 - June 2021) • Assessment results (and any changes taken based on these results)
J6a	• Draft copy of P&P and any necessary forms or templates • Obtain final approval of P&P • Review new policy with staff	• 12/31/17 • 5/31/18 • June staff meeting (6/6/18)	• P&P (draft and/or final), including any forms or templates • Policy review attestation sign-in sheet
J6b1	• Draft copy of P&P and any necessary forms or templates • Obtain final approval of P&P • Review new policy with staff	• 12/31/17 • 5/31/18 • June staff meeting (6/6/18)	• P&P (draft and/or final), including any forms or templates • Policy review attestation sign-in sheet

Item out of compliance	Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should purpose an alternative corrective action plan to DHCS	Description of corrective actions required of the MHP's contracted providers to address findings
I6e3	• Triennial reviews to determine if QI Workplan includes this language	N/A
I6e4	• Triennial reviews to determine if QI Workplan includes this language	N/A
J4a	• Annual and triennial reviews to determine if annual capacity assessments of MHSA programs were conducted	N/A
J4b1	• Annual and triennial reviews to determine if annual capacity assessments of MHSA programs include this piece	N/A
J4b2	• Annual and triennial reviews to determine if annual capacity assessments of MHSA programs include this piece	N/A
J4b3	• Annual and triennial reviews to determine if annual capacity assessments of MHSA programs include this piece	N/A
J6a	• Quarterly reviews of any MHSA issues that have arisen and if the process was utilized correctly	• Updated Policies and Procedures (including any forms or templates) will be provided to all contracted providers
J6b1	• Quarterly reviews of any MHSA issues resolution log	• Updated Policies and Procedures (including any forms or templates) will be provided to all contracted providers

Item out of compliance	Description of corrective actions, including milestones	Timeline for implementation and/or completion of corrective actions	Proposed (or actual) evidence of correction that will be submitted to DHCS
J6b2	• Draft copy of P&P and any necessary forms or templates • Obtain final approval of P&P • Review new policy with staff	• 12/31/17 • 5/31/18 • June staff meeting (6/6/18)	• P&P (draft and/or final), including any forms or templates • Policy review attestation sign-in sheet
J6b3	• Draft copy of P&P and any necessary forms or templates • Obtain final approval of P&P • Review new policy with staff	• 12/31/17 • 5/31/18 • June staff meeting (6/6/18)	• P&P (draft and/or final), including any forms or templates • Policy review attestation sign-in sheet
J6b4	• Draft copy of P&P and any necessary forms or templates • Obtain final approval of P&P • Review new policy with staff	• 12/31/17 • 5/31/18 • June staff meeting (6/6/18)	• P&P (draft and/or final), including any forms or templates • Policy review attestation sign-in sheet
K1c2	• Training for clinical staff	• 4/17/18 in Clinical Meeting	• Documentation Manual excerpt

Item out of compliance	Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should purpose an alternative corrective action plan to DHCS	Description of corrective actions required of the MHP's contracted providers to address findings
J6b2	• Quarterly reviews of any MHSA issues resolution log	• Updated Policies and Procedures (including any forms or templates) will be provided to all contracted providers
J6b3	• Quarterly reviews of any MHSA issues resolution log	• Updated Policies and Procedures (including any forms or templates) will be provided to all contracted providers
J6b4	• Quarterly reviews of any MHSA issues resolution log	• Updated Policies and Procedures (including any forms or templates) will be provided to all contracted providers
K1c2	• Monthly peer reviews by clinical staff • Quarterly chart reviews by Triage Team (QAM, Clinical Supervisors, and Clinician IIIs)	• Updated Documentation Manual will be provided to all contracted providers

Item out of compliance	Description of corrective actions, including milestones	Timeline for implementation and/or completion of corrective actions	Proposed (or actual) evidence of correction that will be submitted to DHCS
K2a	1) • Update Documentation Manual • Provide training on new Documentation Manual to clinical staff 2) • Implement EHR (MyAvatar) • Train QA and Administrative staff on report writing/data gathering in relation to EHR • Begin gathering timeliness data and problem-solve data collection/analysis issues • Full implementation of data gathering and reporting	• 7/1/18 • July staff meeting • 10/1/18 • 10/1/18 • 10/1/18 • 1/1/19	• Documentation Manual excerpt • Staff meeting minutes • Meeting minutes showing implementation of EHR • Training dates and sign-in sheets • Meeting minutes showing data gathering process and any problem-solving actions taken • Data reports
K2b	• Training for clinical staff and Triage Team	• 5/15/18 in Clinical Meeting • 5/16/18 in Triage Meeting	• Documentation Manual excerpt • Meeting minutes from Clinical Meeting and Triage Meeting
K3a	• Medication Monitoring Process currently checks for med consents; QAM will report any lack of consents immediately to Med Support Supervisor	• 5/15/18	• Medication Monitoring Checklist and Report • Email showing QAM alerted Med Support Supervisor to consent issues

Item out of compliance	Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should purpose an alternative corrective action plan to DHCS	Description of corrective actions required of the MHP's contracted providers to address findings
K2a	• Annual reviews of Documentation Manual to ensure this language is included	• Updated Documentation Manual will be provided to all contracted providers
K2b	• Monthly Triage/ARAM/CRAM reviews by QAM • Quarterly chart reviews by Triage Team (QAM, Clinical Supervisors, and Clinician IIIs)	• Updated Documentation Manual will be provided to all contracted providers
K3a	• Quarterly Medication Monitoring reports	N/A

Item out of compliance	Description of corrective actions, including milestones	Timeline for implementation and/or completion of corrective actions	Proposed (or actual) evidence of correction that will be submitted to DHCS
K3b	• Update Medication Consent form to address "longer than 3 months" issue • Update Medication Monitoring Process to ensure all fields of Med Consents are complete	• 6/1/18 • 7/1/18	• Medication Consent form (new) • Medication Monitoring Checklist and Report
K3c	• Implement EHR (MyAvatar), which will require signature and auto-add title/license type • Update Medication Monitoring Process to add checks to ensure signatures are present on all documentation	• 10/1/18 • 7/1/18	• Meeting minutes showing implementation of EHR • Medication Monitoring Checklist and Report
K4a	• Training for clinical staff • Training for Triage Team (don't authorize Case Management (CM) and/or Rehabilitation services without a valid service plan)	• June All Staff Meeting (6/6/18) • 5/16/18 in Triage Meeting	• Documentation Manual excerpt • Meeting minutes from All Staff Meeting and Triage Meeting

Item out of compliance	Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should purpose an alternative corrective action plan to DHCS	Description of corrective actions required of the MHP's contracted providers to address findings
K3b	• Quarterly Medication Monitoring reports	N/A
K3c	• Quarterly Medication Monitoring reports	N/A
K4a	• Quarterly chart reviews by Triage Team (QAM, Clinical Supervisors, and Clinician IIIs)	• Updated Documentation Manual will be provided to all contracted providers

Item out of compliance	Description of corrective actions, including milestones	Timeline for implementation and/or completion of corrective actions	Proposed (or actual) evidence of correction that will be submitted to DHCS
K4b	• Training for clinical staff and Triage Team	• 5/15/18 in Clinical Meeting • 5/16/18 in Triage Meeting	• Documentation Manual excerpt • Meeting minutes from Clinical Meeting and Triage Meeting
K5a	• Retrain office staff on Service Activity Log (SAL) review process, which includes checking for these issues • Retrain clinical staff on Peer Review process, which includes checking for these issues • Update Med Support Progress Note form to remove checkboxes for time spent	• 6/1/18 • 5/15/18 • Completed prior to triennial meeting	• SAL review procedures and sign-in sheet demonstrating retraining • Peer Review checklist and sign-in sheet demonstrating retraining • Updated Med Support Progress Note form (attached)

Item out of compliance	Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should purpose an alternative corrective action plan to DHCS	Description of corrective actions required of the MHP's contracted providers to address findings
K4b	• Monthly peer reviews by clinical staff • Monthly Triage/ARAM/CRAM reviews by QAM • Quarterly chart reviews by Triage Team (QAM, Clinical Supervisors, and Clinician IIIs)	• Updated Documentation Manual will be provided to all contracted providers
K5a	• Monthly reviews of timeliness measures regarding documentation of services	N/A

Item out of compliance	Description of corrective actions, including milestones	Timeline for implementation and/or completion of corrective actions	Proposed (or actual) evidence of correction that will be submitted to DHCS
K5c	• Retrain staff on Peer Review process, which includes checking for these issues	• 5/15/18	• Peer Review checklist and sign-in sheet demonstrating retraining
K5e	• Retrain clinical staff on writing progress notes, including what's billable and what isn't	• 6/1/18	• Documentation Manual (excerpts) • Sign-in sheet demonstrating retraining • Meeting minutes demonstrating training given
SURVEY ONLY:			
A6a	• TCHSA will continue to meet with community partners, including the Department of Social Services (DSS), to encourage agencies to participate in TFC		
C4d	• TCHSA will continue to meet with DSS and attend Continuum of Care Reform (CCR) meeting and other DHCS meetings and trainings to implement clear procedures for presumptive transfer		

Item out of compliance	Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should purpose an alternative corrective action plan to DHCS	Description of corrective actions required of the MHP's contracted providers to address findings
K5c	• Monthly peer reviews by clinical staff • Monthly Triage/ARAM/CRAM reviews by QAM • Quarterly chart reviews by Triage Team (QAM, Clinical Supervisors, and Clinician IIIs)	N/A
K5e	• Monthly peer reviews by clinical staff • Monthly Triage/ARAM/CRAM reviews by QAM • Quarterly chart reviews by Triage Team (QAM, Clinical Supervisors, and Clinician IIIs)	• Updated Documentation Manual will be provided to all contracted providers
SURVEY ONLY:		
A6a		
C4d		