

Medi-Cal Behavioral Health Corrective Action Plan (CAP)

Alameda

Compliance Review Date: December 13, 2022 to December 15, 2022

Corrective Action Plan Fiscal Year: 2022-2023

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction
<p>DHCS Finding 1.3.2: The MHP must cover acute psychiatric inpatient hospital services provided in an Institution for Mental Disease (IMD) to Medi-Cal beneficiaries under the age of 21, or 65 years or older.</p>	<p>ACBH Corrective Action Description: Alameda County Mental Health Plan covers acute psychiatric inpatient hospital services provided in an Institution for Mental Disease (IMD) to Medi-Cal beneficiaries for the full age spectrum, including those under the age of 21 and 65 years or older. The latter age groups (i.e. under 21 and 65 and older) are Medi-Cal reimbursable services and are covered under the Alameda County MHP.</p> <p>Ongoing Monitoring: This item was appealed on 5/11/23. The Appeal was not reviewed by DHCS; therefore, the information is being added to the CAP.</p>	<p>This process was in place at the time of audit.</p>	<p>Submitted on 6/16/23:</p> <p>1.3.2. Treatment Authorization Request (TAR) for an Older Adult Over 65 DHCS Form 18-03 Treatment Authorization Request (TAR) for Mental Health Stay in Hospital is utilized by County Mental Health Plans to notate payment authorizations for acute psychiatric inpatient hospital services. TAR shows beneficiary aged 72 years old was treated at Fremont Hospital IMD from 7/23/21-8/10/2021.</p> <p>1.3.2. Treatment Authorization Request (TAR) for a Child/Adolescent/Young Adult Under 21 DHCS Form 18-03 Treatment Authorization Request (TAR) for Mental Health Stay in Hospital is utilized by County Mental Health Plans to notate payment authorizations for acute psychiatric inpatient hospital services. TAR shows beneficiary aged 20 years old was treated at Aurora Behavioral Healthcare IMD from 2/24/23 through 3/1/23.</p>
<p>DHCS Finding 1.4.4: The MHP must certify, or use another MHP's</p>	<p>ACBH Corrective Action Description: The MHP has either closed or completed Medi-Cal site</p>	<p>Completed</p>	<p>Evidence of provider site closures and Medi-Cal site certifications can be found on PIMS.</p>



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<p>certification documents to certify, the organizational providers that subcontract with the MHP to provide SMHS, in accordance with California Code of Regulations, title 9, section 1810, subsection 435.</p>	<p>certifications for the 25 overdue provider sites that were identified during the triennial review in December 2022. Ten (10) of the provider sites have been closed, and the MHP completed Medi-Cal site certifications for the remaining 15 provider sites (the MHP actually counts 16).</p> <p>March 2024</p> <p>In October 2023, Quality Assurance’s Supervising Program Specialist revised the team’s Site Certification Tracking Spreadsheet to incorporate the Medi- Cal site certification expiration dates of all ACBH programs. To implement this, a review had been conducted of the team’s certification documentation on file for all existing programs, and a crosswalk was also completed with the Last Medi-Cal Certification Date in PIMS for those programs. Having the ability to sort programs by expiration date allows for proactive monitoring and helps to ensure our ongoing compliance with certification of providers.</p> <p>Additionally, this enhancement of our Site Certification Tracking Spreadsheet allows for accurate predicting of the volume of program certifications by month/year. Lastly, our Admin Staff continues to regularly run the PIMS Overdue Providers report to ensure awareness of programs’ expiration dates before they become overdue, preventing lapses in Medi-Cal site certification.</p> <p>Evidence: 1.4.4 Site Certification Tracker</p>		<p>Submitted on 6/16/23: 1.4.4. Overdue ACBH Provider Sites Dec 2022 This document is a list of closed provider sites and provider sites that were recertified.</p> <p>Submitted 6.28.24</p> <ul style="list-style-type: none"> • See page 5 of 1.4.4 pg.5_SITE CERT PROCEDURE MANUAL 6.24.24 • 1.4.4 Site Certification Tracker

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<p>DHCS Finding 3.5.1: The MHP must have practice guidelines, which meet the requirements of the MHP Contract.</p>	<p>ACBH Corrective Action Description: ACBH is unclear about findings 3.5.1 and 3.5.2. While 3.5.1 states that, the evidence provided did not satisfy the requirement for having practice guidelines that meet the requirements of the MHP contract, 3.5.2 states the evidence provided did satisfy this requirement. See italic font below for DHCS Finding 3.5.2. Please advise if a CAP is needed for this item. If a CAP is needed, see below: New, time-limited Practice Guideline Committee will be formed, with the charter to develop ACBH Practice Guidelines that meet the MHP Contract requirements. The ACBH QA Division Director will chair the committee.</p> <p>March 2024 In partnership with the BH and SUD Collaborative, ACBH developed a Practice Guidelines document that meets the above requirements. Evidence: 3.5.1 ACBH Practice Guidelines</p>	10/31/2023	Evidence to be submitted later: ACBH Practice Guidelines by 10/31/23
<p>DHCS Finding 3.5.2: The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section 6(c); Code of Federal Regulations, title 42, section 438, subdivision 236(c); and California Code of Regulations, title 9, section 1810, subdivision 326. The MHP submitted the following</p>	<p>ACBH Corrective Action Description: 1. ACBH will disseminate practice guidelines to ACBH Providers via email distribution. 2. ACBH will post practice guidelines on the Provider website.</p> <p>March 2024 The ACBH Practice Guidelines were shared with providers through QA Memo 2024-03, dated 1/23/24. The Guidelines were also posted on the QA Provider website, in Section 7-12 of the QA</p>	12/31/2023	To be submitted later: 1. Copy of memo and guidelines disseminated to providers by 12/31/23 2. Screenshot of ACBH Provider webpage with Practice Guidelines by 12/31/23



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documentation as evidence of compliance with this requirement: (SEE LIST OF 18 BULLETS IN 3.5.1, AS THEY ARE THE SAME). While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP disseminates the guidelines to beneficiaries and potential beneficiaries. The MHP must disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries.	Manual. Evidence: QA Memo 2024-03; link to QA Manual on the Provider website: https://bhcsproviders.acgov.org/providers/QA/qa_manual.htm Evidence: 3.5.2. ACBH Practice Guidelines Memo		
DHCS Finding 4.1.1: The MHP shall provide all written materials for potential beneficiaries and beneficiaries in a font size no smaller than 12 point.	ACBH Corrective Action Description: The font size was corrected in the Tagalog translation of the Non- Discrimination Notice Ongoing Monitoring: ACBH QA is committed to monitoring and managing consumer notices and dissemination thereof. QA's website content is being reviewed on a weekly basis via a newly formed Content Management Committee. This internal group reviews Informing Materials, Grievance Materials, and other information notices geared toward consumers to assure accessibility, validity, and compliance.	Completed	Evidence was submitted on 6/16/23: 4.1.1. Beneficiary_Non-Discrimination_Notice.V3_TAG
DHCS Finding 4.1.5: The MHP must have a mechanism for ensuring the accuracy of translated	ACBH Corrective Action Description: During the triennial review period, the ACBH Quality Assurance team was responsible for ensuring the accuracy of	This process was in place at the time of the	Evidence was submitted on 6/16/23: • 4.1.5. Back Translation Protocol • 4.1.5. Back Translation Tracking Log



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<p>materials in terms of both language and culture (e.g., back translation and/or culturally appropriate field-testing).</p>	<p>translated material. The Back Translation Protocol was in place at the time of the triennial review and describes the process used by the team to ensure the accuracy of translated material.</p> <p>The ACBH Quality Assurance team to track documents sent for back translation during the audit period used the Back Translation Tracking Log.</p> <p>Ongoing Monitoring: This item was appealed on 5/11/23. The Appeal was not reviewed by DHCS; therefore, the information is being added to the CAP</p>	<p>audit.</p>	
<p>DHCS Finding 4.2.2: DHCS' review team made seven (7) calls to test the MHP's statewide 24/7 toll-free number. The seven (7) test calls must demonstrate compliance with the California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1). The toll-free telephone number provides information to beneficiaries to the below-listed requirements:</p> <ol style="list-style-type: none"> 1. The MHP provides a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries 	<p>ACBH Corrective Action Description: ACBH completes test calls of the ACCESS toll-free number monthly and a report detailing the findings is submitted to ACCESS leadership each quarter. The ACCESS team reviews the findings and follows up with individual staff members and a team regarding any identified issues or themes. Staff completing the test calls use the Worksheet for Test Calls document, which includes questions related to accessing SMHS (see II-i).</p> <ol style="list-style-type: none"> 1. ACCESS will communicate the triennial findings with staff during weekly staff meetings and clarify expectations regarding the identified deficiencies. 2. QA will continue to complete test calls and provide ACCESS with quarterly test call report 3. ACCESS supervisors will continue to follow up with individual staff as needed based on the test call report. 	<p>8/1/23</p>	<p>Evidence was submitted on 6/16/23:</p> <ul style="list-style-type: none"> • 4.2.2. Worksheet for test calls - (see II-i) • 4.2.2. Quarter 3 Test Call Data -Jan-Mar • 4.2.2. ACCESS CRS Team Meeting Agenda <p>Outline Evidence to be submitted later: Staff meeting sign-in sheet and agenda regarding communicating triennial findings by 8/1/2023.</p> <p>6.28.24 Submission 4.2.2 ACCESS CRS Team Meeting Agenda 10.19.23 4.2.2 ACCESS CRS Team Meeting - Attendance report 10-19-23</p>

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<p>of the county.</p> <p>2. The toll-free telephone number provides information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met.</p>	<p>4. ACCESS supervisors will place Test Calls on their quarterly staff meeting agenda and communicate opportunities for improvement during these meetings.</p> <p>Ongoing Monitoring: The Quarterly Test Call report will be used by ACCES for ongoing monitoring.</p>		
<p>DHCS Finding 4.2.4: The MHP must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing. The written log(s) must contain name of the beneficiary, date of the request, and initial disposition of the request.</p>	<p>ACBH Corrective Action Description: ACBH is implementing a new billing system, SmartCare. ACCESS will be trained on SmartCare and begin utilizing this system in September 2023. SmartCare has the ability to input how requests are made, by phone, in person, or in writing. With SmartCare one can also input the name of the beneficiary, date of the request, and initial disposition of the request.</p> <p>March 2024</p> <p>Written logs of initial requests for SMHS are pulled from Yellowfin. The reports captures all required data fields. Pls see example of a redacted report and snapshots of the Yellowfin database.</p> <p>Ongoing Monitoring: Once the report is available, ACCESS will pull monthly report of calls to ensure appropriate data elements are being captured.</p>	12/31/23	<p>To be submitted at a later date: Sample SmartCare logs/reports capturing the needed information.</p> <p>4.2.4 ACCESS Report Sample Redacted for State 4.2.4. ACCESS Report Screenshots</p> <p>Pending response from Charles</p>
<p>DHCS Finding 4.3.5: The MHP must plan for annual cultural competence training necessary to ensure the provision of culturally</p>	<p>ACBH Corrective Action Description: Currently, the ACBH Office of Ethnic Services sends out an annual CLAS (Culturally, Linguistically Appropriate Service) survey to all providers. The survey includes</p>	12/31/23	<p>Evidence was submitted on 6/16/23:</p> <ul style="list-style-type: none"> • 4.3.5. CLAS survey • 4.3.5. Multi Lingual FY22-23 MH Final Evidence to be submitted later:



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<p>competent services:</p> <ol style="list-style-type: none"> 1. There is a plan for cultural competency training for the administrative and management staff of the MHP. 2. There is a plan for cultural competency training for persons providing SMHS employed by or contracting with the MHP. 3. There is a process that ensures that interpreters are trained and monitored for language competence (e.g., formal testing). 	<p>specific questions related to how the agency ensures that culturally and linguistically appropriate services are being provided. The survey includes the expectation that providers submit their cultural diversity plan. The requirement to complete the CLAS Survey is part of the provider contract, see pages 17-19 of Multi-Lingual FY22-23 MH Final document.</p> <p>ACBH plans to update the survey to include a statement requiring confirmation that the person providing linguistic services at the agency has the appropriate credentials to provide those services.</p> <p>4/24/24: ACBH utilizes a 3rd party language assistance vendor (i.e. GLOBO), which only employs native-level proficiency in both English and are either medically certified in another language or otherwise qualified in accordance with the requirements of Section 1557 of the Affordable Care Act (ACA). GLOBO has their own internal processes to monitor and ensure interpretation accuracy.</p> <p>Additionally, for ACBH-contracted multi-lingual providers, ACBH monitors by collecting and verifying medically certified language interpreters via Provider Directory 274 submissions, and randomly audits translated materials for accuracy.</p> <p>Ongoing Monitoring: The Office of Ethnic Services will utilize the CLAS survey to identify issues related to this requirement and will partner with Contracts</p>		<ul style="list-style-type: none"> • Revised CLAS survey- 12/31/23

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	to address the deficiency and provide technical support as needed.		
<p>DHCS Finding 4.3.8: The MHP must have evidence of referrals for beneficiaries who prefer to receive services in that threshold language, but who initially access services outside the specified geographic area, to a key point of contact that does have interpreter services in that threshold language.</p>	<p>ACBH Corrective Action Description: ACBH has a multi-pronged strategy to ensure beneficiaries receive services in their preferred language, accounting for the various entryways, either directly with a provider or through the County (e.g. website, ACBH ACCESS line):</p> <ul style="list-style-type: none"> •Brighter Beginnings Provider Contract: All ACBH providers (i.e. County or Contracted) have access to the County-contracted interpretation services vendor, Language Line Solutions. The ACBH provider contracts include the following statement, clarifying the threshold language requirements: Contractor shall provide language access to clients in the client’s preferred language through bilingual staff and/or through the ACBH Language Line. See page 18 of the attached executed contract. • Language Line Solution Invoice: On a monthly basis, ACBH receives Language Line Solutions invoices, which show provider use and specific language interpretation service details. • La Clinical Contract: ACBH contracts with specific organizations/providers that specialize and have the ability to render culturally and linguistically appropriate services, accounting for the Alameda County racial/ethnic populations and threshold languages. • Interactive Provider Directory is Searchable by Language: The ACBH MHS Provider Directory is interactive and searchable by preferred language. 	<p>This process was in place at the time of audit.</p>	<ul style="list-style-type: none"> • 4.3.8. Brighter Beginnings Provider Contract • 4.3.8. Language Line Solution Invoice- Feb 2021 • 4.3.8. Language Line Solution Invoice- June 2021 • 4.3.8. Language Line Solution Invoice- Mar 2022 • 4.3.8. La Clinica Contract • Interactive Provider Directory: https://acbh.my.site.com/ProviderDirectory/s/mhs • 4.3.8. Level III Provider Report

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	<ul style="list-style-type: none"> Level III Provider Report: The ACBH ACCESS line refers to a network of 150+ individual providers/therapists throughout the County for outpatient/therapy services, inclusive of telehealth services. In the Level III Provider report, column G: Language is utilized by the ACBH ACCESS team to render linguistically appropriate and preferred services. <p>Ongoing Monitoring: This item was appealed on 5/11/23. The Appeal was not reviewed by DHCS; therefore, the information is being added to the CAP.</p>		
<p>DHCS Finding 5.1.5: A decision to modify an authorization request shall be provided to the treating provider(s), initially by telephone or facsimile, and then in writing, and shall include a clear and concise explanation of the reasons for the MHP’s decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity. The decision shall also include the name and direct telephone number of the professional who made the authorization decision and offer the treating provider the opportunity to consult with the</p>	<p>ACBH Corrective Action Description: ACBH UM has developed processes to align inpatient concurrent review procedures with BHIN 22-017. See the REVTO MD form for Modification and Denials and Instructions documents. This includes a process to inform acute psychiatric inpatient treating providers, in writing, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity when a decision to modify an authorization request is made. This process is currently being piloted with John George Psychiatric Hospital on one of the hospital’s three units. We are approximately halfway through the pilot. We expect to spread the pilot to the other two units of the hospital by August 2023. Training is scheduled for July 2023. Additionally, selected ACBH UM staff have been trained on this new</p>	<ul style="list-style-type: none"> August 30, 2023- Complete training of John George Hospital staff on the new inpatient concurrent review procedures pilot. July 31, 2023- Complete internal UM training. August 1, 2023- Begin monitoring process 	<p>Evidence submitted on 6/16/23:</p> <ul style="list-style-type: none"> 5.1.5. REVTO MD (Reviewer to MD) form for Modifications and Denials 5.1.5. REVTO MD (Reviewer to MD) form for Modifications and Denials INSTRUCTIONS 5.15. Continuation Auth Workflows (see ACBH UM and JGPH URN Shared Concurrent Review Workflow Diagram) 5.1.5. Training Plan for CAP Evidence to be submitted later: John George Training Sign-in Sheets by August 30, 2023 ACBH UM training Sign-in sheets by July 31, 2023 Clinical Review Specialist (CRS) Supervisor Monitoring Tracking sheets for Aug, Sept and Oct 2023 by 11/30/23

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<p>professional who made the authorization decision.</p>	<p>process and the rest of the staff are expected to be trained by the end of July 2023. The training will include a review of the updated procedures, shared workflow diagrams for acute authorizations, modifications, denials processes, and examples of scenarios. Attendance for both internal and external training sessions will be documented.</p> <p><u>March 2024</u> Please see evidence "5.1.5 ACBH Policy 200-2 Authorization of SMHS_2024," which incorporates BHIN 22-016 requirement to provide the treatment provider, in writing, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity when a decision to modify an authorization request is made. Evidence "5.1.5 REVTOMED (Reviewer to MD) form for Modifications and Denials" is the written notification sent to the treatment provider. A completed example "5.1.5 REVTOMED Sample" is included to demonstrate evidence the MHP provides written notification to the treating provider.</p> <p><u>Ongoing Monitoring:</u> Clinical Review Specialist (CRS) Supervisors will review cases that involve a modification determination, for 3 months (Aug-Oct) to ensure each modification complies with BHIN 22-017. If modification cases exist and errors are found,</p>		<p>March 2024 Evidence:</p> <ul style="list-style-type: none"> • 5.1.5 ACBH Policy 200-2 Authorization of SMHS_2024 • 5.1.5 REVTOMD (Reviewer to MD) Form for Modifications and Denials • 5.1.5 REVTOMD (Reviewer to MD) SAMPLE for Modifications and Denials_Redacted

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	staff who made those errors will receive additional training.		
<p>DHCS Finding 5.2.14: The MHPs must review and decide regarding a provider’s request for prior authorization as expeditiously as the beneficiary’s mental health condition requires, and not to exceed five (5) business days from the MHP’s receipt of the information reasonably necessary and requested by the MHP to make the determination.</p>	<p>ACBH Corrective Action Description: ACBH UM has updated Policies and Procedures for the authorization of Services for Kin-GAP and AAP populations. This includes processes for ensuring these requests for prior authorization are completed and communicated to the provider in accordance with timeliness standards. In the case of Kin-GAP and AAP populations, IN 08-24 states, the county of original jurisdiction has three (3) working days following the receipt of the request for services to make an authorization decision. ACBH UM created a new procedures document (see OP800 Authorization of Services for Kin-GAP and AAP populations) that explains in detail how these authorizations should be processed, focusing on meeting the timeliness standards. The CRS Supervisors have already been trained on these procedures. The ACBH UM Administrative Team will be trained on the new procedures in July 2023. Attendance will be documented. Training will include a:</p> <ul style="list-style-type: none"> • review of the policy and step-by-step procedure document • new checklist tool for Admin staff to use when processing SARs • walking through an example of processing a SAR • review of the monitoring plan for compliance that will be enacted by the Administrative Supervisor post training 	<ul style="list-style-type: none"> • July 31, 2023- Complete training of UM Admin • Oct 31, 2023- Complete Monitoring plan 	<p>Evidence submitted on 6/16/23:</p> <ul style="list-style-type: none"> • 5.2.14 OP800 Authorization of Services for Kin-GAP and AAP populations • 5.2.14 Training Plan for CAP <p>Evidence to be submitted later:</p> <ul style="list-style-type: none"> • UM Admin Training sign-in sheets • Admin Specialist II Monitoring spreadsheet for Aug, Sept, Oct. 2023 <p>March 2024 Evidence: 5.2.14 UM Receiving Log</p> <p>June 28, 2024 5.2.14 UM Receiving Logv2</p>

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	<p><u>March 2024 Submission</u> The MHP utilizes "5.2.14 UM Receiving Log" to log/track/monitor timeliness for outpatient services that require prior authorization. This mechanism and process is in accordance with the requirement that all decisions regarding a provider's request for prior authorization as expeditiously as the beneficiary's mental health condition requires, and does not exceed five (5 business days from the MHP's receipt of the information necessary and requested by the MHP to make the determination. " 5.2.14 UM Receiving Log" are snips of the log to demonstrate this practice.</p> <p>Ongoing Monitoring: Administrative Specialist II (supervisor) will review all cases that involve a prior authorization for Kin-GAP and AAP populations, for 3 months, to ensure each determination was made and communicated back to the provider within the timeliness standard. If errors are found, staff who made those errors will receive additional training.</p>		
<p>DHCS Finding 6.1.15: The MHP must designate a Discrimination Grievance Coordinator who is responsible for ensuring compliance with federal and state nondiscrimination requirements, and investigating Discrimination Grievances related to any action</p>	<p>ACBH Corrective Action Description: As noted in the Finding report, post review, and prior to the deadline for submission, ACBH provided the State with the ACBH Grievance and Appeal Manual, which contains information regarding this requirement. Page 8 of this manual describes the designation of the QA Grievance Coordinator as the Discrimination Grievance Coordinator and</p>	<p>This process was in place at the time of audit.</p>	<ul style="list-style-type: none"> • Grievance-and-Appeal-Training-Manual

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that would be prohibited by, or out of compliance with, federal or state nondiscrimination law.	<p>some of the responsibilities of that role: "The ACBH Quality Assurance (QA) Grievance Coordinator is responsible for all discrimination grievances."</p> <p>Ongoing Monitoring: This item was appealed on 5/11/23. The Appeal was not reviewed by DHCS; therefore, the information is being added to the CAP.</p>		
<p>DHCS Finding 6.1.16: The MHP shall adopt procedures to ensure the prompt and equitable resolution of discrimination-related complaints. The MHP shall not require a beneficiary to file a Discrimination Grievance with the MHP before filing the complaint directly with the DHCS Office of Civil Rights and the U.S. Health and Human Services Office for Civil Rights.</p>	<p>ACBH Corrective Action Description: As noted in the Finding report, ACBH provided the State with the attached ACBH Grievance and Appeal Manual that contains information regarding this requirement. Page 8 of this manual describes the role of the QA Discrimination Grievance Coordinator in ensuring an equitable resolution of the grievance: "Discrimination grievances are completed by the QA Grievance Coordinator in consultation with the ACBH Health Equity Officer and/or Compliance Officer, as appropriate, to ensure equitable resolution of all discrimination-related complaints and for ensuring compliance with federal and state non-discrimination requirements..."</p> <p>Ongoing Monitoring: This item was appealed on 5/11/23. The Appeal was not reviewed by DHCS; therefore, the information is being added to the CAP.</p>	This process was in place at the time of audit.	Grievance-and-Appeal-Training-Manual
<p>DHCS Finding 6.1.17: Within ten calendar days of mailing a</p>	<p>ACBH Corrective Action Description: As noted in the Finding report, ACBH provided the State with</p>	This process was in place at the	<ul style="list-style-type: none"> Grievance-and-Appeal-Training-Manual

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<p>Discrimination Grievance resolution letter to a beneficiary, the MHP must submit the following information regarding the complaint to the DHCS Office of Civil Rights:</p> <ul style="list-style-type: none"> a) The original complaint. b) The provider’s or other accused party’s response to the complaint. c) Contact information for the personnel primarily responsible for investigating and responding to the complaint on behalf of the MHP. d) Contact information for the beneficiary filing the complaint, and for the provider or other accused party that is the subject of the complaint. e) All correspondence with the beneficiary regarding the complaint, including, but not limited to, the Discrimination Grievance acknowledgment letter and resolution letter sent to the beneficiary. f) The results of the MHPs investigation, copies of any corrective action taken, and any other information that is relevant to the allegation(s) of 	<p>the attached ACBH Grievance and Appeal Manual that contains information regarding this requirement. Page 16 of this manual describes the role of the QA Discrimination Grievance Coordinator in submitting the required information to the DHCS Office of Civil Rights within 10 calendar days of mailing a Discrimination-related Notice of Grievance Resolution Letter to a beneficiary.</p> <p>Ongoing Monitoring: This item was appealed on 5/11/23. The Appeal was not reviewed by DHCS; therefore, the information is being added to the CAP.</p>	<p>time of audit.</p>	

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discrimination.			
<p>DHCS Finding 6.4.6: The MHP must provide the beneficiary and his or her representative the beneficiary's case file free of charge and sufficiently in advance of the resolution timeframe for standard and expedited appeal resolutions.</p>	<p>Corrective Action Description: As noted in the Finding report, ACBH provided the State with the attached ACBH Grievance and Appeal Manual that contains information regarding this requirement. Page 29 of this manual includes a sample of the Letter of Acknowledgement of Appeal. In this letter, the beneficiary is advised of their right to request a copy of their appeal file and any supporting documentation at any time: "You may not be subject to any discrimination or any other penalty for filing an appeal. You may request a copy of your appeal file and any supporting documentation at any time." <u>March 2024 Submission:</u> The Consumer Grievance and Appeal Procedure Manual was updated to include the missing language. See Page 29, 2nd to last paragraph on the Appeal Acknowledgement Letter. Ongoing Monitoring: This item was appealed on 5/11/23. The Appeal was not reviewed by DHCS; therefore, the information is being added to the CAP.</p>	<p>This process was in place at the time of audit.</p>	<ul style="list-style-type: none"> Grievance-and-Appeal-Training-Manual <p>March 2024 Submission: 6.4.6 Grievance and Appeal Training Manual</p>
<p>DHCS Finding 7.2.4: The MHP must implement and maintain arrangements or procedures that include provisions for the MHP's suspension of payments to a</p>	<p>ACBH Corrective Action Description: ACBH updated P&P - 1350 1-4 Identifying, Reporting, and Recovering Overpayments, with the required information. Added language of protocol for credible allegations of fraud; that suspends</p>	<p>Implementation to be completed 7/31/2023.</p>	<p>Evidence submitted on 6/16/23:</p> <ul style="list-style-type: none"> 7.2.4. 1350 1-4 Report Overpayment P&P for QIC <p>The policy was updated and going through the process for approval.</p>



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network provider for which there is a credible allegation of fraud.	<p>payments to the provider.</p> <p>Ongoing Monitoring: P&P will was presented at the 6/26/23 Quality Improvement Committee meeting and is awaiting BHP Director's signature.</p>		<p>March 2024 Submission: Evidence: 7.2.4 Program Integrity - Identifying, Reporting, and Recovering Overpayments P&P</p>
<p>DHCS Finding 7.6.1: The MHP must ensure all applicable network providers, including individual rendering providers and Specialty Mental Health facilities, enroll through DHCS' Provider Application and Validation for Enrollment (PAVE) portal (unless the facility is required to enroll via CDPH).</p>	<p>ACBH Corrective Action Description: At the time of the audit and currently ACBH has a process to ensure all applicable network providers enroll through DHCS's portal.</p> <ol style="list-style-type: none"> 1. Pave Enrollment See email dated 11/12/21 from Robin Eldridge, who manages the ACBH PAVE Enrollment Verification process, noting that she has received her first PAVE applicant's name and requesting assistance with following the new process. See response to Robin from Karen Capece on 11/15/21 with specific instructions and support. 2. PAVE Requirement Jonathan Oakes Email See email dated 1/5/22 from Verna Mojica, Human Resources, HCSA, to a provider, Jonathan Oakes, noting the requirement for PAVE enrollment as a condition of employment. See email dated 1/11/22 from Robin Eldridge to Jonathan Oakes, assisting him with his questions regarding the PAVE enrollment process and the information she needs to verify enrollment. See email dated 1/13/22 from Jonathan Oakes, with a screenshot of his submitted PAVE application. 3. PAVE Enrollment Tracking Sheet 	<p>This process was in place at the time of audit.</p>	<p>Evidence submitted on 6/16/23:</p> <ul style="list-style-type: none"> • 7.6.1. PAVE ENROLLMENT Tracking Sheet • 7.6.1. PAVE Enrollment • 7.6.1. PAVE Requirement (Behavioral Health Clinic Supervisor)

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	<p>See PAVE Enrollment spreadsheet that is used by Robin for PAVE enrollment verification.</p> <p>Ongoing Monitoring: This item was appealed on 5/11/23. The Appeal was not reviewed by DHCS; therefore, the information is being added to the CAP</p>		