Glenn County Mental Health Services

Fiscal Year (FY) 21/22 Specialty Mental Health

Triennial Review Corrective Action Plan

System Review

Category 1: Network Adequacy and Availability of Services

Requirement

1.3 Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i)

DHCS Finding 1.1.3

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i). The MHP must meet, and require its providers to meet, Department standards for timely access to care and services, taking into account the urgency of need for services.
Triennial review will focus on timeliness of all urgent appointments and physician appointments.

1. Urgent care appointments for services that do not require prior authorization: within 48 hours of the request for appointment
2. Urgent care appointments for services that require prior authorization: within 96 hours of the request for appointment

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

- Glenn_1.1_BH1030 - Network Adequacy, pages 2 and 3
- Glenn_1.1_MH105-Intake Process for Outpatient MH Services, page 3
- Glenn_1.1_Time from crisis to request response Sept to Nov 2021
- Glenn_1.1_Time from Inpatient Discharge to Follow-up Sept to Nov 2021
- Glenn_1.1_Timeliness and Access Data Sept to Nov 2021
- Glenn_1.1_Timely Access CAPs Info
- Glenn_Large Documents_Psychiatry Request Log
- Glenn_Large Documents_Crisis Log
- Glenn_5.4_All NOABDs Issues Jan- Dec 2021

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted by the MHP that the MHP met the department standards for timely access to care for psychiatry appointments. Of the 50 psychiatry appointments reviewed by DHCS, 12 did not meet timeliness standards. Per the discussion during the review, the MHP stated it tracks service requests via a spreadsheet and performs follow up calls to verify appointments. The MHP was provided the opportunity to submit additional evidence to demonstrate compliance, including Notice of Adverse Beneficiary Determinations (NOABD) for appointments that did not meet timeliness standards, however the additional evidence provided did

not address the untimely appointments.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i).

Corrective Action Description

The MHP will update the Psychiatry Services Request (*Medication Services Referral*) to include a required checkbox in the form to indicate if a NOABD is needed.

Proposed Evidence/Documentation of Correction

See updated Medication Services Referral form with the “NOABD Needed:” addition.

Ongoing Monitoring (if included)

Monitoring will be conducted at the monthly Telepsychiatry team meetings by reviewing the Psychiatry Services Requests and reviewing them for timeliness and also if a NOABD was mailed when appropriate. Timeliness is also reviewed through the timeliness self-assessments during the MHP’s quarterly Quality Improvement Committee meetings.

Person Responsible (job title)

Compliance and Quality Improvement Coordinator and Staff Services Specialist

Implementation Timeline: 6/24/2022

Requirement

MHP contract, exhibit A, attachment 8; California Code of Regulations, title 9, section 1810, subsection 435

DHCS Finding 1.4.4

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 8. The MHP must certify, or use another MHP’s certification 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.
The MHP submitted the following documentation as evidence of compliance with this requirement:

- Glenn_1.4_MH150-Medi-Cal Cert & Re-Cert of Medi-Cal Organizational Providers, pages 3 and 4
- Glenn_1.4_Glenn County Medi-Cal Certification and Transmittal
- Glenn_1.4_Provider Master Certifications
- Glenn_1.4_Provider Monitoring Log
- Glenn_Medi-Cal Cert & Transmittal Termination Mountain Valley Provi 1165

LIST ANY INTERNAL DOCUMENTS REVIEWED:

- Glenn County Provider Monitoring Report SR 3-10-22

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP certified, or uses another MHP's certification documents to certify the organizational providers that subcontract with the MHP to provide SMHS. Of the 15 MHP providers, two (2) providers had overdue certifications. Per the discussion during the review, the MHP no longer contracts with either of the two (2) overdue providers. Post review, the MHP submitted a termination transmittal for one provider which was dated post review, no additional evidence was provided for the second overdue provider.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 8.

Corrective Action Description

The MHP reviewed most recent contract monitoring log. The MHP was able to find both Medi-Cal Certificate and Transmittal that confirm termination with the out of compliance contractors, Mountain Valley Child and Family Services, INC. and TLC Child and Family Services. Both were submitted 3/24/22.

Moving forward, the MHP will utilize Provider Monitoring Log to track provider certifications. This log is monitored monthly by the administrative services analyst III to ensure ongoing compliance.

Proposed Evidence/Documentation of Correction

Medi-Cal Certification and Transmittal Provider Monitoring Log

Ongoing Monitoring (if included)

Monthly

Person Responsible (job title)

Administrative Services Analyst III

Implementation Timeline: 09/01/22

Category 2: Care Coordination and Continuity of Care

Requirement

MHP contract, exhibit A, attachment 10, and Federal Code of Regulations, title 42, section 438, subdivision 208(b)(4)

DHCS Finding 2.2.1

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 10, and Federal Code of Regulations, title 42, section 438, subdivision 208(b)(4). The MHP must share with the Department or other managed care entities serving the beneficiary the results of any identification and assessment of that beneficiary's needs to prevent duplication of those activities. The MHP submitted the following documentation as evidence of compliance with this requirement:

- Glenn_2.1_MH156-Coordination &Continuity of Medi-Cal Specialty MH Services page 4
- Glenn_2.2_BH1019 - Universal Release of Information
- Glenn_2.2_MOU with MCP CA Health & Wellness MOU Addendum
- Glenn_2.2_MOU with MCP CA Health & Wellness MOU page 8, 42 and 43
- Glenn_2.2_Sample of Completed URI
- Glenn_2.2_Notice of Privacy Practices Eng & Sp, page 4
- Glenn_2.2.1_MH 156 Coordination and Continuity of MC SMHS

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident the MHP shares results of any identification or assessments with the Department or other managed care entities to prevent duplication of services. Per the discussion during the review, the MHP acknowledged that its policy was missing this requirement and that it would submit an updated policy post review. Post review, the MHP submitted a compliant policy that it will implement moving forward.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 10, and Federal Code of Regulations, title 42, section 438, subdivision 208(b) (4).

Corrective Action Description

To ensure the MHP provides results of any identification or assessment with the Department or other managed care entities, and prevent duplication of services, a bidirectional referral form is submitted when beneficiaries require MCP level of care, while the Department receives this information from billing statements. The bidirectional referral form contains a medical necessity determination to provide MCP data on beneficiary's needs. Once a bidirectional referral form is submitted to the MCP, a representative from the MCP provides data on the outcome of the referral which ensures MHP does not duplicate services. Further, the MHP closes the chart once the referral to managed care is made to ensure no duplication of services.

Proposed Evidence/Documentation of Correction

Bidirectional referral form

Ongoing Monitoring (if included)

Sent bidirectional referrals and responses are saved

Person Responsible (job title)

Compliance and Quality Improvement Coordinator and Staff Services Specialist

Implementation Timeline: 09/01/22

Category 4: Access and Information

Requirements

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:

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 of the county.
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.
3. The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.
4. The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes. The seven (7) test calls are summarized below.

DHCS Finding 4.3.2
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 California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1).

TEST CALL #7
Test call was placed on Tuesday, November 30, 2021, at 9:23 a.m., 11:55 a.m., and 12:34 p.m. After several attempts from multiple phone lines the test caller was unable to reach the MHP's access line. The caller was not provided information about how to use the beneficiary problem resolution and fair hearing process.

FINDING
The call is deemed *out of compliance* with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

SUMMARY OF TEST CALL FINDINGS

Required Elements	#1	#2	#3	#4	#5	#6	#7	Compliance Percentage
1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2	IN	IN	IN	IN	IN	N/A	N/A	100%
3	IN	IN	IN	IN	IN	N/A	N/A	100%
4	N/A	N/A	N/A	N/A	N/A	IN	OOC	50%

Based on the test calls, DHCS deems the MHP *partial compliance* with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1).

Corrective Action Description

The MHP will test the Access Line daily to ensure the line is working properly. If the MHP becomes aware of any technical issues with the Access Line this will be logged.

Proposed Evidence/Documentation of Correction

The MHP has implemented testing the Access Line daily and any findings of technical issues will be logged in an Excel Log.

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Administrative Assistant and Accounting and General Services Specialist

Implementation Timeline: 6/3/2022

Category 5: Coverage and Authorization of Services

Requirement

Federal Code of Regulations, title 42, section 438, subdivision 400. The MHP must provide beneficiaries with a Notice of Adverse Beneficiary Determination under the circumstances listed below:

1. The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of covered benefit.
2. The reduction, suspension or termination of a previously authorized service.
3. The denial, in whole or in part, of a payment for service.
4. The failure to provide services in a timely manner.
5. The 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.
6. The denial of a beneficiary's request to dispute financial liability, including cost sharing and other beneficiary financial liabilities.

DHCS Finding 5.4.1

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 400.

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

- Glenn_1.1_BH1030 - Network Adequacy, pages 2 and 3
- Glenn_1.1_MH105-Intake Process for Outpatient MH Services, page 3
- Glenn_1.1_Time from crisis to request response Sept to Nov 2021
- Glenn_1.1_Time from Inpatient Discharge to Follow-up Sept to Nov 2021
- Glenn_1.1_Timeliness and Access Data Sept to Nov 2021
- Glenn_1.1_Timely Access CAPs Info
- Glenn_Large Documents_Psychiatry Request Log
- Glenn_Large Documents_Crisis Log
- Glenn_5.4_All NOABDs Issues Jan- Dec 2021

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident the MHP provides beneficiaries with a Notice of Adverse Beneficiary Determination (NOABD) for failure to provide services in a timely manner. Of the 50 psychiatry appointments reviewed, 12 did not meet the timeliness standard and NOABDs were not provided. Per the discussion during the review, the MHP stated it has a tracking process for logging and tracking NOABDs. The MHP was provided the opportunity submit the missing NOABDs post review, however no additional evidence was provided.
DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 400.

Corrective Action Description

The MHP will update the Psychiatry Services Request (*Medication Services Referral*) to include a required checkbox in the form to indicate if a NOABD is needed.

Proposed Evidence/Documentation of Correction

See updated Medication Services Referral form with the “NOABD Needed:” addition.

Ongoing Monitoring (if included)

Monitoring will be conducted at the monthly Telepsychiatry team meetings by reviewing the Psychiatry Services Requests and reviewing them for timeliness and also if a NOABD was mailed when appropriate. Timeliness is also reviewed through the timeliness self-assessments during the MHP’s quarterly Quality Improvement Committee meetings.

Person Responsible (job title)

Compliance and Quality Improvement Coordinator and Staff Services Specialist

Implementation Timeline: 6/1/2022

Category 6: Beneficiary Rights and Protections

Requirement

MHP contract, exhibit A, attachment 12, Federal Code of Regulations, title 42, section 438, subdivision 406(b)(1), and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-010E. The MHP must acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing meeting the below listed requirements:

1. The MHP shall acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing.
2. The acknowledgment letter shall include the following:
    a. Date of receipt
    b. Name of representative to contact
    c. Telephone number of contact representative
    d. Address of Contractor
3. The written acknowledgement to the beneficiary must be postmarked within five (5) calendar days of receipt of the grievance.

DHCS Finding 6.1.5

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

- Glenn_6.1_BH1002-Client Problem Resolution Process
- Glenn_6.1.5_Acknowledgement Letter Eng & Sp
- 6.1.5 Pre Review Acknowledgement Letters

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP sends beneficiaries acknowledgement of receipt of grievance within five (5) calendar days of receiving a grievance. Of the 14 grievances reviewed, one (1) acknowledgment letter was not sent within five (5) calendar days. Per the discussion during the review, the MHP stated its grievance process includes sending beneficiary acknowledgement letters within one (1) to two (2) business days of receipt. The MHP was provided the opportunity to submit additional evidence to demonstrate compliance with the requirement, however no additional evidence was received.

In addition, DHCS reviewed grievance, appeals and expedited appeals samples to verify compliance with this requirement. The sample verification findings are as detailed below;

ACKNOWLEDGMENT

# OF SAMPLE REVIEWED	# IN GRIEVANCES	#OOC	COMPLIANCE PERCENTAGE
14	**13**	**1**	**93%**

DHCS deems the MHP in partial compliance with the MHP contract, exhibit A, attachment 12, Federal Code of Regulations, title 42, section 438, subdivision

406(b)(1), and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-010E.

Corrective Action Description

The MHP will have more than one QI Staff designated to be able to send acknowledgement notices in a timelier matter.

The MHP will continue documenting in the Grievance Log the Date the Notification was sent, to be able to track timeliness with this requirement.

Proposed Evidence/Documentation of Correction

See example of Excel Grievance Log with the field: *Date Acknowledgement Sent*, this will allow the MHP to track the timeliness

Ongoing Monitoring (if included)

The MHP will monitor the timeliness of sending acknowledgement notices in the quarterly Quality Improvement Committee meetings, until full compliance is noted.

Person Responsible (job title)

Compliance and Quality Improvement Coordinator and Staff Services Specialist

Implementation Timeline: 7/31/2022

Requirement

Federal Code of Regulations, title 42, section 438, subdivision 416 and California Code of Regulations, title 9, section 1850, subdivision 205. The MHP must maintain a grievance and appeal log and record grievances, appeals, and expedited appeals in the log within one working day of the date of receipt of the grievance, appeal, or expedited appeal.

DHCS Finding 6.2.1

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

- Glenn_6.1_BH1002-Client Problem Resolution Process
- Glenn_6.2_Grievance, Appeals, Expedited Appeals Log Jan-Dec 2021
- Samples of Grievances

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted by the MHP that the MHP logs and records grievances within one (1) working day of the receipt of grievance. Of the 14 grievances reviewed, six (6) were not logged within one (1) working day of receipt.

The MHP stated it is in a transition period due to staffing changes and this may have contributed to the delay in logging grievances timely. The MHP was provided the opportunity to submit additional evidence to demonstrate compliance with the requirement, however no additional evidence was received.
In addition, DHCS reviewed grievance, appeals and expedited appeals samples to verify compliance with this requirement. The sample verification findings are as detailed below;

LOGGED WITHIN ONE (1) DAY

# OF SAMPLE REVIEWED	# IN GRIEVANCES	#OOC	COMPLIANCE PERCENTAGE
14	**8**	**6**	**57%**

DHCS deems the MHP in partial compliance with Federal Code of Regulations, title 42, section 438, subdivision 416 and California Code of Regulations, title 9, section 1850, subdivision 205.

Corrective Action Description

The MHP will have more than one QI Staff designated to be able to log grievances to ensure timely logging of any grievances.

The MHP will continue documenting the Date Logged in the Grievance Log to be able to track timeliness with this requirement.

Proposed Evidence/Documentation of Correction

See example of Excel Grievance Log with the field: *Date Logged*, this will allow the MHP to track the timeliness.

Ongoing Monitoring (if included)

The MHP will monitor the timeliness of logging the grievances in the quarterly Quality Improvement Committee meetings, until full compliance

Person Responsible (job title)

Compliance and Quality Improvement Coordinator and Staff Services Specialist

Implementation Timeline: 7/31/2022

Chart Review

Progress Notes

Requirement N/A

DHCS Finding 8.5.1

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

- **Line numbers 2 and 8.** One or more progress note was not completed within the MHP's written timeliness standard of 3 business days after provision of service. Three (1.8 percent) of all progress notes reviewed were completed late (98%compliance).
- **Line number 7.** One or more progress notes did not match its corresponding claim in terms of amount of time to provide services: The service time was entirely missing on five Medication Support Progress Notes dated 5/1/2021, 5/2/2021,
  5/3/2021, 5/4/2021, and 5/5/2021.

The MHP submitted further evidence of the provider's use of CPT codes for all five dates listed above, in which the corresponding units of time matched the claims and averted potential recoupments.
However, despite the documented evidence in support of the amount of time of each claimed service, a corrective action plan is required because the Glenn County Behavioral Health "Progress Notes and Late Entry Documentation" policy (P&P No: MH-155) stipulates that progress notes document the specific duration of each service.

Corrective Action Description

1) The MHP shall submit a CAP that describes how the MHP will ensure that progress notes document**:**
   - Timely completion and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP's written documentation standards.
2) The MHP shall submit a CAP that describes how the MHP will ensure that both service dates and times recorded on progress notes match their corresponding claims.

Proposed Evidence/Documentation of Correction

Updates to Policies and Procedures related to new CalAIM requirements outline most current documentation requirements. MHP will utilize CalMHSA Policy and Procedure vetted by DHCS to ensure compliance. Monthly chart review will monitor for compliance with updated progress note timeliness standards.

As is required through CalAIM initiative, the MHP will provide contactors access to training materials to ensure compliance across contracted providers to timeliness standards.

Ongoing Monitoring (if included)

Monthly Chart Review Process

Person Responsible (job title)

Compliance and Quality Improvement Program Manager

Implementation Timeline: 9/30/2022

Requirement N/A

DHCS Finding 8.6.1

The medical record associated with the following Line number contained evidence that the beneficiary received an individualized determination of eligibility and a need for ICC services and IHBS was established; however, such services were not included in their Client Plan:

- **Line number 7.** The 5/5/2021 Assessment contained an "ICC and IHBS Screening and Pathways to Wellbeing/Katie A." assessment, signed and dated 5/14/2021 in authorization of IHBS services, documenting that the beneficiary had involvement with multiple child- serving systems (i.e., Legal / Child Protective Services, Individual Education Plan with placement in classroom for emotional behavioral challenges, School based counseling and community counseling, group home placement, etc.) indicating the beneficiary met eligibility criteria for ICC services and IHBS. However, the Client Plan, which was signed completed on 5/11/2021 prior to completion of the ICC and IHBS assessment on 5/14/2021, was not updated to include ICC and

Corrective Action Description

The MHP shall submit a CAP that describes how it will ensure that each beneficiary under age 22 who is authorized to receive Specialty Mental Health Services and receives an affirmative individualized determination of eligibility and need for ICC Service and/or IHBS, has such services included in the development of their Client Plan.

Proposed Evidence/Documentation of Correction

Policy and procedure, MH154- Authorization Process for Outpatient Mental Health Services, will be updated to assure ICC/IHBS services are being approved timely to

reduce delay in service delivery to beneficiaries. The MHP will ensure ICC/IHBS services are reviewed for approval by a qualified provider within 5 business days from request by assessing provider. This will ensure ICC/IHBS services are approved and services can be rendered in a timely manner to beneficiaries.

Care plans will be documented within the narrative of progress notes in compliance with the contact between DHCS and the MHP as outlined in Medi-Cal Manual Third Edition and 2017-2022 MHP Contract- Exhibits A, B, and E.

Ongoing Monitoring (if included)

Service utilization reports, compared to approved ICC/IHBS consumers.

Person Responsible (job title)

Compliance and Quality Improvement Program Manager

Implementation Timeline: 9/30/2022