



DEPARTMENT OF HEALTH CARE SERVICES

**TRIENNIAL REVIEW OF THE Glenn County MENTAL HEALTH
PLAN**

FINDINGS REPORT

Review Dates: 3/6/2019- 3/7/2019

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EXECUTIVE SUMMARY

The California Department of Health Care Services' (DHCS) mission is to provide Californians with access to affordable, integrated, high-quality health care including medical, dental, mental health, substance use treatment services, and long-term care. Our vision is to preserve and improve the overall health and well-being of all Californians.

DHCS helps provide Californians access to quality health care services that are delivered effectively and efficiently. As the single state Medicaid agency, DHCS administers California's Medicaid program (Medi-Cal). DHCS is responsible for administering the Medi-Cal Specialty Mental Health Services (SMHS) Waiver Program. SMHS are "carved-out" of the broader Medi-Cal program. The SMHS program operates under the authority of a waiver approved by the Centers for Medicare and Medicaid Services (CMS) under Section 1915(b) of the Social Security Act.

Medi-Cal is a federal/state partnership providing comprehensive health care to individuals and families who meet defined eligibility requirements. Medi-Cal coordinates and directs the delivery of important services to approximately 13.2 million Californians.

The SMHS program which provides SMHS to Medi-Cal beneficiaries through county Mental Health Plans (MHPs). The MHPs are required to provide or arrange for the provision of SMHS to beneficiaries' in their counties that meet SMHS medical necessity criteria, consistent with the beneficiaries' mental health treatment needs and goals as documented in the beneficiaries client plan.

In accordance with the California Code of Regulations, title 9, chapter 11, § 1810.380, DHCS conducts monitoring and oversight activities such as the Medi-Cal SMHS Triennial System and Chart Reviews to determine if the county MHPs are in compliance with state and federal laws and regulations and/or the contract between DHCS and the MHP.

DHCS conducted an onsite review of the Glenn County MHP's Medi-Cal SMHS programs on March 6, 2019 and March 7, 2019. The review consisted of an examination of the MHP's program and system operations, including chart documentation, to verify that medically necessary services are provided to Medi-Cal beneficiaries. DHCS utilized Fiscal Year (FY) 2018/2019 Annual Review Protocol for SMHS and Other Funded Programs (Protocol) to conduct the review.

The Medi-Cal SMHS Triennial System Review evaluated the MHP's performance in the following categories:

- Section A: Network Adequacy and Availability of Services
- Section B: Care Coordination and Continuity of Care
- Section C: Quality Assurance and Performance Improvement
- Section D: Access and Information Requirements
- Section E: Coverage and Authorization of Services
- Section F: Beneficiary Rights and Protections

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- Section G: Program Integrity
- Section H: Other Regulatory and Contractual Requirement

This report details the findings from the Medi-Cal SMHS Triennial System Review of the Glenn County MHP. The report is organized according to the findings from each section of the FY 2018/2019 Protocol and the Attestation deemed out-of-compliance (OOC), or in partial compliance, with regulations and/or the terms of the contract between the MHP and DHCS.

For informational purposes, this findings report also includes additional information that may be useful for the MHP (e.g., a description of calls testing compliance of the MHP's 24/7 toll-free telephone line).

The MHP will have an opportunity to review the report for accuracy and appeal any of the findings of non-compliance (for both system review and chart review). The appeal must be submitted to DHCS in writing within 15-business days of receipt of the findings report. DHCS will adjudicate any appeals and/or technical corrections (e.g., calculation errors, etc.) submitted by the MHP and, if appropriate, send an amended report.

A Plan of Correction (POC) is required for all items determined to be out-of-compliance. The MHP is required to submit a POC to DHCS within 60-days of receipt of the findings report for all system and chart review items deemed out-of-compliance. The POC should include the following information:

- (1) Description of corrective actions, including milestones;
- (2) Timeline for implementation and/or completion of corrective actions;
- (3) Proposed (or actual) evidence of correction that will be submitted to DHCS;
- (4) Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should propose an alternative corrective action plan to DHCS; and
- (5) Description of corrective actions required of the MHP's contracted providers to address findings.

Review Findings Overview

- In DHCS review, the Glenn County MHP demonstrated numerous strengths, including but not limited to the following examples:
 - Strong emphasis in compliance, quality assurance, and quality improvement programs;
 - Well-organized policy and procedure along with effective use of contracted services in data collection, data mining, data analysis, grant writing, regulation requirement monitoring, unlicensed staff supervision, and medication monitoring program;
 - Long history of innovative program development and maintains proactive approaches in developing/maintaining high quality service programs. Some of the example of innovative projects includes consumer driven drop-in wellness centers and successful implementation of the Behavioral Health Court;
 - Positive working relationships with multiple agencies, community organizations and its providers;
 - Well established ethnic services committee to support culturally sensitive services provided in the beneficiaries' preferred language; and,

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- Ongoing development of leadership skills and clinical skills in its staff, which may be positively affecting high staff moral and high staff retention rate.
- DHCS identified opportunities for improvement in various areas, including:
 - Shortage of qualified professionals in the areas;
 - Limited collaboration with Managed Care Program and American Indian Health Provider;
 - Quality of the online resources for the beneficiaries;
 - Overdue provider monitoring;
 - Timely access monitoring; and,
 - Continuous update of the policies and procedures for new requirements.

Questions about this report may be directed to DHCS via email to MHSDCompliance@dhcs.ca.gov.

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FINDINGS

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

REQUIREMENT
The MHP shall 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. (42 C.F.R. § 438.206(c)(1)(i).)

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 C.F.R. § 438.206(c)(1)(i). The MHP must meet, and require its network providers to meet State standards for timely access to care and services, taking into account the urgency for the need of SMHS.

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

- Service request log;
- Policies and procedure BH130 Network Adequacy;
- Provider contract boilerplate; and,
- Timeliness data reports.

The Service request log and the self-reported timeliness data report both indicated concerns with meeting timeliness standard. Further, the MHP indicated timeliness data collection concerns stating that the MS Access Log (Contact Log) was modified to include the Date of First Offered Appointment and started capturing the appropriate appointment data only after January 1st, 2019.

The MHP stated that timeliness data for 2018 was calculated using the date of referral and Mental Health or Meds Appointment date, but not the first offered appointment date. In the on-site discussion and in the updated timeliness data reports, the MHP demonstrated improved timely access results after January 2019. The MHP shall continue with current efforts to improve data accuracy to ensure the timely access to care and services are continuously monitored and maintained.

DHCS deems the MHP out-of-compliance with 42 C.F.R. § 438.206(c)(1)(i). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP shall 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 1810.435. (MHP Contract, Ex. A, Att. 8)

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, Ex. A, Att. 8. The MHP must certify, or use another MHP's certification documents to certify, the

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organizational providers that subcontract with the MHP to provide SMHS, in accordance with California Code of Regulations, title 9, section 1810.435.

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

- Policies and Procedures MHP126 Recertification of County Owned Sites;
- MH150 Medi-Cal Certification;
- MHP’s Certification and Re-certification protocol;
- Evidence of on-site certification/recertification of contracted organizational providers and county owned and operated self-certified providers;
- Sample of completed certification documentation;
- Tracking log of certification and re-certification status of providers
- Follow up transmittals from 3/12/2019

Specifically, DHCS overdue provider certification report indicated two overdue providers, Youth for Change in Paradise, CA, and Restpadd Inc. in Redding, CA. The MHP’s log listed Youth for Change in Paradise, CA as overdue, but did not list Restpadd as a tracked provider.

At the on-site discussion, the MHP confirmed that Youth for Change in Paradise, CA, was damaged during the Camp Fire and not operable at this time. The MHP stated that the transmittal to terminate the service of the Youth for Change in Paradise, CA, has not been submitted to DHCS at the time of the on-site review. The MHP also confirmed that the MHP continues to maintain the service contract with Restpadd Inc. After the technical assistance provided at the on-site review, the MHP submitted completed transmittals for both overview providers and came into compliance on 3/12/2019.

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

TOTAL ACTIVE PROVIDERS (per OPS)	NUMBER OF OVERDUE PROVIDERS (at the time of the Review)	COMPLIANCE PERCENTAGE
15	2	87%

Although, the MHP reconciled two identified overdue providers after the on-site review, the MHP shall ensure monitoring and tracking of the timely certification/re-certification of the organizational providers.

DHCS deems the MHP out-of-compliance with MHP Contract, Ex. A, Att. 8. The MHP must complete a POC addressing this finding of non-compliance.

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ACCESS AND INFORMATION REQUIREMENTS

REQUIREMENT
The MHP shall operate a website that provides beneficiaries with the information required in Title 42 of the Code of Federal Regulations part 438.10. (42 C.F.R. § 438.10.)

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 C.F.R. § 438.10. The MHP must meet, and require its network providers to meet State standards for timely access to care and services, taking into account the urgency for the need of SMHS.

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

- Policy and procedure BH1023 Information for Clients who are visually and/or Hearing Impaired;
- MH106 Written Informing Materials in English and Spanish;
- MHP website;
- Written informing materials in alternative formats and threshold languages; and,
- Beneficiary handbook.

However, the MHP’s current website only lists the provider directory in English and no other alternative format or threshold languages. At the on-site discussion, MHP expressed their awareness about the shortcomings of the current website. The MHP reported that the website is a county owned website created and modified by the county contractor.

The MHP stated that the MHP reported to the county regarding issues with website not meeting format requirement. Per the MHP, the county IT is bringing consultants to address MHP and CWS information requirements. The MHP reported that the Grievance forms are not on there because of IT issues (firewall, secure forms, etc.), and opted to have a secure E-mail address on the website for problem resolution communication. The MHP currently have access to update the existing provider list on the website and will update as required. The MHP is aware of the problem with the provider directory and working with IT to get a PDF alternative format published.

DHCS deems the MHP out-of-compliance with 42 C.F.R. § 438.10. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
Beneficiary information required in Title 42 of the Code of Federal Regulations part 438.10 (e.g., information about managed care, beneficiary handbook, provider directory) may only be provided electronically by the MHP if all of the following conditions are met: (42 C.F.R. 438.10(c)(6).)
The information is provided in an electronic form which can be electronically retained and printed
The information is consistent with the content and language requirements of the MHP Contract

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FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 C.F.R. 438.10(c)(6). The MHP must maintain electronically provided information in following condition: 1) can be electronically retained and printed, and 2) consistent with the content and language requirements of the MHP Contract.

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

- Policies and procedure BH1023 Alternate Formats: Information for clients who are visually and/or hearing impaired;
- MH106 Written informing materials in English and Spanish;
- MHP website; and,
- Beneficiary Handbook.

However, the provider directory on the MHP’s website does not print in its entirety (Search engine format), the on-line directory is not updated to reflect ADA compliance and cultural competency training, and the website does not offer forms of alternate format (large print, threshold language) or information on how to access alternate format.

At the on-site, MHP expressed their awareness about the shortcomings of the current website. The MHP reported that the website is a county owned website created and modified by the county contractor. The MHP stated that the MHP reported to the county regarding issues with website not meeting format requirements. Per the MHP, the county IT is bringing consultants to address MHP and CWS information requirements.

The MHP reported that the Grievance forms are not on the website because of IT issues (firewall, secure forms, etc.), and opted to have a secure E-mail address on the website for problem resolution communication. The MHP currently have access to update the existing provider list on the website and will update as required. The MHP is aware of the problem with provider directory and is working with IT to get a PDF alternative format published. The MHP stated that PDF format will address all above mentioned problems.

DHCS deems the MHP out-of-compliance with 42 C.F.R. 438.10(c)(6). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number: (CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1).)
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.

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 it complies with California Code of Regulations, title

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9, chapter 11, §§ 1810.405(d) and 1810.410(e)(1). Each MHP must provide 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, that will provide information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met and services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearing processes. The seven (7) test calls are summarized below.

TEST CALL #1

Test call #1 was placed on Monday, November 26, 2018, at 5:43pm. The call was initially answered after three (3) rings via a live operator identifying himself as a MHP crisis worker. The caller requested information about accessing mental health services in the county for her child. The operator asked questions to determine urgency of the call. Once the operator determined that the caller was not in an emergent or urgent situation, the operator asked the caller to provide her name and contact information. The caller provided her name, son's name, son's age, but declined to give a call back number. The operator further asked questions to determine urgency of the child's need. Once the operator determined that the child was not in an emergent or urgent situation, the operator advised the caller that someone from the county would contact the caller during the business hour for more information. The caller declined to provide call back number and requested who to call during the business hours. The operator provided phone number of the MHP office to call during the business hours. No additional information about SMHS was provided to the caller. The operator also provided that if the caller needs help immediately to call the toll free number again to access crisis services. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

FINDINGS

DHCS deems the MHP out-of-compliance with specific requirements in California Code of Regulations, title 9, chapter 11, § 1810.405(d) and 1810.410(e)(1).

TEST CALL #2

Test call #2 was placed on Thursday, November 8, 2018, at 5:55 p.m. The call was initially answered after one (1) ring via a voicemail message. The pre-recorded voice message started by saying "You have reached Case Manager, Priscilla." Afterwards, the voice message instructed the caller to dial 911 if they are experiencing an emergency. The voicemail message, asked the caller to leave their name, phone number, and the case manager will call them back. Right after the instruction, a message was repeated in Spanish. The call was initially determined not in compliance with providing information on how to access SMHS and assessing whether the medical necessity criteria are met. The voice message only instructed the caller to leave a message and someone will call them back. However, after the review of the DHCS test call results and the contact log submitted by MHP, MHP case manager actually received the call and logged issues with connectivity. It was determined to be the technical difficulty resulting in the call to be transferred into the voice message. Therefore, Call 2 was removed from the sample to determine compliance for protocol number 2. The caller was provided information about services needed to treat a beneficiary's urgent condition.

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FINDINGS

DHCS deems the MHP in compliance with specific requirements in California Code of Regulations, title 9, chapter 11, § 1810.405(d) and 1810.410(e)(1).

TEST CALL #3

Test call #3 was placed on Tuesday, November 13, 2018, at 9:17am. The call was initially answered after two (2) rings via a phone a live operator. DHCS caller was greeted. Operator gave their name (Elizabeth) and asked how she could be of assistance. Caller requested SMHS information (scenario 3). Operator provided information on the intake process informing caller that s/he had a couple options; 1) Operator can mail caller a “referral” (which is questionnaire about basic info/why services...); 2) Operator could take the information over the phone; 3) Caller could come into the office and fill the referral out there and then talk to a clinician. Operator explained that they would set caller up with a clinician and then caller would be able to let him/her know what is going on and that they would be able to lift some of the weight off the caller’s shoulders due to taking care of their mother. Operator asked if the caller needed to talk to someone right now and if so, then the operator would get someone to talk to the caller. Caller asked if she could just come in and operator provided locations for two clinics, one in Willows and the other one in Orland and provided addresses. Operator informed caller that a crisis person would be able to assist when caller comes in. Caller asked if they were open on the weekends. Operator responded with no, but they do have a 24/7 phone number and there is always someone who would be available to answer your call if caller needed someone to talk to. Caller informed operator that she would probably just walk into the Orland clinic eventually. Operator then mentioned that caller would have to bring ID and insurance card and just ask the front desk that s/he would like to speak with someone. They will then do the referral and then set up an appointment for an assessment. Caller thanked operator for information and hung up. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary’s urgent condition.

FINDINGS

DHCS deems the MHP in compliance with specific requirements in California Code of Regulations, title 9, chapter 11, § 1810.405(d) and 1810.410(e)(1).

TEST CALL #4

Test call #4 was placed on Thursday, November 7, 2018, at 11:35 p.m. The call was answered after one (1) ring via a live operator. The DHCS test caller requested information about SMHS in the county. The operator requested caller’s name and assessed their current condition by asking if they needed to speak with someone immediately. The caller replied in the negative. The operator advised the caller that the 24/7 access line is available for a crisis or urgent services. The Operator requested caller’s date of birth and asked the caller if they would like to be screened over the phone or have a representative call them back with an appointment at the clinic. The caller advised that they did not have a phone. The operator proceeded to advise caller of the availability of walk-in services. The operator proceeded to provide information regarding the assessment process. The operator advised that there were two clinic locations and requested area of residence to provide the clinic with the nearest location. The operator provided the MHP’s phone number, address and hours of operation.

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The caller was provided information about how to access SMHS and the caller was provided information about services needed to treat a beneficiary's urgent condition.

FINDINGS

DHCS deems the MHP in compliance with specific requirements in California Code of Regulations, title 9, chapter 11, § 1810.405(d) and 1810.410(e)(1).

TEST CALL #5

Test Call #5 was placed on Monday, December 10, 2018, at 12:15 p.m. The call was initially answered after two (2) rings via a live operator Elizabeth. The caller requested information about accessing mental health services in the county. The caller was provided information about how to access SMHS and given the option of walk-in services and receiving an appointment within 5-10 business day or the operator could mail the information on how to access mental health services and the referral form to the caller and the caller would fill out the form and write the reason requesting for referral and getting an appointment and she will be contacted by the county staff and will receive an appointment. Then the operator also provided the location where the caller can go for walk-in appointment and the phone number of the location. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

FINDINGS

DHCS deems the MHP in compliance with specific requirements in California Code of Regulations, title 9, chapter 11, § 1810.405(d) and 1810.410(e)(1).

TEST CALL #6

Test call #6 was placed on Friday, November 9, 2018, at 7:44 a.m. The call was answered by a live operator who provided their name and identified the line as the Glenn crisis line. The caller requested information on how to file a grievance, preferably anonymously, to the MHP and provided a fictitious name and address. The operator provided two methods to file a grievance form, either by providing details to the operator to file or to go to the beneficiaries' local clinic and get a grievance form at the counter. The operator suggested that a new therapist would be provided as a result. The caller received information on how to file a complaint and receive information on the problem resolution and the fair hearing process.

FINDINGS

DHCS deems the MHP in compliance with specific requirements in California Code of Regulations, title 9, chapter 11, § 1810.405(d) and 1810.410(e)(1).

TEST CALL #7

Test call #7 was placed on Monday, December 10, 2018, at 12:08 p.m. The call was initially answered after one (1) ring via a live operator identifying themselves and the county and asking the caller if they are in crisis or this is an emergency. The caller answered no and told Elizabeth (the operator) that they were unhappy with their therapist and she wasn't doing a good job, so the caller needed information about filing a complaint. The operator explained to the caller that the forms to file a complaint are available in the offices or they could be mailed to the caller. The operator asked for the caller's name and the caller stated their name was Jill. The operator also explained the process of changing providers by using a change of

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provider form. The caller asked how long the complaint process would take and the operator explained that it could take up to 30 days. The caller asked for the location of the office to pick up the complaint forms. The operator offered two locations and the caller chose the Willows location. The operator gave the caller the following address: 242 North Villa Avenue in Willows next to Juvenile Hall in a brown building. The caller thanked the operator and said that was all they needed and the operator thanked the caller for calling and the call was ended. The caller received information on how to file a complaint and receive information on the problem resolution and the fair hearing process.

FINDINGS

DHCS deems the MHP in compliance with specific requirements in California Code of Regulations, title 9, chapter 11, § 1810.405(d) and 1810.410(e)(1).

SUMMARY OF TEST CALL FINDINGS

Protocol Question	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
1	NA	NA	NA	NA	NA	NA	NA	100%
2	OOC	NA*	IN	IN	IN	NA	NA	75%
3	IN	IN	IN	IN	IN	NA	NA	100%
4	NA	NA	NA	NA	NA	IN	IN	100%

* Call #2: Per review of the DHCS test call results and the log from MHP, MHP actually received the call and logged issues with connectivity. It was determined to be the technical difficulty resulting in the call to be transferred into the voice message. Therefore, Call 2 was removed from the sample to determine compliance for D.VI.B.2.

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

- Policies and procedure MH103 Access line and Contact Log;
- North American Master Service Agreement with Glenn County for Language Line Services, Inc.;
- Test call scripts;
- MHP test call results; and,
- MHP's initial contact log.

Based on the test calls, DHCS deems the MHP in partial compliance with California Code of Regulations, title 9, chapter 11, § 1810.405(d) and 1810.410(e)(1). The MHP must complete a POC addressing this finding of non-compliance.

SURVEY ONLY FINDINGS

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

REQUIREMENT
SURVEY ONLY The MHP must provide Therapeutic Foster Care (TFC) services to all children and youth who meet medical necessity criteria for TFC. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3 rd Edition, January 2018)

FINDING

The MHP did not furnish evidence to demonstrate compliance with this survey item requirement.

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

- Policy and Procedure MH127 Intensive Services for Medi-Cal Youth;
- TFC service criteria on the Katie A Eligibility Assessment Form;
- POS data; and,
- MHP's Emails indicating good faith effort to obtain TFC providers.

SUGGESTED ACTION

DHCS recommends, at a minimum, the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements, or to strengthen current processes in this area to ensure compliance in future reviews:

- Maintain policies and procedures to address the requirements;
- Continue discussion with interested contractors in providing TFC; and,
- Update the Provider Contract Boilerplate to reflect the requirements as needed.