

Plumas County Behavioral Health
Fiscal Year (FY) 2018-19 Specialty Mental Health Triennial Review
Corrective Action Plan (CAP)

System Review

Requirement

Network Adequacy and Availability of Services Requirements

A.I.E - The MHP shall meet, and require its procedures to meet, Department standards for timely access to care and services, taking into account the urgency of needs for services. (42 C.F.R 438.206 (c)(1)(i).).

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP shall meet, and require its providers to meet, Department standard for timely access to care and services, taking into account the urgency of need for services.

Corrective Action Description

The MHP shall meet, and require its procedures to meet, Department standards for timely access to care and services, taking into account the urgency of needs for services. The MHP implemented CSI Record Assessment to track timey access to services and the urgency of the needs for services to meet this requirement.

Implementation Timeline:

January 1, 2020

Requirement

Network Adequacy and Availability of Services Requirements

A.I.F - The MHP shall implement mechanisms to assess the accessibility of services within its delivery area. This shall include: 1. The assessment and Responsiveness of the MHP's 24-hour toll-free telephone number, 2. Timeliness of scheduling routine appointments, 3. Timeliness of services for urgency conditions, and, 4. Access to after-hours care. (MHP Contract, Ex. A, Att.8)

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP shall implement mechanisms to assess

the accessibility of services within its services delivery area which include the assessment of responsiveness of the MHO's 24-hour toll-free telephone number, timeliness of scheduling routine appointments, timeliness of services for urgent conditions, and access to after-hours care.

Corrective Action Description

The MHP shall implement mechanisms to assess the accessibility of services within its delivery area. This shall include: 1. The assessment and Responsiveness of the MHP's 24-hour toll-free telephone number, 2. Timeliness of scheduling routine appointments, 3. Timeliness of services for urgency conditions, and, 4. Access to after-hours care. The MHP contracted with a new 24 hr. access line provider who began services on 1/06/2020 and is responsive, timely, and addresses urgency. Please see attached policy and procedure 100.7.

Implementation Timeline:

January 6, 2020

Requirement

Network Adequacy and Availability of Services Requirements

A.I.H- Does the MHP establish a mechanism to ensure that network providers comply with timely access requirements? 1. Does the MHP monitor network providers regularly to determine compliance with timely access requirements? 2. Does the MHP take corrective action if there is failure to comply with timely access requirements? 42 C.F.R. 438.206(c)(1)(iv).

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP establish a mechanism to ensure that network providers comply with the timely access requirements to monitor network providers regularly to determine compliance with timely access requirements and take corrective action if there is failure to comply with timely access requirements.

Corrective Action Description

Does the MHP establish a mechanism to ensure that network providers comply with timely access requirements? 1. Does the MHP monitor network providers regularly to determine compliance with timely access requirements? 2. Does the MHP take corrective action if there is failure to comply with timely access requirements? The MHP will develop policies and procedures on monitoring and update contract to reflect network standards to meet this requirement. Please see attached policy and procedure 100.7.

Implementation Timeline:

October 2, 2020

Requirement

Network Adequacy and Availability of Services Requirements

A.III. E- There is an established ICC Coordinator, as appropriate, who serves as the single point of accountability. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medical Beneficiaries, 3rd Edition, January 2018).

DHCS Finding

The MHP did not furnish evidence to demonstrate its compliance with this requirement, that there is an established ICC Coordinator, as appropriate, who serves as the single point of accountability.

Corrective Action Description

There is an established ICC Coordinator, as appropriate, who serves as the single point of accountability. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medical Beneficiaries, 3rd Edition, January 2018). The MHP is currently recruiting a position that will work internally and act as the ICC coordinator and will be the single point of contact. County to develop PNP.

Implementation Timeline:

November 1, 2020

Requirement

Network Adequacy and Availability of Services Requirements

A.IV.B- The MHP is required to 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. (MHSUD IN No. 18-08 ; Welf. & Insti. Code 14053 (a) and (b)(3); 42 U.S.C 1396d (a)(29)(B), (a)(16) & (h)(10(c); 42 C.F.R 441.13 and 435.1009).

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement the evidence did not substantiate that the MHP is required to cover acute psychiatric

inpatient hospital services provided in an Institution for Mental Disease (IMD) to Medicaid beneficiaries under the age of 21, or 65 years or older.

Corrective Action Description

Please see attached policy and procedure 200.2

Implementation Timeline:

October 2, 2020

Requirement

Network Adequacy and Availability of Services Requirements

A.V. B3- The MHP shall permit American Indian beneficiaries to obtain covered services from out-of-network IHCPs if the beneficiaries are otherwise eligible to receive such services. (42 C.F.R 438.14 (b)(4).) The MHP shall permit an out-of-network IHCP to refer an Indian beneficiary to a network provider. (42 C.F.R. 438.14 (b)(6).)

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, the evidence did not substantiate the MHP shall permit American Indians beneficiaries to obtain covered services from out-of-network IHCPs if the beneficiaries are otherwise eligible to receive such services and shall permit and out-of-network IHCP to refer a beneficiary to a network provider.

Corrective Action Description

The MHP shall permit American Indian beneficiaries to obtain covered services from out-of-network IHCPs if the beneficiaries are otherwise eligible to receive such services. The MHP will develop policy and procedure to meet this requirement and reflect that MHP permits American Indian beneficiaries to receive services from out-of-network providers IHCP's if the beneficiary is eligible to receive such service. Please see attached policy and procedure 100.14.

Implementation Timeline:

October 2, 2020

Requirement

Network Adequacy and Availability of Services Requirements

A.VI.C1- The MHP shall have written policies and procedures for selection and retention of providers. (42 C.F.R 438.214 (a).)

DHCS Finding

The MHP did not furnish evidence to demonstrate that it complies. The MHP must have written policies and procedures for selection and retention of providers.

Corrective Action Description

The MHP shall have written policies and procedures for selection and retention of providers. The MHP will develop policy and procedure for selection and retention of a provider to meet this requirement. Please see attached PNP 703.6.

Implementation Timeline:

October 2, 2020

Requirement

Network Adequacy and Availability of Services Requirements

A.VI.C2- The MHP'S policies and procedures for selection and retention of providers must not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment. (42 C.F.R 438.12 (a)(2), 438.214 (c).).

DHCS Finding

The MHP did not furnish evidence to demonstrate that it complies. The MHP's policies and procedures for selection and retention of providers must not discriminate against particular providers that serve high risk populations one specialize in conditions that require costly treatment.

Corrective Action Description

The MHP'S policies and procedures for selection and retention of providers must not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment. The MHP will develop policies and procedures to meet this requirement. To develop Selection and Retention PnP.

Implementation Timeline:

November 1, 2020

Requirement

Network Adequacy and Availability of Services Requirements

A.VI. C3- The MHP may not discriminate in the selection, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or

certification under applicable state law, solely on the basis of that license or certification. (42 C.F.R 438.12(a)(1).).

DHCS Finding

The MHP did not furnish evidence to demonstrate that it complies. The MHP may not discriminate in the selection, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or certification under applicable state law, solely on the basis of that license or certification.

Corrective Action Description

The MHP may not discriminate in the selection, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or certification under applicable state law, solely on the basis of that license or certification. The MHP will develop policy and procedure to meet this requirement. To develop Selection and Retention PnP.

Implementation Timeline:

November 1, 2020

Requirement

Network Adequacy and Availability of Services Requirements

A.VI.C5- The MHP shall not employ or subcontract with providers excluded from participation in Federal health care programs under either section 1128 or section 1128 of the Act. (42 C.F.R. 438.214(d).).

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP shall not employ or subcontract with providers excluded from participation in Federal health care programs under either section 1128 or 1128A of the Act.

Corrective Action Description

The MHP shall not employ or subcontract with providers excluded from participation in Federal health care programs under either section 1128 or section 1128 of the Act. The MHP will develop policy and procedure to meet this requirement. See policy 703.6.

Implementation Timeline:

October 2, 2020

Requirement

Network Adequacy and Availability of Services Requirements

A.VI. C6- The MHP shall give practitioners or groups of practitioners who apply to be MHP contract providers and with whom the MHP decides not to contract written notice of the reason for a decision not to contract. (42 C.F.R 438.12(a)(1).).

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP shall give practitioner or groups of practitioners who apply to be MHP contract providers and with whom the MHP decides not to contract with written notice of the reason for a decision not to contract.

Corrective Action Description

The MHP shall give practitioners or groups of practitioners who apply to be MHP contract providers and with whom the MHP decides not to contract written notice of the reason for a decision not to contract. The MHP will develop policy and procedure to meet this requirement. Please see attached policy 703.6.

Implementation Timeline:

October 2, 2020

Requirement

Network Adequacy and Availability of Services Requirements

A.VI.D3- Do all contracts or written agreements between the MHP and any network provider specify remedies in instances where the State or MHP determine that the contractor has not performed satisfactorily? MHP Contract, Ex. A, Att.1; 42 C.F.R. 438.230

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that all contracts or written agreements between MHP and any network provider specify remedies in the instances where the State or MHP find the subcontractor has not performed satisfactorily.

Corrective Action Description

Do all contracts or written agreements between the MHP and any network provider specify remedies in instances where the State or MHP determine that the contractor has not performed satisfactorily? The MHP will update contract boiler plate to meet this requirement.

Implementation Timeline:

November 2, 2020

Requirement

Network Adequacy and Availability of Services Requirements

A.VI.D7- Do all contracts or written agreements between the MHP and any network provider specify the right to audit will exist through 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later?

MHP Contract, Ex. A, Att. 1; ;42 c.F.R. 438.230

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that all contracts or written agreements between the MHP and any network provider specify the right to audit through 10 years from the final date of the contract period or from the completion of any audit period, whichever is later.

Corrective Action Description

Do all contracts or written agreements between the MHP and any network provider specify the right to audit will exist through 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later? The MHP will update contract boiler plate to meet this requirement.

Implementation Timeline:

August 1, 2020

Requirement

Network Adequacy and Availability of Services Requirements

A. VI. D8- Do all contracts or written agreements between MHP and any network provider specify the right to audit will exist through 10 years from the final data of the contract period or from the date of completion of any audit, whichever is later?

MHP Contract, Ex. A, Att. 1; 42 C.F.R 438.230

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that all contractor written agreements between the MHP and any other network provider specify if the State, CMS, or HHS Inspector General (Office of Inspector General) determines that there is reasonable possibility of

fraud or similar risk, the State, CMS, or the HHS Inspector General may inspect, evaluate, and audit the subcontractor at any time.

Corrective Action Description

Do all contracts or written agreements between MHP and any network provider specify the right to audit will exist through 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later? The MHP will update contract boiler plate to meet this requirement.

Implementation Timeline:

November 1, 2020

Requirement

Network Adequacy and Availability of Services Requirements

A.VI.E- 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).

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that 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.

Corrective Action Description

Re-certifications requests have been submitted for both overdue providers. Awaiting processing. Submitted to DHCS 5/12/20

Implementation Timeline:

October 2, 2020

Requirement

Network Adequacy and Availability of Services Requirements

A. VII. A1- The MHP shall comply with all provisions of the MHP's Implementation Plan as approved by the Department (MHP Contact, Exhibit A, Attachment 1; CCR tit. 9, 1810.310). The Implementation Plan shall include procedures for the MHP payment

authorization of specialty mental health services by the MHP, including a description of the point of authorization.

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP shall comply with the provisions of the MHP's Implementation Plan shall include procedure for the MHP payment authorization of SMHS by the MHP, including a description of the point of authorization.

Corrective Action Description

The MHP shall comply with all provisions of the MHP's Implementation Plan as approved by the Department (MHP Contact, Exhibit A, Attachment 1; CCR tit. 9, 1810.310). The Implementation Plan shall include procedures for the MHP payment authorization of specialty mental health services but the MHP, including a description of the point of authorization. The MHP will develop an implementation plan to meet this requirement.

Implementation Timeline:

June 30, 2020

Requirement

Network Adequacy and Availability of Services Requirements

A.VII. A8- The MHP shall comply with all provisions of the MHP's Implementation Plan as approved by the Department (MHP Contact, Exhibit A, Attachment 1; CCR tit. 9, 1810.310). The Implementation Plan shall include a description of the process for planned admissions in non-contract hospitals if such an admission is determined to be necessary by the MHP.

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP shall comply with the provisions of the MHP's Implementation Plan as approved by the Department. The Implementation Plan shall include a description of the process for planned admissions in the non-contract hospitals if such an admission is determined to be necessary by the MHP.

Corrective Action Description

The MHP shall comply with all provisions of the MHP's Implementation Plan as approved by the Department (MHP Contact, Exhibit A, Attachment 1; CCR tit. 9, 1810.310). The Implementation Plan shall include a description of the process for planned admissions in the non-contract hospitals if such an admission is determined to

be necessary by the MHP. The MHP will develop an implementation plan to meet this requirement.

Implementation Timeline:

October 2, 2020

Requirement

Quality Assurance and Performance Improvement

C.I.F - The MHP shall implement mechanisms to monitor the safety and effectiveness of medication practices. The monitoring mechanism shall be: 1) Under the supervision of a person licensed to prescribe or dispense medication. 2) Performed at least annually 3) Inclusive of medications prescribed to adults and youth. (MHP Contract, Ex. A, Att.5)

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP shall implement mechanisms to monitor the safety and effectiveness of medication practices. The monitoring mechanism shall be performed at least annually and inclusive of medications prescribed to adults and youth.

Corrective Action Description

The MHP shall implement mechanisms to monitor the safety and effectiveness of medication practices. The monitoring mechanism shall be: 1) Under the supervision of a person licensed to prescribe or dispense medication. 2) Performed at least annually. 3) Inclusive of medications prescribed to adults and youth. The MHP will contract with a pharmacist and policies and procedures will be developed to include monthly random chart reviews. Please see attached medication policy 203.1

Implementation Timeline:

October 2, 2020

Requirement

Quality Assurance and Performance Improvement

C.II.E - The QAPI work plan includes a description of mechanisms the Contractor has implemented to assess the accessibility of services within its service delivery area, including goals for: 1) Responsiveness for the Contractor's 24-hour toll-free number 2) Timeliness of scheduling routine appointments 3) Timeliness of services for urgent conditions 4) Access to after-hours care. (MHP Contract, Ex. A, Att.5)

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the QAPI work plan includes a description of the mechanisms the contractor has implemented to assess the accessibility of services within its service delivery area, including goals for responsiveness for the contractor's 24-hour toll-free telephone number, and access to after-hours care.

Corrective Action Description

The QAPI work plan includes a description of mechanisms the Contractor has implemented to assess the accessibility of services within its service delivery area, including goals for: 1) Responsiveness for the Contractor's 24-hour toll-free number 2) Timeliness of scheduling routine appointments 3) Timeliness of services for urgent conditions 4) Access to after-hours care. The MHP will include this requirement in the Quality Assurance and compliance work plan. MHP will update work plan to meet requirement.

Implementation Timeline:

August 1, 2020

Requirement

Quality Assurance and Performance Improvement

C.VI.A- The MHP has practice guidelines, which meet the requirements of the MHP Contract. (MHP Contract, Ex. A, Att. 5; 42 C.F.R.438.236(b);CCR, title 9, 180.326

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP has practice guidelines, which meet requirements of the MHP contract.

Corrective Action Description

The MHP has practice guidelines, which meet the requirements of the MHP Contract. The MHP will develop a document outlining the practice guidelines.

Implementation Timeline:

August 1, 2020

Requirement

Quality Assurance and Performance Improvement

C.VI. B- The MHP disseminate the guidelines to all affected providers and, upon request, to the beneficiaries and potential beneficiaries. (MHP Contract, Ex. A, Att. 5; 42 C.F.R. 438.236(b); CCR, title 9, 180.326)

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP disseminate the guidelines to all affected providers and, upon request, to the beneficiaries and potential beneficiaries.

Corrective Action Description

The MHP disseminate the guidelines to all affected providers and, upon request, to the beneficiaries and potential beneficiaries. The MHP will develop a document and develop policy and procedure outlining the practice guidelines.

Implementation Timeline:

August 1, 2020

Requirement

Quality Assurance and Performance Improvement

C.VI.C- The MHP take steps to assure that secessions for utilization management, beneficiary education, coverage of services, and any other area to which the guidelines apply are consistent with the adopted guidelines. (MHP Contract, Ex. A, Att. 5; 42 C.F.R. 438.236(b); CCR title 9, 1810.326)

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP take steps to assure that secessions for utilization management, beneficiary education, coverage of services, and any other area to which the guidelines apply are consistent with the adopted guidelines

Corrective Action Description

The MHP take steps to assure that secessions for utilization management, beneficiary education, coverage of services, and any other area to which the guidelines apply are consistent with the adopted guidelines. The MHP will develop policy and procedure and monitor to meet this requirement. Add information to Beneficiary handbook.

Implementation Timeline:

December 1, 2020

Requirement

Access and Information Requirements

D.I.B5- Beneficiary information requirement in Title 42 of the Code of Federal Regulation 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: 1) The format is readily accessible; 2)The information is placed in a location on the MHP's website that is prominent and readily accessible; 3) The information is provided in an electronic form which can be electronically retained and printed; 4) The information is consistent with the content and language requirement of the MHP Contract; and 5) The beneficiary is informed that the information is available in paper form without charge upon request and provides it upon request within 5 business days. (42 C.F.R 438.10(c)(6).)

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that information required in Title 42 of the Code of Federal Regulation part 438.10(e.g., information about managed care, beneficiary handbook, provider directory) may only be provided electronically by the MHP if the beneficiary is informed that the information is available in paper form without charge upon request within 5 business day.

Corrective Action Description

The MHP beneficiary information required in Title 42 of the Code of Federal Regulation part 438.10(e.g., information about managed care, beneficiary handbook, provider directory) may only be provided electronically by the MHP if the beneficiary is informed that the information is available in paper form without charge upon request within 5 business day. . The MHP will add informing material to be given at time of intake informing client of their right to request the beneficiary handbook and provider directory.

Implementation Timeline:

October 2, 2020

Requirement

Access and Information Requirements

D.II. Gc- The MHP complies with the following requirements of Title VI of the Civil Rights Act of 1964 and section 504 of the Rehabilitation Act of 1973: a) Prohibiting the expectation that family members provide interpreter services. b) A client may choose to use a family member of friend as an interpreter after being informed of free interpreter services. c) Minor children should not be used as interpreters. (Title VI of the Civil Rights Act of 1964 and Section Of the Rehabilitation Act of 1973)

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP complies with the requirements of Title VI of the Civil Rights Act of 1964 and section 504 of the Rehabilitation Act of 1973: a) Prohibiting the expectation that family members provide interpreter services. b) A client may choose to use a family member or friend as an interpreter after being informed of free interpreter services. c) Minor children should not be used as interpreters

Corrective Action Description

The MHP complies with the following requirements of Title VI of the Civil Rights Act of 1964 and section 504 of the Rehabilitation Act of 1973: a) Prohibiting the expectation that family members provide interpreter services. b) A client may choose to use a family member or friend as an interpreter after being informed of free interpreter services. c) Minor children should not be used as interpreters. The MHP will develop policy and procedure to meet this requirement as well as updated intake materials to inform the client. Please see attached policy and procedure 100.4 10

Implementation Timeline:

October 2, 2020

Requirement

Access and Information Requirements

D.VI.A- The MHP provides training for staff responsible for the statewide toll-free 24-hour telephone line to ensure linguistic capabilities. (CCR, title 9, chapter 11, sections 1810.410(c) (4)).

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP provides training for staff responsible for the statewide toll-free 24-hour telephone line to ensure linguistic capabilities.

Corrective Action Description

The MHP provides training for staff responsible for the statewide toll-free 24-hour telephone line to ensure linguistic capabilities. The MHP will implement tracking and develop policies and procedure to meet this requirement.

Implementation Timeline:

November 1, 2020

Requirement

Access and Information Requirements

D.VI.B- Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number: 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 access 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 beneficiary problem resolution and fair hearing processes. (CCR, title 9, chapter 11, section 1810.405 and 1810.410(e)(1).)

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the MHP's toll-free telephone number did not provide information to the beneficiaries about how to access specialty mental health services required to access whether medical necessity criteria are met; about services needed to treat a beneficiary's urgent condition; and about how to use the beneficiary problem and resolution fair hearing process.

Corrective Action Description

The MHP's toll-free telephone number did not provide information to the beneficiaries about how to access specialty mental health services required to access whether medical necessity criteria are met; about services needed to treat a beneficiary's urgent condition; and about how to use the beneficiary problem and resolution fair hearing process. The MHP has contracted with a new 24hr access telephone provider and the provider is now doing this.

Implementation Timeline:

January 6, 2020

Requirement

Access and Information Requirements

D.VI.C1- The MHP must maintain a written log(s) of initial requests for the SMHS that includes request made by phone, in person, or in writing. (CCR, title9, chapter 11, section 1810.405(f)).

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substitute that the MHP must maintain log(s) of initial requests for SMHS that includes request made by phone, in person, or in writing.

Corrective Action Description

The MHP must maintain a written logs(s) of initial requests for the SMHS that includes request made by phone, in person, or in writing. The MHP is tracking requests in the CSI records assessment.

Implementation Timeline:

October 2, 2020

Requirement

Access and Information Requirements

D.VII. B2b- The MHP has evidence of policies, procedures, and practices that demonstrate the CCC activities includes reports to the Quality Assurance and/or Quality Improvement Program. 9 CCR title, 9, section 1810.410)

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substitute that the MHP has evidence of policies, procedures, and practices that demonstrate the CCC activities includes reports to the Quality Assurance and/or Quality Improvement Program.

Corrective Action Description

The MHP has evidence of policies, procedures, and practices that demonstrate the CCC activities includes reports to the Quality Assurance and/or Quality Improvement Program. The MHP will update CCC policy and procedure to include this information to meet the requirement. Please see attached policy and procedure 100.4

Implementation Timeline:

October 2, 2020

Requirement

Access and Information Requirements

D.VII.C- The CCC completes it Annual Report of CCC activities as required in the CCPR. (CCR title, 9, section 1810.410).

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substitute that CCC completes its Annual Report of CCC activities as required in the CCPR.

Corrective Action Description

The CCC completes its Annual Report of CCC activities as required in the CCPR. The MHP will complete its Annual Report of CCC activities as required.

Implementation Timeline:

Completed

Requirement

Access and Information Requirements

D.VII.D- Regarding the MHP's plan for annual cultural competence training necessary to ensure the provision of culturally competent services. 1) There is a plan for cultural competence 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). (CCR title 9, 1810.410(c)(4).)

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that there is a plan for annual cultural competence training for persons providing SMHS employed by or contracted with the MHP and there is a process to ensure that interpreters are trained and monitored for language competence (e.g., formal testing).

Corrective Action Description

Regarding the MHP's plan for annual cultural competence training necessary to ensure the provision of culturally competent services. 1) There is a plan for cultural competence 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). The MHP will complete a formalized plan outlining cultural competency training to meet this requirement. Relias Training Plan, language line material

Implementation Timeline:

November 1, 2020

Requirement

Coverage and Authorization of Services

E.I.C- The MHP shall have any decisions to deny a service authorization request or to authorize an amount, duration, or scope that is less than requested be made by a health care professional who has appropriate clinical expertise in addressing the beneficiary's behavioral health needs. (MHP Contract Ex. A, Att 6; 42 C.F.R. 438.201(b)(3).)

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP shall have any decisions to deny a service authorization request or to authorize an amount, duration, or scope that is less than requested be made by a health care professional who has appropriate clinical expertise in addressing the beneficiary's behavioral health needs.

Corrective Action Description

The MHP shall have any decisions to deny a service authorization request or to authorize an amount, duration, or scope that is less than requested be made by a health care professional who has appropriate clinical expertise in addressing the beneficiary's behavioral health needs. The MHP has written policies and procedures Utilization Management Program that demonstrates that decisions to deny services ia made by someone with appropriate clinical expertise. Policies and procedure to be approved at the next Quality Improvement Committee meeting.

Implementation Timeline:

October 1, 2020

Requirement

Coverage and Authorization of Services

E.I.D- The MHP shall notify the requesting provider, and give the beneficiary written notice of any decision by the Contractor to deny a service authorization request, or to authorize a service in the amount, duration, or scope that is less then requested. (MHP Contract Ex. A, Att 6; 42 C.F.R 438.210(c).)

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP shall notify the requesting provider, and give the beneficiary written notice of any decision by the Contractor to deny a service authorization request, or to authorize a service in the amount, duration, or scope that is less then requested.

Corrective Action Description

The MHP shall notify the requesting provider, and give the beneficiary written notice of any decision by the Contractor to deny a service authorization request, or to authorize a service in the amount, duration, or scope that is less than requested. The MHP does notify the requesting provider and the beneficiary in writing of decisions to deny authorization requests. This is outlined in our NOA process and have evidence of doing this. Please see policy and procedure 300.2 Grievance and appeals process.

Implementation Timeline:

November 1, 2020

Requirement

Coverage and Authorization of Services

E.I.E- Compensation to individuals or entities that conduct utilization management activities must not be structured so as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any beneficiary.

(MHP Contract, Ex. A, Att 6; 42 C.F.R. 438.210 (e).)

DHCS Finding

The MHP did not submit any evidence of compliance that compensation to individuals or entities that conduct utilization management activities must not be structured so as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any beneficiary.

Corrective Action Description

Compensation to individuals or entities that conduct utilization management activities must not be structured so as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any beneficiary. The MHP addresses compensation to individuals or entities and that they are not structured to provide incentives in both the Utilization Management and Medical Necessity policy and procedure. Please see attached policy and procedure 200.1 Utilization Management Program and 200.7 Medical Necessity.

Implementation Timeline:

August 1, 2020

Requirement

Coverage and Authorization of Services

E.I.F- The MHP shall ensure that all medically necessary covered SMHS are sufficient in amount, duration, or scope to reasonably achieve the purpose for which services are furnished. (42 C.F.R. 438.210(a)(3)(i).).

DHCS Finding

The MHP did not submit any evidence of compliance that MHP shall ensure that all medically necessary covered SMHS are sufficient in amount, duration, or scope to reasonably achieve the purpose for which services are furnished.

Corrective Action Description

The MHP shall ensure that all medically necessary covered SMHS are sufficient in amount, duration, or scope to reasonably achieve the purpose for which services are furnished. The MHP does ensure that all medically necessary covered SMHS are sufficient in amount, duration, or scope to reasonably achieve the purpose for which services are furnished. This is addressed in the Medical Necessity policy and procedure.

Implementation Timeline:

January 10, 2020

Requirement

Coverage and Authorization of Services

E.I.G- The MHP shall not arbitrarily deny or reduce the amount, duration, or scope of medically necessary covered SMHS solely because of diagnosis, type of illness, or condition of beneficiary. (42 C.F.R. 438.210(a)(3)(i).).

DHCS Finding

The MHP did not submit any evidence of compliance that the MHP shall not arbitrarily deny or reduce the amount, duration, or scope of medically necessary covered SMHS solely because of diagnosis, type of illness, or condition of beneficiary.

Corrective Action Description

The MHP shall not arbitrarily deny or reduce the amount, duration, or scope of medically necessary covered SMHS solely because of diagnosis, type of illness, or condition of beneficiary. The MHP addressed in the Medical Necessity policy and procedure to meet this requirement

Implementation Timeline:

January 10, 2020

Requirement

Coverage and Authorization of Services

E.I.H3- For cases in which a provider indicates, or the MHP determines, that following the standard timeframe could jeopardize the beneficiary's life or health or ability to attain, maintain, or regain maximum function, the MHP shall make an expedited authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and no later than 72 hours after receipt of the request for services. (42 C.F.R. 438.210(d)(2).).

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the cases in which a provider indicates, or the MHP determines, that following the standard timeframe could jeopardize the beneficiary's life or health or ability to attain, maintain, or regain maximum function, the MHP shall make an expedited authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and no later than 72 hours after receipt of the request for services.

Corrective Action Description

For cases in which a provider indicates, or the MHP determines, that following the standard timeframe could jeopardize the beneficiary's life or health or ability to attain, maintain, or regain maximum function, the MHP shall make an expedited authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and no later than 72 hours after receipt of the request for services. The MHP addressed this requirement in the Utilization Management policy and procedure. Please see the attached Policy and Procedure 200.1 Utilization Management Program and 100.7.

Implementation Timeline:

October 1, 2020

Requirement

Coverage and Authorization of Services

E.I.H4- The MHP may extend the 72-hour time period by up to 14 calendar days if the beneficiary requests an extension, of the MH justifies (to DHCS upon request) a need for additional information and how the extension is in the interest of the beneficiary. (42 C.F.R. 438.210(d)(2).).

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate its compliance with this requirement that the MHP may extend the 72-hour time period by up to 14 calendar days if the beneficiary requests an extension, of the MHP justifies (to DHCS upon request) a need for additional information and how the extension is in the interest of the beneficiary.

Corrective Action Description

MHP will modify the authorization of services for to include The MHP may extend the 72-hour time period by up to 14 calendar days if the beneficiary requests an extension, of the MH justifies (to DHCS upon request) a need for additional information and how the extension is in the interest of the beneficiary.

Implementation Timeline:

November 1, 2020

Requirement

Coverage and Authorization of Services

E.I.I- The MHP shall not require prior authorization for an emergency admission for psychiatric inpatient hospital services, whether the admission is voluntary or involuntary, or to a psychiatric health facility. (MHP Contract Ex. A, Att 6; Cal.Code Regs, tit. 9, 1820.200(d) and 1820.225).

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP shall not require prior authorization for an emergency admission for psychiatric inpatient hospital services, whether the admission is voluntary or involuntary, or to a psychiatric health facility.

Corrective Action Description

The MHP shall not require prior authorization for an emergency admission for psychiatric inpatient hospital services, whether the admission is voluntary or involuntary, or to a psychiatric health facility. The MHP has a draft policy and procedure pending approval of QIC to meet this requirement 10/01/2020 please see attached policy and procedure 200.2

Implementation Timeline:

October 1, 2020

Requirement

Coverage and Authorization of Services

E.I.J- The MHP that is the MHP of the beneficiary being admitted on an emergency basis shall approve a request for payment authorization if the beneficiary meets the criteria for medical necessity and the beneficiary, due to a mental disorder, is a current danger to self or others, or immediately unable to provide for, or utilize, food, shelter, or clothing. (MHP Contract Ex. A, Att 6; Cal Code Of Regs, tit. 9, 1820.205 and 1820.225).

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP that is the MHP of the beneficiary being admitted on an emergency basis shall approve a request for payment authorization if the beneficiary meets the criteria for medical necessity and the beneficiary, due to a mental disorder, is a current danger to self or others, or immediately unable to provide for, or utilize, food, shelter, or clothing.

Corrective Action Description

MHP of the beneficiary being admitted on an emergency basis shall approve a request for payment authorization if the beneficiary meets the criteria for medical necessity and the beneficiary, due to a mental disorder, is a current danger to self or others, or immediately unable to provide for, or utilize, food, shelter, or clothing. The MHP is addressing this in the authorization of services form for beneficiaries to meet this requirement. 10/01/2020 please see attached policy and procedure 200.2

Implementation Timeline:

October 1, 2020

Requirement

Coverage and Authorization of Services

E.II.A1- The MHP requires providers to request payment authorization for day treatment intensive and day rehabilitation services; In advance of services delivery when day treatment intensive or day rehabilitation will be provided more than 5 days per week. (CCR, title 9, 1810.227; CCR title 9, 1810.216 and 1810.253).

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP requires providers to request payment authorization for day treatment intensive and day rehabilitation services; In advance of services delivery when day treatment intensive or day rehabilitation will be provided more than 5 days per week

Corrective Action Description

The MHP requires providers to request payment authorization for day treatment intensive and day rehabilitation services; In advance of services delivery when day treatment intensive or day rehabilitation will be provided more than 5 days per week. The MHP will modify the authorization of services to meet this requirement. Please see attached policy and procedure 200.2

Implementation Timeline:

October 1, 2020

Requirement

Coverage and Authorization of Services

E.II.A2- The MHP requires providers to request payment authorization for day treatment intensive services at least every 3 months for continuation of Day Treatment. (CCR, title 9, 1810.227; CCR title, 9, 1810.216 and 1810.253).

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP requires providers to request payment authorization for day treatment intensive services at least every 3 months for continuation of Day Treatment.

Corrective Action Description

The MHP requires providers to request payment authorization for day treatment intensive services at least every 3 months for continuation of Day Treatment. The MHP will develop policy and procedure to meet this requirement. Please see attached policy and procedure 200.2 10/01/2020.

Implementation Timeline:

October 1, 2020

Requirement

Coverage and Authorization of Services

E.III.D2- The MHP shall provide evidence the contact information is posted to its public website. (MHSUDS IN No., 17-032).

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP provide evidence the contact information is posted to its public website.

Corrective Action Description

The MHP shall provide evidence the contact information is posted to its public website. The MHP has completed this and contact information is added to the website. See attached E.III.D2 as well as www.plumascounty.us/87/Behavioral-Health

Implementation Timeline:

February 1, 2020

Requirement

Coverage and Authorization of Services

E.III.F- The MHP will demonstrate that when there is an exception to Presumptive Transfer and a waiver is in place, the MHP ensure access to services for foster care children placed outside the county of origin. (MHSUDS In No., 17-032).

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP will demonstrate that when there is an exception to Presumptive Transfer and a waiver is in place, the MHP ensure access to services for foster care children placed outside the county of origin.

Corrective Action Description

The MHP will demonstrate that when there is an exception to Presumptive Transfer and a waiver is in place, the MHP ensure access to services for foster care children placed outside the county of origin. The MHP will update existing authorization of services policy and procedure to reflect this requirement. 10/01/2020 please see policy and procedure 100.7

Implementation Timeline:

October 1, 2020

Requirement

Coverage and Authorization of Services

E.III.G- In situations when foster child or youth is in imminent danger to themselves or others or experiencing an emergency psychiatric condition, MHP's must provide SMHS immediately, and without prior authorization. (MHSUDS In No., 18-027).

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate evidence that when foster child or youth is in imminent danger to themselves or others or experiencing an emergency psychiatric condition, MHP's must provide SMHS immediately, and without prior authorization.

Corrective Action Description

In situations when foster child or youth is in imminent danger to themselves or others or experiencing an emergency psychiatric condition, MHP's must provide SMHS immediately, and without prior authorization. The MHP will update existing access for services policy and procedure to reflect this requirement.

Implementation Timeline:

October 1, 2020

Requirement

Coverage and Authorization of Services

E.III.H- Pursuant to (W&I) Code Section 14717.1(b)(2)(f), the MHP has a procedure for expedited transfers within 48-hours of placement of the foster child or youth outside of the county of the original jurisdiction. (MHSUDS IN No., 18027; W&I Code 14717.1(b).).

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate pursuant to (W&I) Code Section 14717.1(b)(2)(f), the MHP has a procedure for expedited transfers within 48-hours of placement of the foster child or youth outside of the county of the original jurisdiction.

Corrective Action Description

Pursuant to (W&I) Code Section 14717.1(b)(2)(f), the MHP has a procedure for expedited transfers within 42-hours of placement of the foster child or youth outside of the county of the original jurisdiction. The MHP will revise Authorization to Services policy and procedure to adapt this requirement.

Implementation Timeline:

October 1, 2020

Requirement

Coverage and Authorization of Services

E.III.I- A waiver processed based on an exception to presumptive transfer shall be contingent upon the MHP in the county of original jurisdiction demonstrating an existing contract with a SMHS provider, or the ability to enter into a contract within 30 days of the waiver decision, and the ability to deliver timely SMHS directly to the foster child. That information shall be documented in the child's case plan. (Welf. & Inst. Code 14717.1(d)(6).)

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that waiver processed based on an exception to presumptive transfer shall be contingent upon the MHP in the county of original jurisdiction demonstrating an existing contract with a SMHS provider, or the ability to enter into a contract within 30 days of the waiver decision, and the ability to deliver timely SMHS directly to the foster child. That information shall be documented in the child's case plan.

Corrective Action Description

A waiver processed based on an exception to presumptive transfer shall be contingent upon the MHP in the county of original jurisdiction demonstrating an existing contract with a SMHS provider, or the ability to enter into a contract within 30 days of the waiver decision, and the ability to deliver timely SMHS directly to the foster child. That information shall be documented in the child's case plan. The MHP will revise the Authorization for Services policy and procedure to reflect this requirement. 100.7

Implementation Timeline:

October 5, 2020

Requirement

Coverage and Authorization of Services

E.IV.A6- The denial of a beneficiary's request to dispute financial liability, including cost sharing and other financial liabilities. (42 C.F.R. 438.400(b)(7)).

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the denial of a beneficiary's request to dispute financial liability, including cost sharing and other financial liabilities.

Corrective Action Description

The denial of a beneficiary's request to dispute financial liability, including cost sharing and other financial liabilities. The MHP will revise the Authorization for Services policy and procedure to reflect this requirement.

Implementation Timeline:

November 1, 2020

Requirement

Coverage and Authorization of Services

E.V.A- The MHP provides a second opinion from a network provider, or arranges for the beneficiary to obtain a second opinion outside the network at no cost to the beneficiary. (MHP Contract, Ex A, Att.2; 42 C.F.R 438.206(b)).

DHCS Finding

The MHP did not submit any evidence of compliance that it provides a second opinion from a network provider, or arranges for the beneficiary to obtain a second opinion outside the network at no cost to the beneficiary.

Corrective Action Description

The MHP provides a second opinion from a network provider, or arranges for the beneficiary to obtain a second opinion outside the network at no cost to the beneficiary. The MHP outlined this requirement in the authorization for services policy and procedure.

Implementation Timeline:

November 1, 2020

Requirement

Coverage and Authorization of Services

E.V.B- At the request of the beneficiary when the MHP or its network provider has determined that the beneficiary is not entitled to SMHS due to not meeting medical necessity criteria, the MHP provides a second opinion by a licensed mental health professional (other than a psychiatric technician or licensed vocational nurse). (MHP Contract, Ex. Att.2; CCR, title 9, 1810.405(e)).

DHCS Finding

The MHP did not submit any evidence of compliance that at the request of the beneficiary when the MHP or its network provider has determined that the beneficiary is

not entitled to SMHS due to not meeting medical necessity criteria, the MHP provides a second opinion by a licensed mental health professional (other than a psychiatric technician or licensed vocational nurse).

Corrective Action Description

At the request of the beneficiary when the MHP or its network provider has determined that the beneficiary is not entitled to SMHS due to not meeting medical necessity criteria, the MHP provides a second opinion by a licensed mental health professional (other than a psychiatric technician or licensed vocational nurse). The MHP will verify that this requirement is in the Beneficiary Handbook, Clients Rights Information and NOABD.

Implementation Timeline:

November 1, 2020

Requirement

Coverage and Authorization of Services

E.VI.A- The MHP maintains policies and procedures ensuring an appropriate process for the management of forms JV 220, JV 220(A0, JV 221, JV 222, and JV 223 and the related requirements are met. (Judicial Council Forms, JV 219).

DHCS Finding

The MHP did not submit any evidence of compliance that the MHP maintains policies and procedures ensuring an appropriate process for the management of forms JV 220, JV 220(A0, JV 221, JV 222, and JV 223 and the related requirements are met.

Corrective Action Description

The MHP maintains policies and procedures ensuring an appropriate process for the management of forms JV 220, JV 220(A0, JV 221, JV 222, and JV 223 and the related requirements are met. The MHP will develop policies and procedures to meet this requirement.

Implementation Timeline:

December 1, 2020

Requirement

Beneficiary Rights and Protections

F.II.A2- The MHP shall adhere to the following record keeping, monitoring, and review requirements. Each record shall include, but not limited to: a general description or the reason of the appeal or grievance, the date received, the date of each review or review meeting, resolution information for each level of the appeal or grievance, if applicable, and the date of resolution at each level, if applicable, and the name of the covered person whom the appeal or grievance was filed. (42 C.F.R 438.416(b)(1)-(6).)

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate the MHP shall adhere to the following record keeping, monitoring, and review requirements. Each record shall include, but not limited to: a general description or the reason of the appeal or grievance, the date received, the date of each review or review meeting, resolution information for each level of the appeal or grievance, if applicable, and the date of resolution at each level, if applicable, and the name of the covered person whom the appeal or grievance was filed.

Corrective Action Description

The MHP shall adhere to the following record keeping, monitoring, and review requirements. Each record shall include, but not limited to: a general description or the reason of the appeal or grievance, the date received, the date of each review or review meeting, resolution information for each level of the appeal or grievance, if applicable, and the date of resolution at each level, if applicable, and the name of the covered person whom the appeal or grievance was filed. The MHP will add this requirement to the grievance policy and procedure to meet this requirement.

Implementation Timeline:

November 1, 2020

Requirement

Beneficiary Rights and Protections

F.IV.DI- The MHP's expedited appeals process shall, at minimum:

1) Be used when the MHP determines or the beneficiary and/or the beneficiary's provider certifies that taking the time for a standard appeal resolution could seriously jeopardize the beneficiary's life, physical or mental health, or ability to attain, maintain, or regain maximum function. (42 C.F.R. 438.410 (a).)

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate the MHP The MHP's expedited appeals process shall, at minimum: Be used when the MHP determines or the beneficiary and/or the beneficiary's provider certifies that taking the time for a standard appeal resolution could

seriously jeopardize the beneficiary's life, physical or mental health, or ability to attain, maintain, or regain maximum function.

Corrective Action Description

The MHP's expedited appeals process shall, at minimum: 1) Be used when the MHP determines or the beneficiary and/or the beneficiary's provider certifies that taking the time for a standard appeal resolution could seriously jeopardize the beneficiary's life, physical or mental health, or ability to attain, maintain, or regain maximum function. The MHP will update the grievance policy and procedure to add this requirement.

Implementation Timeline:

November 1, 2020

Requirement

Beneficiary Rights and Protections

F.IV.D7b- If the MHP denies request for an expedited appeal resolution, the MHP shall make reasonable efforts to give the beneficiary and his or her representative prompt oral notice of the denial of the request for expedited appeal. (42 C.F.R. 438.410(c)(1).)

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate the MHP denies request for an expedited appeal resolution, the MHP shall make reasonable efforts to give the beneficiary and his or her representative prompt oral notice of the denial of the request for expedited appeal.

Corrective Action Description

If the MHP denies request for an expedited appeal resolution, the MHP shall make reasonable efforts to give the beneficiary and his or her representative prompt oral notice of the denial of the request for expedited appeal. MHP will update the grievance policy and procedure to add this requirement.

Implementation Timeline:

November 1, 2020

Requirement

Beneficiary Rights and Protections

F.V.A.- The MHP must continue the beneficiary's benefits if all of the following occur:
a) The beneficiary files the request of an appeal timely in accordance with 42 C.F.R.

438.402(c)(1)(ii) and (c)(2)(ii); b) The appeal involves the termination, suspension, or reduction of previously authorized services; c) The services were ordered by an authorized provider; d) The period covered by the original authorization has not been expired; and, e) The beneficiary timely files for continuation of benefits. (42 C.F.R. 438.420(b).)

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate the MHP must continue the beneficiary's benefits if all of the following occur. The appeal involves the termination, suspension, or reduction of previously authorized services; the services were ordered by an authorized provider; the period covered by the original authorization has not been expired; and, The beneficiary timely files for continuation of benefits.

Corrective Action Description

The MHP must continue the beneficiary's benefits if all of the following occur. The appeal involves the termination, suspension, or reduction of previously authorized services; the services were ordered by an authorized provider; the period covered by the original authorization has not been expired; and, The beneficiary timely files for continuation of. The MHP will update the Grievance and NOABD policies and procedures to meet this requirement.

Implementation Timeline:

November 1, 2020

Requirement

Beneficiary Rights and Protections

F.V.B- If, at the beneficiary's request, the MHP continue to reinstate the beneficiary's benefits while the appeal or State Hearing is pending, the benefit must be continued until one of the following occurs: a) The beneficiary withdraws the appeal or the request for a State Hearing; b) The beneficiary fails to request a State Hearing and continuation of benefits within 10 calendar days after the MHP sends the notice of adverse resolution (i.e., NAR) to the beneficiary's appeal; c) A State Hearing office issues a hearing decision adverse to the beneficiary. (42 c.F.R. 438.420(c).)

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that if at the beneficiary's request, the MHP continue to reinstate the beneficiary's benefits while the appeal or State Hearing is pending, the benefit must be continued until one of the following occurs: a) The beneficiary withdraws the appeal or the request for a State Hearing; b) The beneficiary fails to request a State

Hearing and continuation of benefits within 10 calendar days after the MHP sends the notice of adverse resolution (i.e., NAR) to the beneficiary's appeal; c) A State Hearing office issues a hearing decision adverse to the beneficiary.

Corrective Action Description

If at the beneficiary's request, the MHP continue to reinstate the beneficiary's benefits while the appeal or State Hearing is pending, the benefit must be continued until one of the following occurs: a) The beneficiary withdraws the appeal or the request for a State Hearing; b) The beneficiary fails to request a State Hearing and continuation of benefits within 10 calendar days after the MHP sends the notice of adverse resolution (i.e., NAR) to the beneficiary's appeal; c) A State Hearing office issues a hearing decision adverse to the beneficiary. The MHP will review NOABD and review the NOABD policy and procedure to assure this requirement is met.

Implementation Timeline:

November 1, 2020

Requirement

Program Integrity

G.II.A - The MHP, or any subcontractor, to the extent that the subcontractor is delegated responsibility by the MHP for coverage of services and payment of claims under the MHP Contract, shall implement and maintain arrangements or procedures designed to detect and prevent fraud, waste and abuse that include prompt reporting to DHCS about the following: 1) Any potential fraud, waste, or abuse. (42 C.F.R. 438.608 (a)(7).) 2) All overpayments identified or recovered, specifying the overpayments due to potential fraud. (42 C.F.R. 438.608(a), (a)(2).) 3) Information about a change in a network provider's circumstances that may affect the network provider's eligibility to participate in the managed care program, including the termination of the provider agreement with the MHP. (MHP Contract, Ex. A, Att. 13; 42 C.F.R 438.608(a)(4).)

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate the MHP or any subcontractor, to the extent that the subcontractor is delegated responsibility by the MHP for coverage of services and payment of claims under the MHP Contract, shall implement and maintain arrangements or procedures designed to detect and prevent fraud, waste and abuse that include prompt reporting to DHCS about the following: 1) Any potential fraud, waste, or abuse. (42 C.F.R. 438.608 (a)(7).) 2) All overpayments identified or recovered, specifying the overpayments due to potential fraud. (42 C.F.R. 438.608(a), (a)(2).) 3) Information about a change in a network provider's circumstances that may

affect the network provider's eligibility to participate in the managed care program, including the termination of the provider agreement with the MHP.

Corrective Action Description

MHP or any subcontractor, to the extent that the subcontractor is delegated responsibility by the MHP for coverage of services and payment of claims under the MHP Contract, shall implement and maintain arrangements or procedures designed to detect and prevent fraud, waste and abuse. The MHP will modify the contract boiler plate and develop policy and procedure to meet this requirement.

Implementation Timeline:

December 1, 2020

Requirement

Program Integrity

G.II.C- The MHP shall implement and maintain written policies for all employees of the MHP, and any contractor or agent, that provide detailed information about rights of employees to be protected as whistleblowers. (MHP Contact, Ex. A, Att. 13; 42 C.F.R 438.608(a)(6).)

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate the MHP shall implement and maintain written policies for all employees of the MHP, and any contractor or agent, that provide detailed information about rights of employees to be protected as whistleblowers.

Corrective Action Description

The MHP shall implement and maintain written policies for all employees of the MHP, and any contractor or agent, that provide detailed information about rights of employees to be protected as whistleblowers. The MHP will update the compliance policy and procedure to meet this requirement.

Implementation Timeline:

December 1, 2020

Requirement

Program Integrity

G.II.D- The MHP shall implement and maintain arrangements or procedures that include provisions for the Contactor's suspension of payment to a network provider for which there is a credible allegation of fraud. (MHP Contract, Ex. A, Att.13; 42 C.F.R. 438.6089a)(8).)

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate the MHP shall implement and maintain arrangements or procedures that include provisions for the Contactor's suspension of payment to a network provider for which there is a credible allegation of fraud.

Corrective Action Description

The MHP shall implement and maintain arrangements or procedures that include provisions for the Contactor's suspension of payment to a network provider for which there is a credible allegation of fraud. The MHP will update the contract boiler plate to meet this requirement.

Implementation Timeline:

December 1, 2020

Requirement

Program Integrity

G.IV.A. - The MHP ensures collection of disclosures of ownership or control interest in the MHP, if applicable, and ensures its subcontractors and network providers submit disclosures to the MHP regarding the network provider's (disclosing entities) ownership and control. (42 C.F.R. Section 455.101 and 104).

DHCS Finding

The MHP did not submit any evidence of compliance that the MHP ensures collection of disclosures of ownership or control interest in the MHP, if applicable, and ensures its subcontractors and network providers submit disclosures to the MHP regarding the network provider's (disclosing entities) ownership and control.

Corrective Action Description

The MHP ensures collection of disclosures of ownership or control interest in the MHP, if applicable, and ensures its subcontractors and network providers submit disclosures to the MHP regarding the network provider's (disclosing entities) ownership and control. The MHP will update the contract boiler plate to meet this requirement.

Implementation Timeline:

December 1, 2020

Requirement

Program Integrity

G.IV.B- As a condition of enrollment, the MHP must require providers to consent to criminal background checks including fingerprinting when required to do so by DHCS or by the level of screening based on risk of fraud, waste or abuse as determined for that category of provider. (42 C.F.R. 455.434(a).)

DHCS Finding

The MHP did not submit any evidence of compliance that as a condition of enrollment, the MHP must require providers to consent to criminal background checks including fingerprinting when required to do so by DHCS or by the level of screening based on risk of fraud, waste or abuse as determined for that category of provider.

Corrective Action Description

As a condition of enrollment, the MHP must require providers to consent to criminal background checks including fingerprinting when required to do so by DHCS or by the level of screening based on risk of fraud, waste or abuse as determined for that category of provider. The MHP will update the contract boiler plate and modify the retention policy and procedure to meet this requirement.

Implementation Timeline:

December 1, 2020

Requirement

Program Integrity

G.IV.C - The MHP requires providers, or any person with a 5% or more direct or indirect ownership interest in the provider, to submit to fingerprints when applicable. (42 C.F.R. 455.434(b)(1) and (2).)

DHCS Finding

The MHP did not submit any evidence of compliance the MHP requires provider's, or any person with a 5% or more direct or indirect ownership interest in the provider, to submit to fingerprints when applicable.

Corrective Action Description

The MHP requires providers, or any person with a 5% or more direct or indirect ownership interest in the provider, to submit to fingerprints when applicable. The MHP will update the contract boiler plate and modify the retention policy and procedure to meet this requirement.

Implementation Timeline:

December 1, 2020

Requirement

Program Integrity

G.IV.D1 - The MHP shall ensure that its subcontractors and network providers submit the disclosures below to the MHP regarding the network providers' (disclosing entities') ownership and control. The MHP's network providers must be required to submit updated disclosures to the MHP upon submitting the provider application, before entering into or renewing the providers' contracts, within 35 days after any change in the subcontractor/ network provider's ownership, annually and upon request during the re-validation of enrollment process under 42 Code of Federal Regulations part 455.104. (MHP Contract, Ex. A, Att.13)

DHCS Finding

The MHP did not submit any evidence of compliance the MHP shall ensure that its subcontractors and network providers submit the disclosures below to the MHP regarding the network providers' (disclosing entities') ownership and control. The MHP's network providers must be required to submit updated disclosures to the MHP upon submitting the provider application, before entering into or renewing the providers' contracts, within 35 days after any change in the subcontractor/ network provider's ownership, annually and upon request during the re-validation of enrollment process under 42 Code of Federal Regulations part 455.104

Corrective Action Description

The MHP shall ensure that its subcontractors and network providers submit the disclosures below to the MHP regarding the network providers' (disclosing entities') ownership and control. The MHP's network providers must be required to submit updated disclosures to the MHP upon submitting the provider application, before entering into or renewing the providers' contracts, within 35 days after any change in the subcontractor/ network provider's ownership, annually and upon request during the re-validation of enrollment process under 42 Code of Federal Regulations part 455.104. The MHP will update contract boiler plate to meet this requirement.

Implementation Timeline:

December 1, 2020

Requirement

Program Integrity

G.IV.D1 - The MHP shall ensure that its subcontractors and network providers submit the disclosures below to the MHP regarding the network providers' (disclosing entities') ownership and control. The MHP's network providers must be required to submit updated disclosures to the MHP upon submitting the provider application, before entering into or renewing the providers' contracts, within 35 days after any change in the subcontractor/ network provider's ownership, annually and upon request during the re-validation of enrollment process under 42 Code of Federal Regulations part 455.104. (MHP Contract, Ex. A, Att.13)

DHCS Finding

The MHP did not submit any evidence of compliance the MHP shall ensure that its subcontractors and network providers submit the disclosures below to the MHP regarding the network providers' (disclosing entities') ownership and control. The MHP's network providers must be required to submit updated disclosures to the MHP upon submitting the provider application, before entering into or renewing the providers' contracts, within 35 days after any change in the subcontractor/ network provider's ownership, annually and upon request during the re-validation of enrollment process under 42 Code of Federal Regulations part 455.104

Corrective Action Description

The MHP shall ensure that its subcontractors and network providers submit the disclosures below to the MHP regarding the network providers' (disclosing entities') ownership and control. The MHP's network providers must be required to submit updated disclosures to the MHP upon submitting the provider application, before entering into or renewing the providers' contracts, within 35 days after any change in the subcontractor/ network provider's ownership, annually and upon request during the re-validation of enrollment process under 42 Code of Federal Regulations part 455.104. The MHP will update contract boiler plate to meet this requirement.

Implementation Timeline:

December 1, 2020

Requirement

Program Integrity

G.IV.D2- Disclosures must include: a) The name and address of any person (individual or corporation) with an ownership or control interest in the network provider. B) The address for corporate entities shall include as applicable, a primary business address, every business location, and a P.O. Box address: c) Date of birth and Social Security

Number (in the case of the individual): d) Other tax identification number (in case of a corporation with an ownership or control interesting the managed care entity or in a subcontractor in which the managed care entity has a 5 percent or more interest): e) Whether the person (individual or corporation) with an ownership or control interest in the Contractor's network providers is related to another person with ownership or control interest in the same or any other network provider of the Contractor as a spouse, parent, child, or sibling: or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the managed care entity as a spouse, parent, child or sibling: f) The name of any other disclosing entity in which the Contractor or subcontracting network provider has an ownership or control interest; and g) The name, address, date of birth, and Social security Number of any managing employee of the managed care entity.

DHCS Finding

The MHP did not submit any evidence of compliance the MHP Disclosures must include: a) The name and address of any person (individual or corporation) with an ownership or control interest in the network provider. B) The address for corporate entities shall include as applicable, a primary business address, every business location, and a P.O. Box address: c) Date of birth and Social Security Number (in the case of the individual): d) Other tax identification number (in case of a corporation with an ownership or control interesting the managed care entity or in a subcontractor in which the managed care entity has a 5 percent or more interest): e)Whether the person (individual or corporation) with an ownership or control interest in the Contractor's network providers is related to another person with ownership or control interest in the same or any other network provider of the Contractor as a spouse, parent, child, or sibling: or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the managed care entity as a spouse, parent, child or sibling: f) The name of any other disclosing entity in which the Contractor or subcontracting network provider has an ownership or control interest; and g) The name, address, date of birth, and Social security Number of any managing employee of the managed care entity.

Corrective Action Description

Disclosures must include: a) The name and address of any person (individual or corporation) with an ownership or control interest in the network provider. B) The address for corporate entities shall include as applicable, a primary business address, every business location, and a P.O. Box address: c) Date of birth and Social Security Number (in the case of the individual): d) Other tax identification number (in case of a corporation with an ownership or control interesting the managed care entity or in a subcontractor in which the managed care entity has a 5 percent or more interest): e) Whether the person (individual or corporation) with an ownership or control interest in the Contractor's network providers is related to another person with ownership or control interest in the same or any other network provider of the Contractor as a spouse,

parent, child, or sibling: or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the managed care entity as a spouse, parent, child or sibling: f) The name of any other disclosing entity in which the Contractor or subcontracting network provider has an ownership or control interest; and g) The name, address, date of birth, and Social security Number of any managing employee of the managed care entity. The MHP will update contract boiler plate to meet this requirement.

Implementation Timeline:

December 1, 2020

Requirement

Program Integrity

G.IV.D3- The MHP shall provide DHCS with all disclosures before entering into a network provider contract with the provider and annually thereafter and upon request from DHCS during the re-validation of enrollment process under 42 Code of Federal Regulations part 455.104

DHCS Finding

The MHP did not submit any evidence of compliance the MHP shall provide DHCS with all disclosures before entering into a network provider contract with the provider and annually thereafter and upon request from DHCS during the re-validation of enrollment process under 42 Code of Federal Regulations part 455.104

Corrective Action Description

The MHP shall provide DHCS with all disclosures before entering into a network provider contract with the provider and annually thereafter and upon request from DHCS during the re-validation of enrollment process under 42 Code of Federal Regulations part 455.104. The MHP will develop a Network Adequacy Reporting policy and procedure to meet this requirement.

Implementation Timeline:

December 1, 2020

Requirement

Program Integrity

G.IV.E- The MHP must submit disclosures and updated disclosures to the Department or HHS including information regarding certain business transactions within 35 days,

upon request. 1) The ownership of and subcontractor with whom the MHP had business transactions totaling more than \$25, 000 during the 12-month period ending on the date of request; and 2) Any significant business transaction between the MHP and any wholly owned supplier, or between the MHP and any subcontractor, during the 5-year period ending on the date of the request. 3) The MHP must obligate network providers to submit the same disclosures regarding network providers as noted under subsection 1 (a) and (b) within 35 days upon request.

DHCS Finding

The MHP did not submit any evidence of compliance the MHP must submit disclosures and updated disclosures to the Department or HHS including information regarding certain business transactions within 35 days, upon request. 1) The ownership of and subcontractor with whom the MHP had business transactions totaling more than \$25, 000 during the 12-month period ending on the date of request; and 2) Any significant business transaction between the MHP and any wholly owned supplier, or between the MHP and any subcontractor, during the 5-year period ending on the date of the request. 3) The MHP must obligate network providers to submit the same disclosures regarding network providers as noted under subsection 1 (a) and (b) within 35 days upon request.

Corrective Action Description

The MHP must submit disclosures and updated disclosures to the Department or HHS including information regarding certain business transactions within 35 days, upon request. 1) The ownership of and subcontractor with whom the MHP had business transactions totaling more than \$25, 000 during the 12-month period ending on the date of request; and 2) Any significant business transaction between the MHP and any wholly owned supplier, or between the MHP and any subcontractor, during the 5-year period ending on the date of the request. 3) The MHP must obligate network providers to submit the same disclosures regarding network providers as noted under subsection 1 (a) and (b) within 35 days upon request. The MHP will update contract boiler plate and policy and procedure to meet this requirement.

Implementation Timeline:

December 1, 2020

Requirement

Program Integrity

G.IV.F- The MHP shall submit the following disclosure to DHCS regarding the MHP's management: 1) The identity of any person who is a managing employee of the MHP who has been convicted of a crime related to federal health care programs. (42 C.F.R 455.106 (a)(1), (2).) 2) The identity of any person who is an agent of the MHP who has been convicted of a crime related to federal health care programs. (42 C.F.R.

455.106(a)(1), (2).) For this purpose, the word "agent" has the meaning described in 42 Code of Federal Regulations part 455.101.

DHCS Finding

The MHP did not submit any evidence of compliance the MHP shall submit the following disclosure to DHCS regarding the MHP's management: 1) The identity of any person who is a managing employee of the MHP who has been convicted of a crime related to federal health care programs. (42 C.F.R 455.106 (a)(1), (2).) 2) The identity of any person who is an agent of the MHP who has been convicted of a crime related to federal health care programs. (42 C.F.R. 455.106(a)(1), (2).) For this purpose, the word "agent" has the meaning described in 42 Code of Federal Regulations part 455.101.

Corrective Action Description

The MHP shall submit the following disclosure to DHCS regarding the MHP's management: 1) The identity of any person who is a managing employee of the MHP who has been convicted of a crime related to federal health care programs. (42 C.F.R 455.106 (a)(1), (2).) 2) The identity of any person who is an agent of the MHP who has been convicted of a crime related to federal health care programs. (42 C.F.R. 455.106(a)(1), (2).) For this purpose, the word "agent" has the meaning described in 42 Code of Federal Regulations part 455.101. The MHP will update recruitment policy and procedure to meet this requirement.

Implementation Timeline:

December 1, 2020

Requirement

Program Integrity

G.V.A2 - The MHP has a process to confirm monthly that no providers is on the: a) OIG List of Excluded Individuals/Entities (LEIE). b) System of Award Management (SAM) Excluded Parties List System (EPLS). c) DHCS Medi-Cal List of Suspended or Ineligible Providers (S&I List). (42 C.F.R. §§ 438.608(d), an 455.436)

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that MHP has a process to confirm monthly that no provider is on the: a) OIG List of Excluded Individuals/ Entities (LEIE). B) System of Award Management (SAM) Excluded Parties List System (EPLS). c) DHCS Medi-Cal List of Suspended or Ineligible Providers (S&I List).

Corrective Action Description

The MHP shall submit the following disclosure to DHCS regarding the MHP's management: 1) The identity of any person who is a managing employee of the MHP who has been convicted of a crime related to federal health care programs. (42 C.F.R. 455.106 (a)(1), (2).) 2) The identity of any person who is an agent of the MHP who has been convicted of a crime related to federal health care programs. (42 C.F.R. 455.106(a)(1), (2).) For this purpose, the word "agent" has the meaning described in 42 Code of Federal Regulations part 455.101. The MHP will develop a sanction policy and procedure to meet this requirement.

Implementation Timeline:

October 5, 2020

Requirement

Program Integrity

G.V.A3- If the MHP finds a party that is excluded, it must promptly notify DHCS. (42 C.F.R. 438.608(a)(2), (4).

DHCS Finding

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that if MHP finds a party that is excluded, it promptly notify DHCS.

Corrective Action Description

If the MHP finds a party that is excluded, it must promptly notify DHCS. The MHP will develop a sanctions and exclusions policy and procedure to meet this requirement.

Implementation Timeline:

October 5, 2020

Requirement

Other Regulatory and Contractual Requirements

H.A - The MHP must comply with the requirements of W&I Code Sections 14705 and 14712 regarding timely submission of its annual cost reports.

DHCS Finding

The MHP did not submit any evidence of compliance the MHP complies with the requirements of W&I Code Sections 14705 and 14712 regarding timely submission of its annual cost reports.

Corrective Action Description

The MHP must comply with the requirements of W&I Code Sections 14705 and 14712 regarding timely submission of its annual cost reports. The MHP contracts with Kingsview who submits cost reports, the MHP will monitor to assure that cost reports are submitted timely. Develop cost report P&P.

Implementation Timeline:

December 1, 2020

Requirement

Other Regulatory and Contractual Requirements

H.B1- The MHP, and subcontractors, shall allow the Department, CMS, the Office of the Inspector General, the Comptroller General of the United States, and other authorized federal and state agencies, or their duly authorized designees, to evaluate Contractor's, and subcontractors', performance under this contract, including the quality, appropriateness, and timeliness of the services provided, and to inspect, evaluate, and audit any and all records, documents, and the premises, equipment and facilities maintained by the Contractor and its subcontractors pertaining to such services at any time. (MHP Contract, Ex. E; 42 C.F.R 438.3(h), 438.230(c)(3)(i-iii).)

DHCS Finding

The MHP did not submit any evidence of compliance the MHP , and subcontractors, shall allow the Department, CMS, the Office of the Inspector General, the Comptroller General of the United States, and other authorized federal and state agencies, or their duly authorized designees, to evaluate Contractor's, and subcontractors', performance under this contract, including the quality, appropriateness, and timeliness of the services provided, and to inspect, evaluate, and audit any and all records, documents, and the premises, equipment and facilities maintained by the Contractor and its subcontractors pertaining to such services at any time.

Corrective Action Description

The MHP, and subcontractors, shall allow the Department, CMS, the Office of the Inspector General, the Comptroller General of the United States, and other authorized federal and state agencies, or their duly authorized designees, to evaluate Contractor's, and subcontractors', performance under this contract, including the quality, appropriateness, and timeliness of the services provided, and to inspect, evaluate, and audit any and all records, documents, and the premises, equipment and facilities maintained by the Contractor and its subcontractors pertaining to such services at any time. The MHP will update the contract boiler plate and update retention of records policy and procedure to meet this requirement.

Implementation Timeline:

December 1, 2020

Requirement

Other Regulatory and Contractual Requirements

H.B2- The MHP shall allow such inspection, evaluation, and audit of its records, documents, and facilities, and those of its subcontractors, for 10 years from the term end date of this Contract or in the event the Contractor has been notified that an audit or investigation has been resolved, including the exhaustion of all legal remedies, whichever is later. (MHP Contract, Ex. E; 42 C.F.R. 438.3(h), 438.230(c)(3)(i-iii).)

DHCS Finding

The MHP did not submit any evidence of compliance the MHP shall allow such inspection, evaluation, and audit of its records, documents, and facilities, and those of its subcontractors, for 10 years from the term end date of this Contract or in the event the Contractor has been notified that an audit or investigation has been resolved, including the exhaustion of all legal remedies, whichever is later.

Corrective Action Description

The MHP shall allow such inspection, evaluation, and audit of its records, documents, and facilities, and those of its subcontractors, for 10 years from the term end date of this Contract or in the event the Contractor has been notified that an audit or investigation has been resolved, including the exhaustion of all legal remedies, whichever is later. The MHP will update contract boiler plate and develop policy and procedure to meet this requirement.

Implementation Timeline:

December 1, 2020

Chart Review**Requirement**

Assessment

The MHP Must establish written standards for written standards for (1) timeliness and (2) frequency of the Assessment documentation. (MHP Contract, Ex. A, Att. 9)

DHCS Finding

One or more assessments were not completed within the timeliness and/or update frequency requirements specified in the MHP's written documentation standards. Specifically, the MHP's "Documentation Manual" indicates that, "Reassessments are to be completed every two years for adults and every year for children and adolescents to determine the continuing presence of medical necessity."

Corrective Action Description

The MHP must establish written standards for written standards for (1) timeliness and (2) frequency of the Assessment documentation. The MHP will develop a timeliness to access policy and procedure. PNP 204.3 in DRAFT

Implementation Timeline:

November 1, 2020

Requirement

Medication Consent

The Provider obtains and retains a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication. (MHP Contract, Ex. A., Att. 9)

DHCS Finding

The provider did not obtain and retain a current written medication consent for signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication, and there was no documentation in the medical record of the explanation regarding the beneficiary's refusal or unavailability to sign the medication consent.

Corrective Action Description

The Provider obtains and retains a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication. The MHP will update the medication consent audit tool. 203.1

Implementation Timeline:

November 1, 2020

Requirement

Medication Consent

The MHP shall implement mechanisms to monitor the safety and effectiveness of the medication practices, The monitoring mechanism shall be: 1) Under the supervision of a

person licensed to prescribe or dispense medication. 2) Performed at least annually. 3) Inclusive of medications prescribed to adults and youth. (MHP Contract, EX. A, Att.5)

DHCS Finding

The MHP did not furnish evidence it has an ongoing mechanism for monitoring and ensuring the safety and effectiveness of its medication practices, Specifically, DHCS reviewed the following documentation: Policy No. 203.1, Medication Policy: Storage and Dispensing. It was determined the documentation did not provide evidence of compliance with this requirement, as it did not address the implementation of a mechanism to monitor the safety and effectiveness of the medication process.

Corrective Action Description

The MHP shall implement mechanisms to monitor the safety and effectiveness of the medication practices, the monitoring mechanism shall be: 1) Under the supervision of a person licensed to prescribe or dispense medication. 2) Performed at least annually. 3) Inclusive of medications prescribed to adults and youth. The MHP will contract with a pharmacist to monitor prescribing practices and will develop a policy and procedure around prescribing practice monitoring. 203.1

Implementation Timeline:

November 1, 2020

Requirement

Client Plans

Services shall be provided, in accordance with the State Plan, to beneficiaries, who meet medical necessity criteria, based on beneficiary's need for services established by an assessment and documented in the client plan. Services shall be provided in an amount, duration, and scope as specified in the individualized Client Plan for each beneficiary. (MHP Contract, EX. A, Attachment 2)

DHCS Finding

Services were not provided in an amount, duration, and scope specified in the beneficiary's initialized Client Plan. In a discussion during the onsite review, MHP staff indicated that for this beneficiary, it was determined following the Client Plan development that these services were no longer needed. However, the initial client plan was not reviewed and updated.

Corrective Action Description

Services shall be provided, in accordance with the State Plan, to beneficiaries, who meet medical necessity criteria, based on beneficiary's need for services established by an assessment and documented in the client plan. Services shall be provided in an

amount, duration, and scope as specified in the individualized Client Plan for each beneficiary. The MHP will create PNP to address. PNP 204.3 DRAFT

Implementation Timeline:

November 1, 2020

Requirement

Client Plans

The client plan shall be updated at least annually, or when there are significant changes in the beneficiary's condition. (MHP Contract, Ex. A, Attachment 9) RR4. Services shall be provided, in accordance with the State Plan, based on the beneficiary's need for services established by an Assessment and documented in the Client Plan. Services were claimed: a) Prior to initial Client Plan being in place; or b) During the period where there was a gap or lapse between client plans; or c) When the planned service intervention was not on the current client plan. (MHSUDS IN No. 17-050, Enclosure 4)

DHCS Finding

Client Plans were not completed prior to delivery of planned services and/or were not updated at least annually or reviewed and updated when there was a significant change in the beneficiary's condition (as required in the MHP Contract with the Department and/or as specified in the MHP'S documentation standards).

Corrective Action Description

The client plan shall be updated at least annually, or when there are significant changes in the beneficiary's condition. The MHP will develop PNP to address item PNP 204.3 DRAFT

Implementation Timeline:

November 1, 2020

Requirement

Client Plans

The MHP shall ensure that Client Plans: a) Have specific observable and/or specific quantifiable goals/treatment objectives related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis. b) Identify the proposed type(s) of intervention/modality including a description of the intervention to be provided. c) Have a proposed frequency of intervention(s). d) Have a proposed duration of the intervention(s). e) have interventions that focus and address the identified

functional impairments as a result of the mental disorder (from Cal. Code Regs., tit. 9 1830.205(b). f) Have interventions that are consistent with the client plan goals. g) Be consistent with the qualifying diagnosis. (MHP Contract, Ex. A, Attachment 9)

DHCS Finding

Client Plans did not include all of the required elements specified in the MHP Contract.

Corrective Action Description

Client Plans did not include all of the required elements specified in the MHP Contract. The MHP will develop PNP to address item PNP 204.3 DRAFT

Implementation Timeline:

November 1, 2020

Requirement

Progress Notes

The MHP shall ensure that progress notes describe how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning outlined in the client plan. Items shall be contained in the client record related to the beneficiary's progress in treatment include: a) Timely documentation of relevant aspects of beneficiary care including documentation necessity; b) Documentation of the beneficiary encounters, including relevant clinical decisions when decisions are made, alternative approaches for future interventions; c) Interventions applied, beneficiary's response to the interventions, and the location of the interventions; d) The date the service was provided; e) Documentation of referrals to the community resources and other agencies, when appropriate; f) Documentation of follow-up care, or as appropriate, a discharge summary; and g) The amount of time taken to provide services; and h) The signature of the person providing the services (or electronic equivalent); the person's type of professional degree, licensure, or job title. (MHP Contract, Ex. A, Attachment 9)

DHCS Finding

Progress Notes did not include timely documentation of relevant aspects of beneficiary care, including documentation of medical necessity, as required in the MHP Contract. One or more Progress Notes were not completed within the timeliness and/or frequency standards in accordance with the MHP Contract and the MHP's written documentation standards.

Corrective Action Description

Progress Notes did not include timely documentation of relevant aspects of beneficiary care, including documentation of medical necessity, as required in the MHP Contract.

One or more Progress Notes were not completed within the timeliness and/or frequency standards in accordance with the MHP Contract and the MHP's written documentation standards. The MHP will update the provider handbook.

Implementation Timeline:

November 1, 2020

Requirement

Progress Notes

When services are being provided to, or on behalf of, a beneficiary by two or more persons at one point in time, do the progress notes include: 1) Documentation of each person's involvement in the context of the mental health needs of the beneficiary. 2) The exact number of minutes used by persons providing the service. 3) Signature(s) of person(s) providing services. (CCR, title 9, 1840.314 (c).)

DHCS Finding

Documentation of services being provided to, or on behalf of, a beneficiary by two or more persons at one point in time did not include all required components. Specifically: As stated in MHSUDS IN No. 17-050, "The progress note should include the total number of group participants (Medi-Cal and non- Medi-Cal Participants).

Corrective Action Description

When services are being provided to, or on behalf of, a beneficiary by two or more persons at one point in time, do the progress notes include: 1) Documentation of each person's involvement in the context of the mental health needs of the beneficiary. 2) The exact number of minutes used by persons providing the service. 3) Signature(s) of person(s) providing services. The MHP will update documentation manual.

Implementation Timeline:

November 1, 2020

Requirement

Progress Notes

Progress Notes shall be documented at the frequency by type of service indicated below: a) Every Service Contact: i. Mental Health Services; ii. Medication Support Services; iii. Crisis Intervention; iv. Targeted Case Management; b) Daily: i. Crisis Residential; ii. Crisis Stabilization (1x/23hr); iii. Day Treatment Intensive; c) Weekly; i. Day Treatment Intensive: a clinical summary reviewed and signed by a physician, a

licensed/waivered psychologist, clinical social worker, or marriage and family therapist; a registered nurse who is either staff to the day treatment intensive program or the person directing service; ii. Day Rehabilitation; iii. Adult Residential.

DHCS Finding

The MHP did not submit a progress note corresponding to the claim submitted to DHCS for reimbursement, as follows: a) No Progress note was submitted b) The progress note provided by the MHP does not match the claim submitted to DHCS for reimbursement the terms of the following: 1) Specialty Mental Health Services Claimed. 2) Date of Service, and/or 3) Units of time. (MHSUDS IN No. 17-050, Enclosure 4) Progress Notes were not documented according to the requirements specified in the MHP Contract.

Corrective Action Description

The MHP did not submit a progress note corresponding to the claim submitted to DHCS for reimbursement, as follows: a) No Progress note was submitted b) The progress note provided by the MHP does not match the claim submitted to DHCS for reimbursement the terms of the following: 1) Specialty Mental Health Services Claimed. 2) Date of Service, and/or 3) Units of time. The MHP will update the provider handbook and address this in the utilization management process to meet this requirement.

Implementation Timeline:

November 1, 2020

Requirement

Progress Notes

The MHP must make individualizes determinations of each child's/youth need for ICC and IHBS, based on the child's/youth's strengths and needs. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018)

DHCS Finding

The MHP did not furnish evidence that it has a standard procedure for providing individualized determinations of eligibility for ICC services and IBHS for beneficiaries under the age of 22 that is based on their strengths and needs.

Corrective Action Description

The MHP must make individualizes determinations of each child's/youth need for ICC and IHBS, based on the child's/youth's strengths and needs. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018). The MHP will develop ICC and IHBS policy and procedure to meet this requirement.

Implementation Timeline:

November 1, 2020