

San Benito County Behavioral Health
Fiscal Year (FY) 19/20 Specialty Mental Health Triennial Review
Corrective Action Plan

System Review

Requirement

The MHP must offer an appropriate range of SMHS that is adequate for the number of beneficiaries in the County.

DHCS Finding #1 – Network Adequacy and Availability of Services

The MHP is out of compliance for Outpatient Specialty Mental Health Services (SMHS) Provider Capacity for Children and Youth. It is not evident that the MHP offers an appropriate range of SHMS that is adequate for the number of beneficiaries in the County.

Corrective Action Description – Network Adequacy and Availability of Services

SBCBH has taken steps to increase its network with recruitment and hiring of clinicians serving children and youth. SBCBH is also growing its internship program. Since the time of the Triennial review, SBCBH has added 3 interns and 2 clinicians to serve the children and youth population. SBCBH also entered into an agreement with a Community Based Organization to provide additional children and youth services as needed.

Proposed Evidence/Documentation of Correction – Network Adequacy and Availability of Services

SBCBH will provide an updated Organization Charts to show the addition of new clinicians providing services to children and youth. Contract evidence can also be submitted should the request be made.

Ongoing Monitoring (if included) – Network Adequacy and Availability of Services

SBCBH will review and discuss staffing issues and needs bi-weekly at management meetings and monthly at Quality Improvement meetings.

Person Responsible (job title) – Network Adequacy and Availability of Services

Maxe Cendana, Quality Improvement Supervisor

Implementation Timeline – Network Adequacy and Availability of Services

SBCBH began addressing this issue towards the end of 2019 and continues to actively monitor staffing requirements.

Requirement

Test calls must demonstrate compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1). The toll-free telephone number provides information to beneficiaries about 1) how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met; 2) services needed to treat a beneficiary's urgent condition; and 3) provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

DHCS Finding #2 – Test Call #1

The caller was not provided information about how to access SMHS nor was the caller provided information about services needed to treat a beneficiary's urgent condition. The call is deemed out of compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

Corrective Action Description – Test Call #1

SBCBH will work closely with our contracted after-hours vendor to ensure that they are equipped with the most up to date and appropriate information and processes to be able to assist callers with information about services needed to treat a beneficiary's urgent condition and how to access SMHS.

Proposed Evidence/Documentation of Correction – Test Call #1

SBCBH will evidence the corrective action by requesting that the after-hours vendor send their current script and resource information. SBCH will then review the documents to make updated edits and changes to the information held by after-hours staff. Training on the new information and resource material will be documented by the after-hours vendor to ensure staff are properly trained.

Ongoing Monitoring (if included) – Test Call #1

SBCBH will hold ongoing monitoring meetings with the after-hours vendor on a quarterly basis to ensure that issues are being addressed and that resource material is up to date. SBCBH will also continue to ensure that our contracted consultant vendor, performs test calls for both our business hours and after-hours lines to ensure that the appropriate information is being communicated to clients and members of the community.

Person Responsible (job title) – Test Call #1

Grizelle Rios, Quality Improvement Supervisor

Implementation Timeline – Test Call #1:

Review of contractor resource material for updates and training on new information:
6/30/2021

Monitoring meetings: Quarterly and ongoing throughout the life of the contract

DHCS Finding #2 – Test Call #2

The caller was not provided information about how to access SMHS but was provided information on services needed to treat a beneficiary’s urgent condition. The call is deemed in partial compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

Corrective Action Description – Test Call #2

SBCBH will work closely with our contracted after-hours vendor to ensure that they are equipped with the most up to date and appropriate information and processes to be able to assist callers with information about services needed to treat a beneficiary’s urgent condition and how to access SMHS.

Proposed Evidence/Documentation of Correction – Test Call #2

SBCBH will evidence the corrective action by requesting that the after-hours vendor send their current script and resource information. SBCH will then review the documents to make updated edits and changes to the information held by after-hours staff. Training on the new information and resource material will be documented by the after-hours vendor to ensure staff are properly trained.

Ongoing Monitoring (if included) – Test Call #2

SBCBH will hold ongoing monitoring meetings with the after-hours vendor on a quarterly basis to ensure that issues are being addressed and that resource material is up to date. SBCBH will also continue to ensure that our contracted consultant vendor, performs test calls for both our business hours and after-hours lines to ensure that the appropriate information is being communicated to clients and members of the community.

Person Responsible (job title) – Test Call #2

Grizelle Rios, Quality Improvement Supervisor

Implementation Timeline – Test Call #2:

Review of contractor resource material for updates and training on new information:
6/30/2021

Monitoring meetings: Quarterly and ongoing throughout the life of the contract

DHCS Finding #2 – Test Call #3

The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, nor was the caller provided information about services needed to treat a beneficiary's urgent condition. The call is deemed out of compliance with the regulatory requirements with CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1).

Corrective Action Description – Test Call #3

SBCBH will work closely with our contracted after-hours vendor to ensure that they are equipped with the most up to date and appropriate information and processes to be able to assist callers with information about services needed to treat a beneficiary's urgent condition and how to access SMHS.

Proposed Evidence/Documentation of Correction – Test Call #3

SBCBH will evidence the corrective action by requesting that the after-hours vendor send their current script and resource information. SBCH will then review the documents to make updated edits and changes to the information held by after-hours staff. Training on the new information and resource material will be documented by the after-hours vendor to ensure staff are properly trained.

Ongoing Monitoring (if included) – Test Call #3

SBCBH will hold ongoing monitoring meetings with the after-hours vendor on a quarterly basis to ensure that issues are being addressed and that resource material is up to date. SBCBH will also continue to ensure that our contracted consultant vendor, performs test calls for both our business hours and after-hours lines to ensure that the appropriate information is being communicated to clients and members of the community.

Person Responsible (job title) – Test Call #3

Grizelle Rios, Quality Improvement Supervisor

Implementation Timeline – Test Call #3:

Review of contractor resource material for updates and training on new information:
6/30/2021

Monitoring meetings: Quarterly and ongoing throughout the life of the contract

DHCS Finding #2 – Test Call #4

The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, nor was the caller provided information about services needed to treat a beneficiary's urgent condition.

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

Corrective Action Description – Test Call #4

SBCBH will work closely with our contracted after-hours vendor to ensure that they are equipped with the most up to date and appropriate information and processes to be able to assist callers with information about services needed to treat a beneficiary’s urgent condition and how to access SMHS.

Proposed Evidence/Documentation of Correction – Test Call #4

SBCBH will evidence the corrective action by requesting that the after-hours vendor send their current script and resource information. SBCH will then review the documents to make updated edits and changes to the information held by after-hours staff. Training on the new information and resource material will be documented by the after-hours vendor to ensure staff are properly trained.

Ongoing Monitoring (if included) – Test Call #4

SBCBH will hold ongoing monitoring meetings with the after-hours vendor on a quarterly basis to ensure that issues are being addressed and that resource material is up to date. SBCBH will also continue to ensure that our contracted consultant vendor, performs test calls for both our business hours and after-hours lines to ensure that the appropriate information is being communicated to clients and members of the community.

Person Responsible (job title) – Test Call #4

Grizelle Rios, Quality Improvement Supervisor

Implementation Timeline – Test Call #4:

Review of contractor resource material for updates and training on new information:
6/30/2021

Monitoring meetings: Quarterly and ongoing throughout the life of the contract

DHCS Finding #2 – Test Call #6

The caller was not provided information about how to use the beneficiary problem resolution and fair hearing processes. The call is deemed out of compliance with the regulatory requirements with CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1).

Corrective Action Description – Test Call #6

SBCBH will work with staff that answer the Access Line to ensure that they are trained on answering protocols. This will include ensuring that they are equipped with the most up to date and appropriate information and processes to be able to assist callers with

information about the beneficiary problem resolution and fair hearing process. In addition, SBCBH will ensure that staff providing coverage is also trained in the same material prior to coverage.

Proposed Evidence/Documentation of Correction – Test Call #6

SBCBH will evidence the corrective action by documenting our training efforts, including training materials and sign in sheets.

Ongoing Monitoring (if included) – Test Call #6

SBCBH will provide ongoing monitoring by continuing using a contracted consultant to perform test calls and documenting results.

Person Responsible (job title) – Test Call #6

Grizelle Rios, Quality Improvement Supervisor

Implementation Timeline – Test Call #6:

Training of internal staff on related material: 6/30/2021

Test calls and monitoring of results: 5 test calls/month and ongoing

Requirement

The MHP must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing. The written log(s) must contain name of the beneficiary, date of the request, and initial disposition of the request.

DHCS Finding #3

The MHP did not furnish evidence to demonstrate compliance with California Code for Regulations, title 9, chapter 11, section 1810, subdivision 405(f). The MHP must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing. The written log(s) must contain name of the beneficiary, date of the request, and initial disposition of the request. While the MHP submitted evidence to demonstrate compliance with this requirement, two of five required DHCS test calls were not logged on the MHP's written log of initial request.

Corrective Action Description

SBCBH will work closely with our contracted after-hours vendor and internal staff to ensure that they are equipped with the most up to date and accurate information and processes for logging initial requests for SMHS. Once current processes have been identified, SBCBH will train staff on the correct logging and tracking information.

Proposed Evidence/Documentation of Correction

SBCBH will evidence compliance with the corrective action by training and adhering to Policy and Procedure CLN 17:15 and establishing a more comprehensive log to prompt users to gather all necessary data.

Ongoing Monitoring (if included)

SBCBH will provide ongoing monitoring by continuing using a contracted consultant to perform test calls and documenting results. The documentation of results includes verification of logged information. There are 5 test calls per month conducted.

Person Responsible (job title)

Grizelle Rios, Quality Improvement Supervisor

Implementation Timeline:

Training of internal and contracted staff on related material: 6/30/2021

Test calls and monitoring of results: 5 test calls/month and ongoing

Requirement

The MHP must provide beneficiaries with a Notice of Adverse Beneficiary Determination (NOABD) under the circumstances listed in E.IV.A1-6.

DHCS Finding #4

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 400(b)(1), (2), (4), and (5). The MHP must provide beneficiaries with a Notice of Adverse Beneficiary Determination (NOABD) under the circumstances listed in E.IV.A1-6.

Corrective Action Description

Since the audit review FY samples, SBCBH has made great strides to improve in our distribution and determinations of NOABDs. SBCBH will continue to follow our internal policy (CLN 16:30) derived from MHSUDS IN 18-010E. This will include sending NOABDs under the circumstances listed in E.IV.A 1-6. The Access Team has developed a team process to adhere to policy CLN 16:30. Once an adverse beneficiary determination has been made, the Access team will communicate with QI staff, QI will develop the letter with all appropriate components and will send the letter to the beneficiary with the help of our clerical staff.

Proposed Evidence/Documentation of Correction

SBCBH will evidence adherence to the corrective action by using Policy CLN 16:30, last updated in March of 2020. Via this policy, the Access Team, comprised of clinical supervisors and QI staff, have developed a team process to comply with the policy.

Ongoing Monitoring (if included)

SBCBH will monitor this process, the effectiveness and efficiency of the team process in following CLN 16:30, as well as give updates of the amount of each NOABD type sent to beneficiaries at our regular QIC monthly meetings.

Person Responsible (job title)

Maxe Cendana, Quality Improvement Supervisor

Veronica Gallacher, Clinical Supervisor – Children/TAY

Rumi Saikia, Clinical Supervisor – Adult/Older Adult

Elizabeth Lopez, Clinical Supervisor - SUDs

Implementation Timeline:

SBCBH has already implemented the new process and has adhered to the updated policy CLN 16:30 since it's adoption in March of 2020.

Requirement

The MHP must acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing meeting above listed standards.

DHCS Finding #5

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 12, Federal Code of Regulations, title 42, section 438, subdivision 406(b)(1), and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-010E. The MHP must acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing meeting above listed standards.

Corrective Action Description

Since the audit review FY samples, SBCBH has made great strides to improve in our grievance, appeals and request for expedited appeals of NOABD efforts. SBCBH will continue to follow our internal policies (CLN 16:30, CLN 03:10) derived from MHSUDS IN 18-010E. This will include logging all grievances, appeals, request for expedited appeals and acknowledging receipt of these in a timely manner. The Quality Improvement Team has developed a process to adhere to policy CLN 16:30 and CLN 03:10. Once a grievance, appeal, or expedited appeal request is received, the QI Supervisor assigned to grievances and appeals will ensure that the information is logged and responded to timely in adherence to the guidance in MHSUDS IN 18-010E.

Proposed Evidence/Documentation of Correction

SBCBH will evidence adherence to the corrective action by using Policy CLN 16:30 and CLN 03:10, last updated in March and April of 2020, respectively. Via these policies, the assigned QI Supervisor, will follow the designated process to comply with the policy.

Ongoing Monitoring (if included)

SBCBH will monitor this process, the effectiveness and efficiency of the team process in following CLN 16:30 and CLN 03:10, as well as give updates of the grievance and appeal data our regular QIC monthly meetings.

Person Responsible (job title)

Maxe Cendana, Quality Improvement Supervisor

Implementation Timeline:

SBCBH has already implemented the new processes and has adhered to the updated policies CLN 16:30 and CLN 03:10 since their adoption in March and April of 2020, respectively.

Requirement

The MHP must adhere to the record keeping, monitoring, and review requirements as listed above.

DHCS Finding #6

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 416 and California Code of Regulations, title 9, section 1850, subdivision 205. The MHP must adhere to the record keeping, monitoring, and review requirements as listed above.

Corrective Action Description

Since the audit review FY samples, SBCBH has made great strides to improve in our grievance, appeals and request for expedited appeals of NOABD efforts. SBCBH will continue to follow our internal policies (CLN 16:30, CLN 03:10) derived from MHSUDS IN 18-010E. This will include logging all grievances, appeals, request for expedited appeals and acknowledging receipt of these in a timely manner. The Quality Improvement Team has developed a process to adhere to policy CLN 16:30 and CLN 03:10. Once a grievance, appeal, or expedited appeal request is received, the QI Supervisor assigned to grievances and appeals will ensure that the information is logged and responded to timely in adherence to the guidance in MHSUDS IN 18-010E.

Proposed Evidence/Documentation of Correction

SBCBH will evidence adherence to the corrective action by using Policy CLN 16:30 and CLN 03:10, last updated in March and April of 2020, respectively. Via these policies, the assigned QI Supervisor, will follow the designated process to comply with the policy.

Ongoing Monitoring (if included)

SBCBH will monitor this process, the effectiveness and efficiency of the team process in following CLN 16:30 and CLN 03:10, as well as give updates of the grievance and appeal data (including logging efforts) at our regular QIC monthly meetings.

Person Responsible (job title)

Maxe Cendana, Quality Improvement Supervisor

Implementation Timeline:

SBCBH has already implemented the new processes and has adhered to the updated policies CLN 16:30 and CLN 03:10 since their adoption in March and April of 2020, respectively.

Requirement

The MHP must resolve each grievance as expeditiously as the beneficiary's health condition requires not to exceed 90 calendar days from the day the Contractor receives the grievance.

DHCS Finding #7

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(a)-(b)(1). The MHP must resolve each grievance as expeditiously as the beneficiary's health condition requires not to exceed 90 calendar days from the day the Contractor receives the grievance

Corrective Action Description

Since the audit review FY samples, SBCBH has made great strides to improve in our grievance, appeals and request for expedited appeals of NOABD efforts. SBCBH will continue to follow our internal policies (CLN 16:30, CLN 03:10) derived from MHSUDS IN 18-010E. This will include logging all grievances, appeals, request for expedited appeals and acknowledging receipt of these in a timely manner. The Quality Improvement Team has developed a process to adhere to policy CLN 16:30 and CLN 03:10. Once a grievance, appeal, or expedited appeal request is received, the QI Supervisor assigned to grievances and appeals will ensure that the information is logged and responded to timely in adherence to the guidance in MHSUDS IN 18-010E.

Proposed Evidence/Documentation of Correction

SBCBH will evidence adherence to the corrective action by using Policy CLN 16:30 and CLN 03:10, last updated in March and April of 2020, respectively. Via these policies, the assigned QI Supervisor, will follow the designated process to comply with the policy.

Ongoing Monitoring (if included)

SBCBH will monitor this process, the effectiveness and efficiency of the team process in following CLN 16:30 and CLN 03:10, as well as give updates of the grievance and appeal data (including logging efforts) at our regular QIC monthly meetings.

Person Responsible (job title)

Maxe Cendana, Quality Improvement Supervisor

Implementation Timeline:

SBCBH has already implemented the new processes and has adhered to the updated policies CLN 16:30 and CLN 03:10 since their adoption in March and April of 2020, respectively.

Requirement

The MHP must provide written notification to the beneficiary or the appropriate representative of the resolution of a grievance and documentation of the notification or efforts to notify the beneficiary if he or she could not be contacted.

DHCS Finding #8

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1850, subdivision 206(c). The MHP must provide written notification to the beneficiary or the appropriate representative of the resolution of a grievance and documentation of the notification or efforts to notify the beneficiary if he or she could not be contacted.

Corrective Action Description

Since the audit review FY samples, SBCBH has made great strides to improve in our grievance, appeals and request for expedited appeals of NOABD efforts. SBCBH will continue to follow our internal policies (CLN 16:30, CLN 03:10) derived from MHSUDS IN 18-010E. This will include logging all grievances, appeals, request for expedited appeals and acknowledging receipt of these in a timely manner. The Quality Improvement Team has developed a process to adhere to policy CLN 16:30 and CLN 03:10. Once a grievance, appeal, or expedited appeal request is received, the QI Supervisor assigned to grievances and appeals will ensure that the information is logged and responded to timely in adherence to the guidance in MHSUDS IN 18-010E. A copy of the notification and/or efforts to notify the beneficiary are logged and saved for documentation purposes.

Proposed Evidence/Documentation of Correction

San Benito County Behavioral Health
FY 19/20 Specialty Mental Health Triennial Review – Corrective Action Plan

SBCBH will evidence adherence to the corrective action by using Policy CLN 16:30 and CLN 03:10, last updated in March and April of 2020, respectively. Via these policies, the assigned QI Supervisor, will follow the designated process to comply with the policy.

Ongoing Monitoring (if included)

SBCBH will monitor this process, the effectiveness and efficiency of the team process in following CLN 16:30 and CLN 03:10, as well as give updates of the grievance and appeal data (including logging efforts) at our regular QIC monthly meetings.

Person Responsible (job title)

Maxe Cendana, Quality Improvement Supervisor

Implementation Timeline:

SBCBH has already implemented the new processes and has adhered to the updated policies CLN 16:30 and CLN 03:10 since their adoption in March and April of 2020, respectively.