

# **Shasta County Mental Health Plan (SCMHP)**

## **Fiscal Year (FY) 19/20 Specialty Mental Health Triennial Review**

### **SYSTEM REVIEW CORRECTIVE ACTION PLAN**

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## **NETWORK ADEQUACY AND AVAILABILITY OF SERVICES**

### **Requirement A.III.F**

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

### **DHCS Finding**

The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must provide TFC services to all children and youth who meet medical necessity criteria for TFC.

The MHP did not submit any evidence of compliance with this requirement.

During the facilitation discussion, the MHP confirmed that they do not assess nor provide TFC services. The MHP will seek to procure the services in a future RFP.

DHCS deems the MHP out of compliance with the Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care Services (TFC) for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must complete a CAP addressing this finding of non-compliance.

### **Corrective Action Description**

- SCMHP's Children's Services Branch will be creating a policy and procedure to assess for and provide Therapeutic Foster Care (TFC) services to clients who meet medical necessity criteria. Currently, the program is planning to use Interagency Placement Committee for identifying potential clients and working on identifying evaluation tools that can be utilized for approving clients for TFC services.

Additionally, a list of potential contractors has been compiled to vet for providing TFC services. In case the list of contractors is exhausted without finding a suitable provider, a request for proposals (RFP) will be issued, with the end-goal of contracting with a TFC services provider.

### **Proposed Evidence/Documentation of Correction**

- Therapeutic Foster Care Policy and Procedure
  - Meeting/training sign-in sheet when the new policy and procedure is released for implementation by staff
- Therapeutic Foster Care Services Request for Proposal

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- A copy of the contract to be provided once a service provider is identified and contracted with

**Ongoing Monitoring (if included)**

- N/A

**Person Responsible (job title)**

- Children's Services Branch Clinical Division Chief

**Implementation Timeline**

- Therapeutic Foster Care Policy and Procedure which will include the referral process to be finalized and signed by June 2021
- Tentatively, a Therapeutic Foster Care Services request for proposals to be released by June 2021

### **Requirement A.III.G**

The MHP has an affirmative responsibility to determine if children and youth who meet medical necessity criteria need TFC. (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 to demonstrate compliance with the 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 must have an affirmative responsibility to determine if children and youth who meet medical necessity criteria need TFC.

The MHP did not submit any evidence of compliance with this requirement.

During the facilitated discussion, the MHP confirmed they do not assess for the need for TFC.

DHCS deems the MHP out of compliance with the 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 must complete a CAP addressing this finding of non-compliance.

### **Corrective Action Description**

- SCMHP's Children's Services Branch will be creating a policy and procedure to assess for and provide Therapeutic Foster Care (TFC) services to clients who meet medical necessity criteria. Currently, the program is planning to use Interagency Placement Committee for identifying potential clients and working on identifying evaluation tools that can be utilized for approving clients for TFC services.

Additionally, a list of potential contractors has been compiled to vet for providing TFC services. In case the list of contractors is exhausted without finding a suitable provider, a request for proposals (RFP) will be issued, with the end-goal of contracting with a TFC services provider.

### **Proposed Evidence/Documentation of Correction**

- Therapeutic Foster Care Policy and Procedure
  - Meeting/training sign-in sheet when the new policy and procedure is released for implementation by staff
- Therapeutic Foster Care Services Request for Proposal
  - A copy of the contract to be provided once a service provider is identified and contracted with

**Ongoing Monitoring (if included)**

- N/A

**Person Responsible (job title)**

- Children's Services Branch Clinical Division Chief

**Implementation Timeline**

- Therapeutic Foster Care Policy and Procedure which will include the referral process to be finalized and signed by June 2021
- Tentatively, a Therapeutic Foster Care Services request for proposals to be released by June 2021



### **Requirement A.VI.C 1–4**

- 1) The MHP shall have written policies and procedures for selection and retention of providers. (42 C.F.R. § 438.214(a).)
- 2) 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).)
- 3) 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).)
- 4) The MHP must follow a documented process for credentialing and re-credentialing of network providers. (MHSUDS IN No. 18-019; 42 C.F.R. §§ 438.12(a)(2); 438.214(b).)

### **DHCS Finding**

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 214(a), (b), (c), (d) and 12(a)(2), and (1), and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-019. The MHP must comply with following;

- The MHP shall have written policies and procedures for selection and retention of providers.
- 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 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 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 submitted the following documentation as evidence of compliance with this requirement:

- MH Clinician 1 job
- Provider spreadsheet
- Social Worker duties

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP complied with the following:

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- The MHP shall have written policies and procedures for selection and retention of providers.
- 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 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 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.

During the facilitated discussion, the MHP did not provide a policy and procedure for selection and retention of providers which needs to include all required elements described above. In addition, evidence was not provided to show that these required elements have been put into practice.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 214(a), (b), (c), (d) and 12(a)(2), and (1), and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-019. The MHP must complete a CAP addressing this finding of non-compliance.

### **Corrective Action Description**

- **New SCMHP policies will be adopted with language reflecting the existing overarching Shasta County policies for the selection and retention of staff, non-discrimination, and contracting rules, while adding language specific to:**
  - Selection and retention of mental health (MH) providers
  - Non-discrimination in the selection and retention of MH providers based on service to high-risk populations or specialty in conditions that require costly treatment
  - Non-discrimination 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
  - Providing written notice with reasons for a decision not to contract with MH contracted providers

### **Proposed Evidence/Documentation of Correction**

- **New policies reflecting necessary language**

### **Ongoing Monitoring (if included)**

- **N/A**

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**Person Responsible (job title)**

- Business and Support Services Branch Deputy Director
- Business and Support Services Human Resources Program Manager

**Implementation Timeline**

- Policies have been drafted and are undergoing review. Once the review process has been finalized, the policies are expected to be signed by May 2021.

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### **Requirement 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**

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 8. The MHP must certify, or use another MHP’s certification documents to certify, the organizational providers that subcontract with the MHP to provide SMHS, in accordance with California Code of Regulations, title 9, section 1810, subsection 435.

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

- New Org Provider MC Cert Procedure
- New Provider Set Up (Excel)
- Certification Procedure (Excel)
- COO Site Certification Procedure (Excel)

### **INTERNAL DOCUMENTS REVIEWED.**

- Overdue Provider Report

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP certified their organizational providers that subcontracts with the MHP to provide SMHS. Specifically, the DHCS certification report revealed five (5) of the 48 providers were overdue.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 8. The MHP must complete a CAP addressing this finding of non-compliance.

### **Corrective Action Description**

- Additional staff are undergoing training to conduct the certification process of organizational providers. Additionally, procedures are being drafted for the various processes involved in certifying an organizational provider and the current tracker has been modified to capture and highlight essential elements in the certification/re-certification processes.

### **Proposed Evidence/Documentation of Correction**

- Certification of Organizational Providers Procedures
- Modified organizational providers certification tracker

### **Ongoing Monitoring (if included)**

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- Modified organizational providers certification tracker

**Person Responsible (job title)**

- Utilization Review/Quality Assurance Clinical Program Coordinator
- Compliance and Quality Improvement Team

**Implementation Timeline**

- Certification of Organizational Providers Procedures are currently being drafted and should be finalized by May 2021
- Organizational providers certification tracker has been modified and is pending review

## CARE COORDINATION AND CONTINUITY OF CARE

### Requirement B.III.B

When the MHP determines that the beneficiary's diagnosis is not included as a SMHS, or is included but would be responsive to physical health care based treatment, the MHP of the beneficiary shall refer the beneficiary in accordance with state regulations. (CCR, tit.9, § 1810.415(d).)

### DHCS Finding

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 415(d). The MHP must, when the MHP determines that the beneficiary's diagnosis is not included as a SMHS, or is included but would be responsive to physical health care based treatment; the MHP of the beneficiary shall refer the beneficiary in accordance with state regulations.

The MHP did not submit any evidence of compliance with this requirement: During the facilitated discussion, the MHP did not provide documentation to support the requirement. The MHP was awarded 3-year grant to fund physical health care based treatment.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 415(d). The MHP must complete a CAP addressing this finding of non-compliance.

### Corrective Action Description

- **SCMHP's Welcoming Policy** contains language addressing holistic and comprehensive recovery based on a variety of needs; including referrals to other providers that are specifically trained in the needed areas of recovery. The policy states the following:  
"A thorough screening will be conducted as part of the treatment process to provide the best care possible. In order to offer the most holistic and comprehensive recovery treatment, the MHP recognizes the importance of integrating the services to address a variety of needs that each individual may have. These integrated services include referrals to other providers that are specifically trained in the needed areas of recovery."  
"It is recognized that when an individual enters seeking services from the MHP, he/she is reaching out for help and deserves a welcoming response. The MHP takes responsibility for assisting each individual who needs help by making sure that they receive:  
A. Integrated risk assessment to assure safety;  
B. Connection to treatment relationships that integrate attention to his/her multiple needs while in treatment;  
C. Appropriate referrals to resources and support services."

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In coherence with the policy, SCMHP contracts and has systems in place to coordinate with all Federally Qualified Health Centers (FQHCs) in Shasta County. Additionally, SCMHP has a memorandum of understanding (MOU) with Partnership Health Plan of California (PHC) which outlines the process for resolving disputes, monitoring, and assessing, as well as a referral protocol. SCMHP connects individuals who do not meet specialty mental health medical necessity criteria to PHC's contractor, Beacon, specifically for mild to moderate mental health services. Beacon providers also refer individuals who may meet specialty mental health criteria to SCMHP. In such cases, SCMHP conducts an initial assessment to determine eligibility for specialty mental health services. SCMHP has also entered into an agreement with Hill Country Community Clinic for the coordination of health, behavioral health, and social services through a Whole Person Care program. The target populations are adults (ages 18 – 64) who are homeless or at risk of becoming homeless and who have had two or more Emergency Department (ED) visits or hospitalization in a specified time period prior to Whole Person Care Screening. In addition, these individuals may have one or more risk factors including diagnosis of Serious Mental Illness, diagnosis of Substance Use Disorder, or an undiagnosed/undisclosed opioid addiction. The program provides participants with connection to a patient centered health home, case management system that is supportive in accessing medical and social non-medical services, referral to outpatient and/or residential substance use treatment services, and stable housing that supports both behavioral and physical health.

Based on the policy, and the current contracts in place, SCMHP's Adult Services and Children's Services branches will enact new procedures to capture external referrals made for lower levels of care or physical health providers through the utilization of tools within the Electronic Health Record (EHR) system, Cerner, as well as the Notice of Adverse Benefit Determination (NOABD) tracker.

**Proposed Evidence/Documentation of Correction**

- Welcoming Policy
- Agreements and MOU
- New procedures for capturing external referrals made for lower levels of care or if referrals were made to physical health providers
- Template and/or screenshot for EHR tool

**Ongoing Monitoring (if included)**

- N/A

**Person Responsible (job title)**



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- Adult Services Branch Clinical Division Chiefs
- Children Services Branch Clinical Division Chiefs
- Electronic Health Record Team

**Implementation Timeline**

- Procedures for capturing external referrals made for lower levels of care or if referrals were made to physical health providers to be implemented in June 2021

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## **QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT**

### **Requirement C.V.B**

The MHP disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries. (MHP Contract, Ex. A, Att. 5; 42 C.F.R. § 438.236(b); CCR, title 9, § 1810.326.)

### **DHCS Finding**

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, Federal Code of Regulations, title 42, section 438, subdivision 236(b), and California Code of Regulations, title 9, section 1810, subdivision 326. The MHP must disseminate the practice guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries.

The MHP did not submit any evidence of compliance with this requirement.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, Federal Code of Regulations, title 42, section 438, subdivision 236(b), and California Code of Regulations, title 9, section 1810, subdivision 326. The MHP must complete a CAP addressing this finding of non-compliance.

### **Corrective Action Description**

- **Providers, whether county-employed or contracted, as well as SCMHP beneficiaries, can access information, treatment and utilization policies and procedures, and resources through SCMHP's internet pages; the compilation of documents which represents SCMHP's practice guidelines. These pages are available without access restrictions. SCMHP will continue to update and supplement the current resources to also include documentation trainings (guidelines). A procedure will be created to ensure the latest revisions as well as new policies and procedures are posted online for access.**

### **Proposed Evidence/Documentation of Correction**

- **Mental Health Organizational Providers Landing Page:** Contains links to forms and beneficiary informing materials:  
<https://www.co.shasta.ca.us/index/hhsa/professionals/mental-health-providers>
- **Managed Care/Quality Management Page:** Currently contains the following resources: Extension Request Authorization, New Patient Registration, Organizational TAR, Program Diagnosis and Discharge, Tip sheet for Treatment plan signatures, Service Code Descriptions, ICD-10 Codes – Outpatient Covered Diagnosis Table, MHSUDS Informational Notice 18-053 (updates for included MH diagnosis), MHSUDS Informational Notice 16-051 DSM-5 Implementation (Cross walking DSM-5 Diagnosis to ICD-10 Diagnosis):

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<https://www.co.shasta.ca.us/index/hhsa/professionals/mental-health-providers/managed-care-quality-improvement>

- **Compliance:** Contains contact information as well as compliance policies and procedures: <https://www.co.shasta.ca.us/index/hhsa/professionals/mental-health-providers/general-compliance-training>
- **Administration and Billing:** Organizational provider claim forms and internal staff forms for EHR:  
<https://www.co.shasta.ca.us/index/hhsa/professionals/mental-health-providers/administration-billing>
- New procedure for ensuring the posting of revised and new policies and procedures online

**Ongoing Monitoring (if included)**

- N/A

**Person Responsible (job title)**

- Utilization Review and Quality Assurance Team

**Implementation Timeline**

- New procedure for ensuring the posting of revised and new policies and procedures online to be finalized as of October 2021
- Current list of available resources is under review. Upon conclusion of the review, updates and additions will commence and continue.

### **Requirement C.V.C**

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

### **DHCS Finding**

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, Federal Code of Regulations, title 42, section 438, subdivision 236(b), and California Code of Regulations, title 9, section 1810, subdivision 326. The MHP must take steps to assure that decisions for utilization management, beneficiary education, coverage of services, and any other area to which the practice guidelines apply are consistent with the guidelines adopted.

The MHP did not submit any evidence of compliance with this requirement.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, Federal Code of Regulations, title 42, section 438, subdivision 236(b), and California Code of Regulations, title 9, section 1810, subdivision 326. The MHP must complete a CAP addressing this finding of non-compliance.

### **Corrective Action Description**

- The Utilization Review and Quality Assurance team is continuously reviewing providers' documentation of services and adapting utilization management guidance, trainings, and documents to reflect current policies and procedures. New documentation trainings will be provided through a learning management system for internal providers and will be adapted for organizational providers and will reside online.
- The Utilization Review and Quality Assurance team has weekly team meetings to review UR questions and concerns.
- The Utilization Review and Quality Assurance team has recently implemented ongoing UR meetings with Adult and Children's Services Branches.
- The Utilization Review and Quality Assurance team also participates in Children's Services Branch's quarterly meetings with organizational providers. At this meeting, providers can ask questions, discuss procedures, share concerns. Policy and information notice changes and implementations are also discussed.
- The Utilization Review and Quality Assurance team is also implementing quarterly meetings with local inpatient providers.
- The Utilization Review and Quality Assurance team is in the process of implementing meetings between the SCMHP, local inpatient providers and SCMHP's concurrent review contractor, Beacon Health Options.

### **Proposed Evidence/Documentation of Correction**

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- Documentation trainings slides
- Policy and procedure on audits
- Utilization Review and Quality Assurance team meeting minutes

**Ongoing Monitoring (if included)**

- N/A

**Person Responsible (job title)**

- Utilization Review and Quality Assurance Team

**Implementation Timeline**

- New documentation trainings will be available for providers around July 2021
- Policy and procedures on audits will be implemented by October 2021

## **ACCESS AND INFORMATION REQUIREMENTS**

### **Requirement D.I.B5**

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**

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(c)(6). The MHP must ensure the beneficiary is informed that the beneficiary informing materials are available in paper form and electronically upon request within five (5) business days

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

- Confirmation of Notification to Client
- Beneficiary Handbook
- Provider Directory
- Provider & Beneficiary Booklet
- <https://www.co.shasta.ca.us/index/hhsa/alcohol-tobacco-drugs/behavioral-health>

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP informs the beneficiary that information is available in paper or electronic formatting upon request within five (5) business days.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(c)(6). The MHP must complete a CAP addressing this finding of non-compliance.

### **Corrective Action Description**

- “Introduction to Online Information” is a brochure provided to beneficiaries regarding online informing materials. The brochure has been updated to explicitly inform beneficiaries that they can receive the material in print, fee of charge, within five (5) business days of their request. In addition, the same verbiage will be added to the webpages where the informing materials can be found. Lastly, within the Provider Directory file, this verbiage will be included.

### **Proposed Evidence/Documentation of Correction**

- Revised “Introduction to Online Information” brochure
- Links to where the informing material is found online, showing the added verbiage
- Provider Directory file

**Ongoing Monitoring (if included)**

- N/A

**Person Responsible (job title)**

- Compliance and Quality Improvement Team

**Implementation Timeline**

- Revised “Introduction to Online Information” brochure is currently undergoing review. Upon conclusion of the review, the revised brochure will be printed and distributed to beneficiaries.
- Web pages will be updated with the verbiage by May 2021
- Provider Directory file has been updated to include the verbiage



### **Requirement D.III.A**

The MHP shall provide beneficiaries with a copy of the beneficiary handbook when the beneficiary first accesses SMHS and thereafter upon request. (Cal. Code Regs., tit. 9, § 1810.360.)

### **DHCS Finding**

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 360. The MHP must provide beneficiaries with a copy of the beneficiary handbook when the beneficiary first accesses SMHS and thereafter upon request.

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

- Beneficiary Handbook
- Provider & Beneficiary Booklet Revision

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides beneficiaries with a copy of the beneficiary handbook when the beneficiary first accesses SMHS and thereafter upon request.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 360. The MHP must complete a CAP addressing this finding of non-compliance.

### **Corrective Action Description**

- Informing materials are offered to our beneficiaries as they come into the system. At the top of the Comprehensive Assessment form, a confirmation is made by the provider to whether the informing materials were offered to the beneficiary. This includes the “Introduction to Online Information” brochure which guides the beneficiary on how to access the beneficiary handbook and provider directory online, or if the beneficiary requests them in print, they are available upon request. Additional language was added to the brochure to ensure their awareness that they may be provided with the printed resources, i.e. beneficiary handbook and/or provider directory, within five (5) business of the request at any time. This language will also be reflected on SCMHP’s webpages.

### **Proposed Evidence/Documentation of Correction**

- Adult Comprehensive Assessment form
- Children Comprehensive Assessment form
- Revised “Introduction to Online Information” brochure

### **Ongoing Monitoring (if included)**

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- Utilization Review and Quality Assurance team will monitor the comprehensive assessments as part of audits to ensure clients have been offered the informing materials

**Person Responsible (job title)**

- Compliance and Quality Improvement Team
- Utilization Review and Quality Assurance Team

**Implementation Timeline**

- Revised “Introduction to Online Information” brochure is currently undergoing review. Upon conclusion of the review, the revised brochure will be printed and distributed to beneficiaries.
- Web pages will be updated with the verbiage in April 2021

### **Requirement D.IV.B**

Information included in a paper provider directory shall be updated at least monthly and electronic provider directories shall be updated no later than 30 calendar days after the Contractor receives updated provider information. (42 C.F.R. § 438.10(h)(3).)

### **DHCS Finding**

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(h)(3). The MHP must ensure that information included in a paper provider directory shall be updated at least monthly and electronic provider directories shall be updated no later than 30 calendar days after the MHP receives updated provider information.

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

- Provider List 5-1-2020

While the MHP submitted evidence to demonstrate compliance with this requirement, it was not evident that information included in the paper provider directory was updated at least monthly and electronic provider directories updated no later than 30 calendar days after the Contractor receives updated provider information.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(h)(3). The MHP must complete a CAP addressing this finding of non-compliance.

### **Corrective Action Description**

- A new procedure was written to ensure that the provider directory is updated and posted online, on or before the beginning of each month, to comply with the 30-calendar-day rule. The provider directory is also available in print, free of charge, within five (5) calendar days of a beneficiary's request. If no changes were made to the provider directory within the previous 30-calendar-day period, the date on the provider directory will still be changed to reflect that it has been reviewed and is up to date. Additional staff will also be trained to implement the procedure in case the point person is not available to implement it.

### **Proposed Evidence/Documentation of Correction**

- New procedure for updating the provider directory
- Training sign-in sheet on the new procedure
- Revised "Introduction to Online Information" brochure
- Provider Directory file
- Online link to Provider Directory which will reflect the posting of updated files

**Ongoing Monitoring (if included)**

- N/A

**Person Responsible (job title)**

- Compliance and Quality Improvement Team

**Implementation Timeline**

- New procedure for updating the provider directory has been written and is under review. Currently, the most recent Provider Directory file has been posted online.
- Once the procedure has been finalized, a training of additional staff will follow in April 2021.
- Revised “Introduction to Online Information” brochure
- Provider Directory file
- Online link to Provider Directory which will reflect the posting of updated files

### **Requirement D.VI.B3**

The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.

### **DHCS Finding**

DHCS' review team made seven (7) calls to test the MHP's statewide 24/7 toll-free number. The seven (7) test calls must demonstrate compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1). 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. The seven (7) test calls are summarized below.

#### TEST CALL #1

Test call was placed on Friday, March 13, 2020, at 1:27 p.m. The call was answered after one (1) ring via a live operator. The caller requested information about accessing mental health services in the county. The operator transferred the caller to the crisis line. The operator asked the caller if they had used mental health services before. The caller replied in the negative. The operator asked the caller for his/her age and if he/she had Medi-Cal insurance. The caller stated yes, he/she had Medi-Cal but did not provide an answer about their age. The operator informed the caller that he/she could go to Turn Creek walk-in services and obtain medication and possibly be seen by a therapist. The operator asked the caller if he/she was suicidal or wanted to hurt oneself. The caller replied in the negative. The operator provided the caller with a toll free number he/she could call for assistance and to get in contact with a therapist. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and information about services needed to treat an urgent condition.

#### FINDING

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

#### TEST CALL #2

Test call was placed on Tuesday, March 17, 2020, at 10:30 a.m. The call was answered after two (2) rings via a live operator. The call was transferred to the Children's Mental Health Services Department. The caller requested information about accessing mental health services in the county. The operator asked for the caller's name. The operator provided information how to access services and provided their address and hours of

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operation. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, however the caller was not provided information about services needed to treat an urgent condition.

FINDING

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

TEST CALL #3

Test call was placed on Friday, March 27, 2020, at 8:42 a.m. The call was answered after two (2) rings via a live operator. The caller requested information about accessing mental health services in the county. The operator provided the address and hours of operation. The operator asked the caller if they would like to be transferred to speak to a clinician, but during the transfer the call was dropped. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met however, the caller was not provided information about services needed to treat an urgent condition.

FINDING

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

TEST CALL #4

Test call was placed on Monday, March 30, 2020, at 3:49 pm. The call was answered after four (4) rings via a live operator. The caller requested information about accessing mental health services in the county, specifically a refill on anxiety medication, without being an established patient. The operator explained that the county would not refill or prescribe medications without first conducting an assessment and establishing care with a physician, which could take up to three weeks. The operator advised the caller visit the ER. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met however, the caller was not provided information about services needed to treat an urgent condition.

FINDING

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

TEST CALL #5

Test call was placed on Tuesday, April 7, 2020, at 6:30 a.m. The call was answered after one (1) ring via a live operator. The operator asked if the caller was in crisis. The caller responded in the negative. The operator asked the caller for his/her name. The caller provided his/her name. The operator asked the caller how they could help. The

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caller requested information about accessing mental health services in the county. The operator informed the caller they have reached the crisis line and there were a couple of ways to access services by either calling back after 8:00 a.m., coming into the clinic which the operator provide the address or use the website. The caller thanked the operator and terminated the call. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and provided information about services needed to treat an urgent condition.

FINDING

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

TEST CALL #6

Test call was placed on Thursday, January 9, 2020, at 10:06 a.m. The call was answered after one (1) ring via a live operator. The caller requested information about the MHP's grievance process. The operator informed the caller there were two ways to file a complaint, 1) by picking up the forms in the office, or 2) by phone. The caller was provided information about how to use the beneficiary problem resolution and fair hearing processes.

FINDING

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

TEST CALL #7

Test call was placed on Saturday, March 7, 2020, at 10:16 p.m. The call was answered after two (2) rings via a live operator. The caller requested information about obtaining information regarding the grievance process. The operator immediately assessed the caller for crisis by inquiring if the caller felt suicidal or felt like harming self or others. The caller responded in the negative. The operator provided the caller with information regarding the grievance and appeal process and how to file a complaint with Managed Care. The caller was provided the phone number and hours of operation of the grievance coordinator. The caller was advised that complaint forms could be obtained from the website. The caller was provided information about how to use the beneficiary resolution and fair hearing process.

FINDING

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

SUMMARY OF TEST CALL FINDINGS

Required Elements	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
2	IN	IN	IN	IN	IN	N/A	N/A	100%
3	OOC	IN	OOC	OOC	IN	N/A	N/A	40%
4	N/A	N/A	N/A	N/A	N/A	IN	IN	100%

Based on the test calls, DHCS deems the MHP in partial compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1). The MHP must complete a CAP addressing this finding of partial compliance.

Repeat deficiency Yes

**Corrective Action Description**

- The Access Policy and call scripts will be revised to reflect that information should be provided about services needed to treat an urgent condition, even when the caller does not indicate an urgent condition at the time of the call.
- Trainings will be provided to SCMHP’s and contractor’s operators to reflect the changes in the policy and call scripts.

**Proposed Evidence/Documentation of Correction**

- Revised Access Policy and call scripts
- Training sign-in sheet on the new policy

**Ongoing Monitoring (if included)**

- N/A

**Person Responsible (job title)**

- Adult Services Branch Program Manager
- Children’s Services Branch Clinical Division Chief

**Implementation Timeline**

- Revisions to call scripts have been adopted
- Revisions to the Access Policy will be signed by June 2021
- Trainings will be conducted in conjunction with trainings for Requirement D.VI.C2A-C by April 2021



**Requirement D.VI.C2A-C**

- 2) The written log(s) contain the following required elements:
  - a) Name of the beneficiary.
  - b) Date of the request.
  - c) Initial disposition of the request.

**DHCS Finding**

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.

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

- Reviewed evidences Policy (no policy #) 24-7-access-to-services-and-documentation-2014-06-effective-5-27-14 throughout the policy
- Contact Log 01-09-2020 to 04-07-2020

While the MHP submitted evidence to demonstrate compliance with this requirement, four (4) of five (5) required DHCS test calls were not logged on the MHP’s written log of initial request. The table below summarizes DHCS’ findings pertaining to the test calls:

Test Call #	Date of Call	Time of Call	Log Results		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
1	3/13/2020	1:27 pm	OOC	OOC	OOC
2	3/17/2020	10:30 am	OOC	OOC	OOC
3	3/27/2020	8:42 am	IN	IN	IN
4	3/30/2020	3:49 pm	OOC	OOC	OOC
5	4/7/2020	6:30 am	OOC	OOC	OOC
<b>Compliance Percentage</b>			<b>20%</b>	<b>20%</b>	<b>20%</b>

*Note: Only calls requesting information about SMHS, including services needed to treat a beneficiary's urgent condition, are required to be logged.*

DHCS deems the MHP in partial compliance with California Code of Regulations, title 9, section 1810, subdivision 405(f). The MHP must complete a CAP addressing this finding of partial compliance.

Repeat deficiency Yes

**Corrective Action Description**

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- A new tool, Cerner's Access to Services Journal (ASJ), will be implemented for maintaining a log of initial requests for SMHS that includes requests made by phone, in person, or in writing. The log will capture the name of the beneficiary, date of the request, and initial disposition of the request. Operators will also have the ability to capture additional information as needed. The new tool will provide ease to logging the requests compared to the current tool.

**Proposed Evidence/Documentation of Correction**

- Screenshots of ASJ
- Training sign-in sheets on the new tool

**Ongoing Monitoring (if included)**

- N/A

**Person Responsible (job title)**

- Adult Services Branch Program Manager
- Children's Services Branch Clinical Division Chief
- Electronic Health Record Team

**Implementation Timeline**

- ASJ is fully implemented as of April 1, 2021
- Trainings will be conducted in April 2021

## **COVERAGE AND AUTHORIZATION OF SERVICES**

### **Requirement E.I.B**

The MHP shall have any decision to deny a service authorization request or to authorize a service in 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. § 438.210(b)(3).)

### **DHCS Finding**

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(b)(3). The MHP must have any decision to deny a service authorization request or to authorize a service in 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 submitted the following documentation as evidence of compliance with this requirement:

- Authorization of Outpatient Services P&P
- E Licensure Documentation
- Shasta\_E\_I\_Signature Page\_Amber Phillips
- Shasta\_E\_I\_Signature Page\_Donghui Liu
- Shasta\_E\_I\_Signature Page\_Leah Shuffleton
- Shasta\_E\_I\_Signature Page\_Matthew Ramsey
- Shasta\_E\_I\_Signature Page\_Nathalie Kuhn

### **INTERNAL DOCUMENTS REVIEWED**

- SAR-TAR Worksheet

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP had decided to deny a service authorization request or authorize a service in an amount, duration, or scope that was less than requested by a health care professional who has appropriate clinical expertise in addressing the beneficiary's behavioral health needs. Specifically, DHCS made an additional request but evidence was not provided to validate the signature from the signature list.

In addition, DHCS inspected a sample of service authorizations to verify compliance with regulatory requirements. The service authorization samples review findings are detailed below:

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Requirement	# of Services Authorizations in compliance	# of Service Authorizations out of compliance	Compliance Percentage
Service authorization approved or denied by licensed mental health or waived/registered professionals	22	3	88%

DHCS deems the MHP in partial compliance with the MHP contract, exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(b)(3). The MHP must complete a CAP addressing this finding of partial compliance.

Repeat deficiency Yes

**Corrective Action Description**

- [SCMHP’s appeal to DHCS on this finding was approved on March 19, 2021, overturning this finding. Therefore, a corrective action is not required.](#)

### **Requirement E.III.N**

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 original jurisdiction. (MHSUDS IN No., 18-027; W&I Code § 14717.1(b).)

### **DHCS Finding**

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-027, and California Welfare and Institution Code, section 14717, subdivision 1(b). The MHP must have a procedure for expedited transfers within 48-hours of placement of the foster child or youth outside of the county of original jurisdiction.

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

- Presumptive Transfer Placement of Foster Youth in Shasta County

While the MHP submitted evidence to demonstrate compliance with this requirement, no documentation was submitted to show evidence that the MHP has a procedure for expedited transfers within 48-hours of placement of the foster child or youth outside of the county of original jurisdiction.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-027, and California Welfare and Institution Code, section 14717, subdivision 1(b). The MHP must complete a CAP addressing this finding of non-compliance.

### **Corrective Action Description**

- [SCMHP's current policy and procedures for Presumptive Transfer, Presumptive Transfer Placement of Foster Youth Out of Shasta County, acknowledges the need for expedited transfers, but uses the term "placed emergently." Additionally, the timeframe of two business days was used instead of within 48 hours and does not take away the requirement for CFT meetings in expedited transfers. The procedure will be revised to best reflect the information notice guidance.](#)

### **Proposed Evidence/Documentation of Correction**

- [Revised Presumptive Transfer Placement of Foster Youth Out of Shasta County policy and procedures](#)

### **Ongoing Monitoring (if included)**

- [N/A](#)

### **Person Responsible (job title)**

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- [Children’s Services Clinical Division Chief](#)

**Implementation Timeline**

- [Revised Presumptive Transfer Placement of Foster Youth Out of Shasta County policy and procedures expected to be adopted by December 2021](#)

### **Requirement E.III.O**

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**

The MHP did not furnish evidence to demonstrate compliance with California Welfare and Institution Code, section 14717, subdivision 1(d)(6). The MHP must ensure 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 submitted the following documentation as evidence of compliance with this requirement:

- Presumptive Transfer Placement of Foster Youth in Shasta County

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that MHP ensures that a waiver will be 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.

DHCS deems the MHP out of compliance with California Welfare and Institution Code, section 14717, subdivision 1(d)(6). The MHP must complete a CAP addressing this finding of non-compliance.

### **Corrective Action Description**

- Policy and procedures, “Requesting a Waiver of Presumptive Transfer”, were created and implemented as of September 24, 2020 by Children Services Branch. The policy and procedures are used to ensure that a waiver will be processed based on an exception to presumptive transfer will 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.

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Additionally, the procedures guide the providers to document the information in the child's case plan and client plan.

**Proposed Evidence/Documentation of Correction**

- Requesting a Waiver of Presumptive Transfer Policy and Procedures

**Ongoing Monitoring (if included)**

- N/A

**Person Responsible (job title)**

- Children's Services Clinical Division Chief

**Implementation Timeline**

- Policy and procedure has been implemented as of September 24, 2020



### **Requirement 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 the medical necessity criteria, the MHP provides for a second opinion by a licensed mental health professional (other than a psychiatric technician or a licensed vocational nurse). (MHP Contract, Ex. A, Att.2; CCR, title 9, § 1810.405(e)).

### **DHCS Finding**

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 405(e). The MHP must ensure, 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 the medical necessity criteria, the MHP provides for a second opinion by a licensed mental health professional (other than a psychiatric technician or a licensed vocational nurse).

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

- Request for Second Opinion 2014-08 Final 5-27-14

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that MHP ensures, 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 the medical necessity criteria, the MHP provides for a second opinion by a licensed mental health professional (other than a psychiatric technician or a licensed vocational nurse). Specifically, the policy provided by the MHP did not include updated language.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 405(e). The MHP must complete a CAP addressing this finding of non-compliance.

### **Corrective Action Description**

- [The “Request for Second Opinion” policy and procedures will be revised to ensure language aligns with updated guidance](#)

### **Proposed Evidence/Documentation of Correction**

- [Revised “Request for Second Opinion” policy and procedures](#)

### **Ongoing Monitoring (if included)**

- [N/A](#)

### **Person Responsible (job title)**

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- Compliance and Quality Improvement Team

**Implementation Timeline**

- Revised “Request for Second Opinion” will be drafted by June 2021 and should be in effect by July 2021

## **BENEFICIARY RIGHTS AND PROTECTIONS**

### **Requirement F.I.E3**

The written acknowledgement to the beneficiary must be postmarked within five (5) calendar days of receipt of the grievance. (MHSUDS IN 18-010E)

### **DHCS Finding**

The MHP did not furnish evidence to demonstrate compliance with the Mental Health and Substance Use Disorder Services, Information Notice, No. 18-010E. The written acknowledgment to the beneficiary must be postmarked within five (5) calendar days of receipt of the grievance.

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

- Policy (No Policy) Adverse Benefit Determination, Appeals, and State Hearing
- Sample of Acknowledgement letter
- Grievance Log FY 2017-2018
- Grievance Log FY 2018-2019
- Grievance Log FY 7-1-19 to 8-31-19
- Appeal Log FY 2017-2018
- Appeal Log FY 2018-2019
- Appeal Log FY 7-1-19 to 8-31-19

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

	# OF SAMPLE REVIEWED	ACKNOWLEDGMENT		COMPLIANCE PERCENTAGE
		# IN	# OOC	
<b>GRIEVANCES</b>	<b>40</b>	<b>38</b>	<b>2</b>	<b>95%</b>
<b>APPEALS</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>%</b>
<b>EXPEDITED APPEALS</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>%</b>

DHCS deems the MHP in partial compliance with the MHP contract, exhibit A, attachment 12, Federal Code of Regulations, title 42, section 438, subdivision 406(b)(1), and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-010E. The MHP must complete a CAP addressing this finding of partial compliance.

**Corrective Action Description**

- Additional clinical staff has been onboarded and trained within the Compliance and Quality Improvement team with the priority of handling beneficiary problem resolutions, while regular oversight is maintained by the Clinical Program Coordinator. Additionally, the current policy is being revised and will be accompanied by procedures to ensure all regulations are followed timely and properly tracked. This includes a modified log, which highlight pertinent fields to ensure timely actions. For example, the new tracking log has fields to track when the written acknowledgement was sent out to the beneficiary and calculates timeframe from when grievance was received.

**Proposed Evidence/Documentation of Correction**

- Revised policy and procedures
- Revised tracking log template

**Ongoing Monitoring (if included)**

- N/A

**Person Responsible (job title)**

- Compliance and Quality Improvement Team

**Implementation Timeline**

- Revised policy and procedures will be finalized and be in effect by June 2021
- Revised tracking log is currently in use

### **Requirement F.II.A2**

Each record shall include, but not be limited to: a general description of the reason for 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**

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: Maintain a grievance and appeal log and record grievances, appeals, and expedited appeals in the log within one working day of the date of receipt of the grievance, appeal, or expedited appeal.

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

- Policy (No Policy) Adverse Benefit Determination, Appeals, and State Hearing
- Grievance Log FY 2017-2018
- Grievance Log FY 2018-2019
- Grievance Log FY 7-1-19 to 8-31-19
- Appeal Log FY 2017-2018
- Appeal Log FY 2018-2019
- Appeal Log FY 7-1-19 to 8-31-19

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that MHP maintains a grievance and appeal log and records grievances, appeals, and expedited appeals in the log within one working day of the date of receipt of the grievance, appeal, or expedited appeal. Specifically, one (1) out of the 40 grievances were not logged within one working day.

DHCS deems the MHP out of 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 complete a CAP addressing this finding of non-compliance.

### **Corrective Action Description**

- Additional clinical staff has been onboarded and trained within the Compliance and Quality Improvement team with the priority of handling beneficiary problem resolutions, while regular oversight is maintained by the Clinical Program Coordinator. Additionally, the current policy is being revised and will be accompanied by procedures to ensure all regulations are followed timely and

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properly tracked. This includes a modified log, which highlight pertinent fields to ensure timely actions.

**Proposed Evidence/Documentation of Correction**

- Revised policy and procedures
- Revised tracking log template

**Ongoing Monitoring (if included)**

- N/A

**Person Responsible (job title)**

- Compliance and Quality Improvement Team

**Implementation Timeline**

- Revised policy and procedures will be finalized and be in effect by June 2021
- Revised tracking log is currently in use

## **PROGRAM INTEGRITY**

### **Requirement G.II.D**

The MHP shall implement and maintain arrangements or procedures that include provision for the Contractor’s suspension of payments to a network provider for which there is a credible allegation of fraud. (MHP Contract, Ex. A, Att. 13; 42 C.F.R. § 438.608(a)(8).)

### **DHCS Finding**

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 13, and Federal Code of Regulations, title 42, section 438, subdivision 608(a)(8). The MHP shall implement and maintain arrangements or procedures that include provision for the Contractor’s suspension of payments to a network provider for which there is a credible allegation of fraud.

The MHP did not furnish evidence to demonstrate compliance with MHP contract, Ex. A, Att. 13; Fed. Code Regs., tit.42, § 438, subd.608(a)(8). Specifically, no evidence was provided to show that the MHP implements and maintains arrangements or procedures that include provision for the Contractor’s suspension of payments to a network provider for which there is a credible allegation of fraud.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 13, and Federal Code of Regulations, title 42, section 438, subdivision 608(a)(8). The MHP must complete a CAP addressing this finding of non-compliance.

### **Corrective Action Description**

- A policy has been drafted to address reporting requirements for G.II.D and G.V.A3. Additionally, a workgroup has been formed to create procedures around the identification of potential fraud; internal notifications; and the tracking and reporting of disallowed payments to a contractor when there is credible allegation of fraud. Currently, there is a tracking mechanism in place for disallowances and voids, including those due to allegations of fraud.

### **Proposed Evidence/Documentation of Correction**

- New policies and procedures for suspension of payments to a network provider due to credible allegations of fraud
- Current tracking mechanism for disallowances and voids

### **Ongoing Monitoring (if included)**

- N/A

### **Person Responsible (job title)**

- Workgroup comprised of:

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- Medical Billing Business Office
- Financial Audits and Controls
- Financial Systems Controls
- Utilization Review and Quality Assurance Team
- Compliance and Quality Improvement Team

**Implementation Timeline**

- New policies and procedures for suspension of payments to a network provider due to credible allegations of fraud will be signed by July 2021



### **Requirement 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**

The MHP did not furnish evidence to demonstrate compliance with Fed. Code Regs., tit.42, §438, subd.608(a)(2),(4) that if the MHP finds a party that is excluded, it must promptly notify DHCS.

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

- AGR.BSS.OIG Compliance Now 1922.FEX
- License Verification

While the MHP submitted evidence to demonstrate compliance with this requirement, no evidence was provided that shows that the MHP promptly notifies or will notify DHCS if the MHP finds a party this is excluded.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 608 and section 455, subdivision 436. The MHP must complete a CAP addressing this finding of non-compliance.

### **Corrective Action Description**

- [A policy has been drafted to address reporting requirements for G.II.D and G.V.A3. Additionally, procedures will be revised to include actions on prompt notification to DHCS if SCMHP finds an excluded party.](#)

### **Proposed Evidence/Documentation of Correction**

- [New policies and procedures for prompt notification to DHCS if SCMHP finds an excluded party](#)

### **Ongoing Monitoring (if included)**

- [N/A](#)

### **Person Responsible (job title)**

- [Compliance and Quality Improvement Team](#)

### **Implementation Timeline**

- [New policies and procedures for prompt notification to DHCS if SCMHP finds an excluded party will be signed by July 2021](#)

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## **AUTHORIZATION REQUIREMENTS FOR CONCURRENT REVIEW AND PRIOR AUTHORIZATION**

### **Survey Only E.II.B4**

Disclose to DHCS, the MHP’s providers, beneficiaries and members of the public, upon request, the UM or utilization review policies and procedures that the MHP, or any entity that the MHP contracts with, uses to authorize, modify, or deny SMHS. The MHP may make the criteria or guidelines available through electronic communication means by posting these online;

### **DHCS Finding**

The MHP did not furnish evidence to demonstrate compliance with MHSUDS IN., No 19-026. The MHP must comply with communication requirements to disclose to DHCS, the MHP’s providers, beneficiaries and members of the public, upon request, the UM or utilization review policies and procedures that the MHP, or any entity that the MHP contracts with, uses to authorize, modify, or deny SMHS. The MHP may make the criteria or guidelines available through electronic communication means by posting these online.

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

- Authorization of Outpatient Services P&P D2
- NEW VOC UM 92 Information for UM Decision Making
- NEW VOC CUR 135 Clinical Coverage and Access to Utilization Management Staff
- NEW VOC CSNT 122 Evaluation of Utilization Management

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP meets this requirement as the requirement is not included in the MHP’s policy and procedure and it was not evident that the MHP makes the criteria or guidelines available through electronic communication means by posting the UM or utilization review policies online.

### **SUGGESTED ACTION**

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

- Update policy and procedures to reflect requirement

### **Corrective Action Description**

Shasta County Mental Health Plan  
FY 19/20 Specialty Mental Health Triennial Review – DHCS System Review Findings  
Corrective Action Plan

- SCMHP policy and procedures will include the provision of making the guidelines available through electronic communication means by posting them online and ensuring the posting of the UM or utilization review policies online.

**Proposed Evidence/Documentation of Correction**

- Revised policy and procedures to include the provision of making the guidelines available through electronic communication (online)
- Links to where the UM and UR policies are posted online

**Ongoing Monitoring (if included)**

- N/A

**Person Responsible (job title)**

- Utilization Review and Quality Assurance Team

**Implementation Timeline**

- Revised policy and procedures to include the provision of making the guidelines available through electronic communication (online) by October 2021
- Posting of UM and UR policies online by December 2021

### **Survey Only E.II.F1-2**

MHPs must utilize referral and/or concurrent review and authorization for all Crisis Residential Treatment Services (CRTS) and Adult Residential Treatment Services (ARTS). MHPs may not require prior authorization.

- 1) If the MHP refers a beneficiary to a facility for CRTS or ARTS, the referral may serve as the initial authorization as long as the MHP specifies the parameters (e.g., number of days authorized) of the authorization.
- 2) The MHP must then re-authorize medically necessary CRTS and ARTS services, as appropriate, concurrently with the beneficiary's stay and based on beneficiary's continued need for services.

### **DHCS Finding**

The MHP did not furnish evidence to demonstrate compliance with MHSUDS., IN., No 19-026. The MHP must utilize referral and/or concurrent review and authorization for all Crisis Residential Treatment Services (CRTS) and Adult Residential Treatment Services (ARTS). MHPs may not require prior authorization.

- 1) If the MHP refers a beneficiary to a facility for CRTS or ARTS, the referral may serve as the initial authorization as long as the MHP specifies the parameters (e.g., number of days authorized) of the authorization.
- 2) The MHP must then re-authorize medically necessary CRTS and ARTS services, as appropriate, concurrently with the beneficiary's stay and based on beneficiary's continued need for services.

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

- Auth of Outpatient Services P&P D2
- Authorization of Out-of-Network Mental Health Services FEX (2)
- Hospital Concurrent Authorization Process 6-2019
- PHF Concurrent Authorization Process Rev 6-2019

While the MHP submitted evidence to demonstrate compliance with this requirement, it was not evident in the evidence provided that the MHP must utilize referral and/or concurrent review and authorization for all Crisis Residential Treatment Services (CRTS) and Adult Residential Treatment Services (ARTS) and the MHPs may not require prior authorization if the MHP refers a beneficiary to a facility for CRTS or ARTS, the referral may serve as the initial authorization as long as the MHP specifies the parameters (e.g., number of days authorized) of the authorization. It was also not evident in the materials provided that the MHP must then re-authorize medically necessary CRTS and ARTS services, as appropriate, concurrently with the beneficiary's stay and based on beneficiary's continued need for services.

### SUGGESTED ACTION

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

- Update policies and procedures to LIST RECOMMENDATIONS

#### **Corrective Action Description**

- SCMHP policy and procedures will be revised to demonstrate that SCMHP must utilize referral and/or concurrent review and authorization for all Crisis Residential Treatment Services (CRTS) and Adult Residential Treatment Services (ARTS) and may not require prior authorization if it refers a beneficiary to a facility for CRTS or ARTS, the referral may serve as the initial authorization as long as the SCMHP specifies the parameters (e.g., number of days authorized) of the authorization. Revisions will also include that SCMHP must then re-authorize medically necessary CRTS and ARTS services, as appropriate, concurrently with the beneficiary's stay and based on beneficiary's continued need for services.

#### **Proposed Evidence/Documentation of Correction**

- Revised policy and procedures which include the recommendations

#### **Ongoing Monitoring (if included)**

- N/A

#### **Person Responsible (job title)**

- Utilization Review and Quality Assurance Team

#### **Implementation Timeline**

- Revised policy and procedures to include the recommendations by October 2021