Medi-Cal Behavioral Health Corrective Action Plan (CAP)

TEHAMA

Compliance Review Date: 10/15/2024

Corrective Action Plan Fiscal Year: Fiscal Year 2023/24

SMHS

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
3.1.1 Medication Monitoring: The Plan did not implement medication monitoring practices during the audit period. The Plan does not have a policy that outlines its process for overseeing its medication monitoring practices. In an interview, the Plan reported that no medication monitoring was performed during the audit period. The	04/29/25: Created policy and procedure #03-07-1103 to establish a consistent oversight structure for medication monitoring conducted by person licensed to prescribe or dispense medication. Implemented reporting feedback loops for identified issues.	5/30/2025	Policy and Procedure 03-07-1103, medication monitoring checklist form, copy of contract with provider Lorraine Williams.	

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Plan submitted a medication monitoring contract agreement that was executed after the audit period. **Recommendation:** Develop and implement policies and procedures to establish a consistent oversight structure for medication monitoring conducted by person licensed to prescribe or dispense medication.				
3.5.1 Implementation of Practice Guidelines: The Plan did not ensure that practice guidelines were implemented during the audit period. Review of Plan	4/29/25: Policy and Procedure # 03-07-1129 Practice Guidelines Development and Implementation was updated. Evidence of practice guidelines can be	5/30/25	Policy and Procedure # 03-07-1129 with appendix A, Quality Improvement Committee meeting minutes to show evidence of	

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documents showed that the Plan lacked policies to establish and implement practice guidelines. Additionally, the Plan did not submit evidence of practice guidelines. **Recommendation:** Develop and implement practice guidelines.	found in appendix A.		discussing practice guidelines.	
4.1.1 Alternative Format Requirements: The Plan did not ensure that alternative communication material was available to its members, including large print 20-point	4/29/25: The Plan shall update current policy and implement procedures to ensure alternative formats are available to beneficiaries upon request. Policy #03-01-1190	6/30/2025	Updated policy and procedure with evidence of staff training.	

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font format, audit CD, Data CD, and braille. Review of Plan documents did not show a clear process of who is responsible for providing alternative format materials upon member request. **Recommendation:** The Plan shall develop and implement policies and procedures to ensure alternative formats are available to beneficiaries upon request.				
4.4.1 Obtaining Verbal or Written Consent for Telehealth Services: The Plan did not ensure members received all required explanation	4/29/2025: Plan updated Consent for Treatment using teleconferencing equipment to include required information. Plan obtains	6/30/2025	Form – Consent for Treatment Using Teleconferencing Equipment Policy # 03-07-1155 Updated policy and	

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elements before obtaining a telehealth consent. Review of the Plan's telehealth consent form revealed that it included certain required explanation elements except for the following topics: • Non-medical transportation benefits are available for in-person visits; • Any potential limitations or risks related to receiving covered services through telehealth as compared to an in-person visit, if applicable. Although Plan policy	members' consent prior to the initial delivery of covered services via telehealth.		procedure and form with evidence of staff training.	

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03-07-1155 outlined the requirements to obtain and document consent for telepsychiatry services, this policy did not state that the Plan will ensure members receive all elements of required explanations prior to obtaining the telehealth consent. **Recommendation:** Revise and implement policies and procedures, to ensure members received all required explanation elements before obtaining a telehealth consent. Update the telehealth policy and consent form to explicitly include all				

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required elements, such as the member's right to access in-person services, the voluntary nature of telehealth, the option to withdraw consent without affecting future access to Medi-Cal services, NMT benefits, and any potential limitations or risks of telehealth compared to in-person visits.				
5.2.1 Concurrent Authorization Review: The Plan did not conduct concurrent authorization review procedures for psychiatric inpatient hospital services to its members.	4/29/25: Policy and Procedure #03-07-1127 Placement in Residential Care and Hospital – Authorization and Utilization Review Process was revised to include a concurrent review process to ensure required	9/30/2025	Updated policy and procedure, if contracted out, copy of contract will be submitted as evidence.	

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Recommendation: Establish a structured concurrent review process to ensure required evaluation of medical necessity, appropriateness, and efficiency of services provided to Medi-Cal beneficiaries.	evaluation of medical necessity, appropriateness, and efficiency of services provided to Medi-Cal beneficiaries. Due to staffing shortages and limitations the MH Plan is evaluating the feasibility of contracting out this process.			
6.1.1 Grievance Log and Acknowledgement Letter Timeliness for Grievances: The Plan did not ensure that grievances were logged within one business day and that members were sent written acknowledgment letters within five calendar	4/29/25: Plan will ensure consistent oversight of grievance processing by designating a primary staff member responsible for maintaining a grievance log and timely acknowledgement of grievances. At this time, in the absence of a Quality Assurance Manager, TCHSA Compliance Officer is the	5/30/2025	Redacted current grievance log and current 1915(b) report.	

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days of receipt of grievance. **Recommendation:** Ensure consistent oversight of grievance processing by designating a primary staff member responsible for maintaining a grievance log and timely acknowledgement of grievances.	primary staff member and the BH Director is the back up.			

Submitted by: Natalie Shepard **Date: 5/1/2025**

Title: Natalie Shepard, Mental Health Director