Tuolumne County Behavioral Health

FY 19/20 Specialty Mental Health Triennial Review

Corrective Action Plan

System Review

Requirement: Section A, I.B

DHCS Finding:

TCBH did not furnish evidence for appropriate range of SMHS that is adequate for the number of beneficiaries in the county. DHCS reviewed NACT data and found inadequate for children/youth outpatient SMHS provider capacity.

Corrective Action Description:

Responsible: Quality Management

By January 2021, Quality Improvement and Clinical Supervisors will meet to discuss current staff and staff assignments regarding youth/children providers. In addition, TCBH has an open full-time clinician position that will be fully dedicated to youth. TCBH is actively interviewing and will fill this position as soon as a hire is found.

Proposed Evidence/Documentation of Correction:

Quality Management will monitor network adequacy of providers for both adult and youth on a quarterly basis. Reports will be distributed to Quality Management members and any trends that would suggest inadequate provider capacity would be discussed in Clinical Supervisors meeting. In addition, TCBH will hire a full-time clinician dedicated fully to youth.

Requirement: Section A, I.E

DHCS Finding:

TCBH must meet and require its providers to meet standards for timely access to care and services taking into account the urgency of need for services.

TCBH polices do not reflect current timeliness standards for urgent appointments.

Corrective Action Description:

Responsible: Clinical Manager

By end of year 2021, a policy and procedure will be developed to ensure that TCBH meets the standards for timely access to care and services taking into account the urgency of need for services.

Proposed Evidence/Documentation of Correction:

Quality Improvement will produce timeliness reports for urgent request for care on a quarterly basis. Reports will be distributed to Quality Management members and any trends that would suggest not meeting timeliness standards would be discussed with the Quality Management Committee.

Requirement: Section A. III. B

DHCS Finding:

TCBH must have affirmative responsibility to determine if children and youth meet medical necessity criteria need ICC and IHBS. TCBH does not have specific tools to determine ICC/IHBS needs.

Corrective Action Description:

Responsible: Clinical Manager

By the end of FY 21/22, the Clinical Manager will have a fully developed and implemented a level of care criteria that will determine ICC/IHBS needs for all children and youth who meet medical necessity criteria. A policy and procedure will be developed to outline the eligibility process.

Proposed Evidence/Documentation of Correction:

Monitoring if the of ICC/IHBS level of care criteria will be conducted once the tool is in place. The Case Administration Team will utilize the level of care criteria and the team will establish eligibility for ICC/IHBS. Ongoing reports will be reviewed in Quality Management regarding ICC/IHBS services.

Requirement: Section A III.E

DHCS Finding:

There is no established ICC Coordinator. There was no evidence of implementation to ensure the covering clinician for ICC is trained on the ICC Coordinator duties.

Corrective Action Description:

Responsible: Clinical Manager

TCBH has shifted how they identify the ICC Coordinator to ensure there is no laps in coverage for services and coordination, even with a staff vacancy. Through this process TCBH has established an ICC Coordinator. In addition, by end of FY 21/22, the Clinical Manager will implement a full ICC/IHBS service specific training. This training will be refreshed on a yearly basis. It will be mandated for all service providers for ICC/IHBS and providers who cover services to complete the annual training.

Proposed Evidence/Documentation of Correction:

Once the training is launched a tracking system will be in place to ensure all staff have received the training. Supervisors will be responsible for ensuring staff who did not attend complete the online recorded version within one month of the training launch. The posttest and recoding will be launched and monitored through Target Solutions.

Requirement: Section A III. F

DHCS Finding:

TCBH does not have any TFC providers and does not have an established mechanism to take affirmative responsibility to determine TFC needs.

Corrective Action Description:

Responsible: Director and Clinical Manager

TCBH and CWS will address the need for TFC providers in our area through the IPC regular meetings. Others (i.e. Resource Family Agencies) will be involved to broaden the discussion. TFC needs will be determined through this process, creating a baseline of needs and BH responsibility. Secondary to the IPC meetings will be utilizing a standing monthly meeting between BH and CWS management.

Proposed Evidence/Documentation of Correction:

Once the capacity and need are established ongoing meetings will continue to plan for implementation based on baseline measurements for TFC needs.

Requirement: Section A VI. C.1

DHCS Finding:

TCBH does not have written policies and procedures (P&P's) for selection and retention of providers.

Corrective Action Description:

Responsible: Quality Improvement

Complete by end of year 2021 final policy on selection and retention of providers.

Proposed Evidence/Documentation of Correction:

Quarterly monitoring of this policy will take place through the already established contract monitoring process. All new providers will be selected through the lens of this policy. All ongoing providers will be monitored for retention through this policy. Contract monitoring will be tracked by Quality Improvement.

Requirement: Section A VI. C.2

DHCS Finding:

TCBH does not have P&P's for selection and retention of providers that must not discriminate against particular providers that serve high risk or specialize in conditions that require costly treatment.

Corrective Action Description:

Responsible: Quality Improvement

Complete by end of year 2021 final policy on selection and retention of providers.

Proposed Evidence/Documentation of Correction:

Quarterly monitoring of this policy will take place through the already established contract monitoring process. All new providers will be selected through the lens of this policy. All ongoing providers will be monitored for retention through this policy. Contract monitoring will be tracked by Quality Improvement.

Requirement: Section A VI. C.3

DHCS Finding:

TCBH does not have P&P's that state they may not discriminate in the selection, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or certification under applicable state law, solely on the basis of that license or certification.

Corrective Action Description:

Responsible: Quality Improvement

Complete by end of year 2021 final policy on selection and retention of providers.

Proposed Evidence/Documentation of Correction:

Quarterly monitoring of this policy will take place through the already established contract monitoring process. All new providers will be selected through the lens of this policy. All ongoing providers will be monitored for retention through this policy. Contract monitoring will be tracked by Quality Improvement.

Requirement: Section A VI. C.4

DHCS Finding:

TCBH must follow a documented process for credentialing and re-credentialing of network providers.

Corrective Action Description:

Responsible: Compliance

TCBH will complete a Credentialing policy by end of year 2021 that ensures a process for credentialing and re-credentialing network providers.

Proposed Evidence/Documentation of Correction:

Policy will be submitted that showcases the process. Ongoing monthly monitoring will be established to ensure credentialing and re-credentialing is continuing.

Requirement: Section A VI. C.5

DHCS Finding:

TCBH does not have P&P's that state they shall not employ or subcontract with providers excluded from participation in the Federal Health Care Programs under either section 1128 or section 1128A of the ACT.

Corrective Action Description:

Responsible: Quality Management

Complete by end of year 2021 final policy that will include language that states TCBH will not employ or subcontract with providers excluded from participation in the Federal Health Care Programs under either section 1128 or section 1128A of the ACT.

Proposed Evidence/Documentation of Correction:

TCBH will monitor all employees and contractors during the vetting process for whether or not providers are excluded from participation in the Federal Health Care Programs.

Requirement: Section A VI. C.6

DHCS Finding:

TCBH does not have P&P's that state they will give practitioners or groups of practitioners who apply to be TCBH contract providers and with whom the TCBH decides not to contract written notice or the reason for the decision not to contract.

Corrective Action Description:

Responsible: Quality Improvement

Complete by end of year 2021 final policy on selection and retention of providers.

Proposed Evidence/Documentation of Correction:

Quality Improvement to monitor and track all providers whom TCBH decides not to contract and keeps records of all written notices and the reason the decision was made to not contract.

Requirement: Section D VI. C

DHCS Finding:

During the Test Call TCBH did not demonstrate compliance with the logging of the test calls for 2 of the 5 calls completed.

Corrective Action Description:

Responsible: Quality Improvement

A test call training will be conducted for all staff on a yearly basis. The training will take place within the first quarter of each calendar year. A minimum of 4 monthly test calls will be conducted beginning CY 2021. A minimum of one call each month will be done, during normal business hours, extended hours between 5PM and 7PM and one during afterhours between 8PM and 8AM.

Proposed Evidence/Documentation of Correction:

Tracking will be done to ensure all staff attended the yearly training. All new staff will receive the same training within two weeks of their start date during their orientation with Quality Improvement. Test calls will be logged and reviewed each quarter by Quality Management. All trends will be reviewed for any necessary corrective action plans. If a corrective action plan needs to be done a Quality Assurance Form will be launched to monitor the process. In addition, Test Call reports will be submitted to DHCS.

Requirement: Section E IV. A

DHCS Finding:

DHCS was not able to find the NOABD for 1 out of the 63 requests for authorization. TCBH must provide beneficiaries with NOABDS for each circumstance outlined in the contract.

Corrective Action Description:

Responsible: Quality Improvement

A NOABD training will be conducted by end of FY 20/2021. The training will focus on the NOABD policy, procedure and TCBH NOABD matrix. All clinicians and TAR/SARs reviewers will be mandated to attend.

Proposed Evidence/Documentation of Correction:

The Case Administration Team will send reminders to all clinicians to send NOABDs when assessments do not meet Medical Necessity. Quality Improvement will track all sent NOABDS. On a quarterly basis QI will create a NOABD report to ensure ongoing compliance that NOABDS are sent. These reports will be reviewed by the Quality Management team. If corrective actions are needed a Quality Assurance Form will be launched to document the CAP.

Requirement: Section F IV. A

DHCS Finding:

TCBH must provide the beneficiary and his or her representative the case file including medical records, etc.

TCBH submitted a draft policy that addresses the requirements, but it needs to be finalized, implemented and monitored.

Corrective Action Description:

Responsible: Quality Improvement

The Beneficiary Rights Policy will be finalized and implemented by end of year 2020. Beneficiary Rights training will be updated to reflect the new policy language.

Proposed Evidence/Documentation of Correction:

Tracking will be done to ensure all staff attended the yearly training. All new staff will receive the same training within two weeks of their start date during their orientation with Quality Improvement.

Requirement: Section F IV. D

DHCS Finding:

TCBH must ensure that punitive action is not taken against a provider who request an expedited resolution or supports a beneficiary's expedited appeal.

TCBH submitted a draft policy that addresses the requirements, but it needs to be finalized, implemented and monitored.

Corrective Action Description:

Responsible: Quality Improvement

The Beneficiary Rights Policy will be finalized and implemented by end of year 2020. Beneficiary Rights training will be updated to reflect the new policy language.

Proposed Evidence/Documentation of Correction:

Tracking will be done to ensure all staff attended the yearly training. All new staff will receive the same training within two weeks of their start date during their orientation with Quality Improvement.

Requirement: Section F V. A

DHCS Finding:

TCBH did not furnish evidence that TCBH must continue the beneficiary's benefits if all the circumstances list in this section occur.

TCBH submitted a draft policy that addresses the requirements, but it needs to be finalized, implemented and monitored.

Corrective Action Description:

Responsible: Quality Improvement

The Beneficiary Rights Policy will be finalized and implemented by end of year 2020. Beneficiary Rights training will be updated to reflect the new policy language.

Proposed Evidence/Documentation of Correction:

Tracking will be done to ensure all staff attended the yearly training. All new staff will receive the same training within two weeks of their start date during their orientation with Quality Improvement.

Requirement: Section F V. B

DHCS Finding:

TCBH did not furnish evidence that TCBH at the beneficiary's request, will continue or reinstate benefits while the appeal is pending.

TCBH submitted a draft policy that addresses the requirements, but it needs to be finalized, implemented and monitored.

Corrective Action Description:

Responsible: Quality Improvement

The Beneficiary Rights Policy will be finalized and implemented by end of year 2020.

Proposed Evidence/Documentation of Correction:

Tracking will be done to ensure all staff attended the yearly training. All new staff will receive the same training within two weeks of their start date during their orientation with Quality Improvement.

Requirement: Section G IV. G

DHCS Finding:

TCBH must submit disclosure to DHCS of identity of any person who is a managing employee who has been convicted of a crime related to federal health care programs, and identity of an persons who is an agent of TCBH who has been convicted of a crime related to federal health care programs.

Corrective Action Description:

Responsible: Compliance and Information Systems Manager

By end of year 2021, Tuolumne County BH Credentialing policy will be finalized. TCBH shall disclose to DHCS the identify of persons identified to have been convicted of a crime related to federal health care programs, including the identify of persons who are agents of TCBH and found to be convicted of a crime related to federal health care program.

Proposed Evidence/Documentation of Correction:

Policy updates will be submitted for evidence to ensure compliance is met.

Requirement: Section G V. A. 1

DHCS Finding:

TCBH must submit evidence of a process, at the time of hire/contracting, to check the Death Master File

Corrective Action Description:

Responsible: Compliance and County Human Resources

TCBH continues to be in the implementation phase for the initial setup of the DMF NSIT County account and associated user profiles. Tuolumne County has engaged resources necessary to begin utilizing the DMF. TCBH has formed a work group inclusive of Tuolumne County IT and Human Services staffing where protocols between HR and TCBH will be developed to meet applicable laws and regulations. The funds related to both the certification application and individual user accounts has been secured. At this point the submission of the NSIT application is dependent on the completion of the System Safeguard assessment and associated attestation which IT is actively engaged in facilitating the completion. As the department is dependent on availability of in-county resources to complete the application process, TCBH will begin use upon the approved application, and established user profiles.

Evidence of DMF use will be available upon project completion. It is estimated that monthly use would begin by end of year 2021.

Proposed Evidence/Documentation of Correction:

Once NSIT access is gained database checks will be completed at the time of hire, at contract, at renewal of contracts and monthly.

Requirement: Section G V. A. 2

DHCS Finding:

TCBH must submit evidence to confirm monthly checks are being done for all providers on all required databases.

Corrective Action Description:

Responsible: Compliance and County Human Resources

TCBH has initiated a work group consisting of Human Resources Risk Manager, key BH staff and Information Technology Analyst with the goal of establishing the implementation strategies across departments, with priority focused on the initial setup of the NSIT account and user profiles.

Proposed Evidence/Documentation of Correction:

Evidence of DMF use will be available upon project completion. It is estimated that monthly use would begin by end of year 2021.

Once NSIT access is gained database checks will be completed at the time of hire, at contract, at renewal of contracts and monthly.

All other monthly checks are current and ongoing for the following databases: LEIE, OIG, SAM and NPI.