Medi-Cal Behavioral Health Corrective Action Plan (CAP)

SISKIYOU

Compliance Review Date: 10/9/2025

Corrective Action Plan Fiscal Year: Fiscal Year 2024-25

SMHS

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
2.3.1 -Finding: The Plan did not coordinate care and complete MCP referrals by ensuring timely clinical assessments and medically necessary services were made available to members. In a verification study, nine of 15 member records showed that the Plan did not ensure the completion of MCP referrals. After members were referred to the MCP or directly referred to the MCP's providers, there were no records of the Plan's follow-up attempts to ensure the provision of a timely clinical assessment or that medically	Implement policies and procedures to ensure coordination and completion of MCP referrals by ensuring timely clinical assessments and medically necessary services are made available to members. Tools: Updated Policies	12/01/2025	EHR Reports and tracking for monitoring Updated communication & documentation process with MCP Updated Policies and Procedures	

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necessary services were made available to members. In an interview, the Plan stated that they utilized the Siskiyou Closed Loop Referral Report to track referrals with their MCP. While the Plan indicated that they perform MCP referral follow-up, verification study samples did not reveal documentation that followup attempts were made to ensure members received medically necessary services. The Plan confirmed in a narrative, "we do not have further documentation around follow-up on members referred." Additionally, the Plan stated that losing their Quality Assurance Manager (QAM) during the audit period negatively impacted their daily operations, and they were not performing the oversight needed to monitor the referrals effectively. When the Plan does not follow up to	and Procedures EHR Reports and tracking for monitoring. Updated communication & documentation process with MCP Provide training on updates.		Training materials	

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ensure care coordination and completion of MCP referrals, it can lead to missed or delayed timely assessments and medically necessary services for members.				
4.4.1The Plan did not ensure all providers explained and documented all required elements listed in BHIN 23-018 when collecting verbal telehealth consents prior to the delivery of telehealth services. A verification study revealed that six of six member records did not document verbal telehealth consent for three of four required elements listed in BHIN 23-018. There is no documentation of an explanation for the following elements: • Members have the right to access covered services in person. • Use of telehealth is voluntary and consent for the use of telehealth can be withdrawn at any time without affecting member	Implement policies and procedures to ensure all providers explain and document all required elements listed in BHIN 23-018 when collecting verbal telehealth consents prior to the delivery of telehealth services. -Updated documentation in the EHR covering all four required	12/1/2025	Updated policies and procedures Updated telehealth documentation Training materials	

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for future Medi-Cal services. • Non-medical transportation benefits are available for in-person visits. In an interview, the Plan indicated that the missing elements in the verbal telehealth consent documentation were due to a lack of provider training and oversight from the Plan. In addition, the Plan's QAM was vacant during the audit period, which adversely impacted its daily operations. The Plan acknowledged the necessity of educating and training its providers to ensure that the telehealth consent will comply with all the requirements outlined in BHIN 23-018. When the Plan does not ensure that all providers are appropriately obtaining and documenting verbal or written telehealth consent before rendering telehealth services to members, it can result in members making poor	elements -Updated policies and procedures with all four required elements clearly listed as part of both written and verbal telehealth consents -Provide training on updates.			

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health decisions due to a lack of adequate knowledge about treatment options.				
5.2.1- The Plan did not implement a UM Program to ensure its subcontractor performed a concurrent review to evaluate the medical necessity and efficiency of services for its members. In a verification study, nine of 14 members' treatment authorizations for services did not show evidence of a concurrent review since documentation showed authorizations were conducted retrospectively. Documentation showed that the inpatient hospitals demonstrated a pattern of not notifying the Plan's subcontractor responsible for concurrent review. This resulted in the non-implementation of the Plan's policies and procedures for concurrent	Implement policies and procedures to ensure the Plan's UM Program performs concurrent review to evaluate the medical necessity and efficiency of services for its members. -Update policies and procedures around UM Programs responsibility and process for subcontractor concurrent review	12/01/2025	Updated policies and procedures Tracking tool (Concurrent Review Subcontractor)	

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review. The Plan did not demonstrate ongoing training instructing inpatient hospitals to notify the Plan's subcontractor responsible for concurrent review. The Plan did not submit the requested evidence of training regarding concurrent review requirements. In an interview, the Plan stated it lacked internal controls to verify whether its subcontractor performed concurrent review. The QAM position, which was responsible for overseeing authorization, was vacant during the audit period, making monitoring difficult. The Plan admitted it did not hold regular meetings with the subcontractor or keep records of oversight activities. When the Plan does not oversee its subcontractor responsible for concurrent review and does not make available training on provider responsibilities, it cannot ensure	including a process for monitoring, reporting, and corrective action for subcontractor review. -Tool for tracking the monitoring, reporting and corrective actions around the subcontractor concurrent review process.			

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implementation of a UM program that prospectively evaluates the medical necessity and appropriateness of in-hospital stays. This can lead to increased costs due to unnecessary services and potential patient harm from delayed or inappropriate care.				

Submitted by: Sarah Collard **Date: 10/31/2025**

Title: Sarah Collard, Health and Human Services Agency Director