

Shasta County Mental Health Plan Review FY1617  
System Plan of Correction

**Section B Access**

**B5d: Do these written materials take into consideration persons with limited reading proficiency (e.g. 6<sup>th</sup> grade reading level)? (See Pg 3 of Report)**

**Corrective  
Actions &  
Timelines**

**Action:** The MHP has redone all of its informing materials, effective September 2017. The updated informing materials have been posted and available at all Medi-Cal certified sites and provided to beneficiaries since September 2017. The informing materials (including all posters and brochures) are all printed in a minimum of 18-point font for persons with limited vision and materials have been tested to ensure readability at 6<sup>th</sup> grade reading level.

**Who:** Managed Care

**When:** September 2017/Completed and ongoing.

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**Evidence**

Attachments include:

- Attachment 1 - [Appeal brochure in 18-point font and at 6<sup>th</sup> grade reading level.](#)
- Attachment 2 - [Appeal poster with readability information - 6<sup>th</sup> grade reading level](#)
- Ongoing review of informing materials.
- When DHCS guidance is provided about informing material requirements, the MHP will ensure the materials are updated to meet requirements.

**Monitoring  
Mechanisms**

**Section B Access**

**B6d: Does the MHP have policies, procedures, and practices that comply with the following requirements of title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973.**

**B6d3. Minor Children should not be used as interpreters? (See Pg 3 of Report)**

**Corrective  
Actions &  
Timelines**

**Action:** The MHP will update its Welcoming Policy to clearly indicate minor children should not be used as interpreters.

**Who:** Managed Care/Cultural Competency Committee

**When:** June 30, 2018

**Action:** The MHP provides annual Cultural Competency training to MHP staff and contractors, which includes training on the use of interpreters. During the next scheduled Cultural Competency training (before June 30, 2018) and ongoing, the MHP will ensure staff are trained that minor children should not be used as interpreters.

**Who:** Cultural Competency Committee

**When:** June 30, 2018 and ongoing annually at each Cultural Competency training.

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**Evidence**

**Attachments include:**

- Attachment 3 - [Draft updated Welcoming Policy](#) indicating minor children shall not be used as interpreters.
- Annual Cultural Competency/Interpreter training and attendance sign in sheets
- Policy reviewed regularly to ensure accuracy of content

**Monitoring  
Mechanism**

**s  
Section B Access**

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**B8 Regarding mental health services available to persons who are homeless and hard-to-reach individuals: (See Page 4 of Report) B8a. Is there evidence of assertive outreach to persons who are homeless with mental disabilities?**

**B8b. Is there evidence of assertive outreach to hard-to-reach individuals with mental disabilities?**

**Corrective  
Actions &  
Timelines**

**Action:** The MHP regularly participates in assertive outreach to person who are homeless with mental disabilities and hard to reach individuals with mental disabilities. The MHP participates each year in Homeless Connect, a “one stop shop” for delivering services (business, service providers, faith communities, etc.) for persons that are homeless or at risk of homelessness, including housing, employment, medical care, mental health care, benefits and legal assistance, eye doctors, haircuts, chiropractic and dental care. The MHP will maintain documentation of these activities including event flyers and schedule of staff attendance at this annual event.

The MHP participates in a team, that includes Redding Police Department, Shasta Community Health Center and a case manager from the MHP, that go regularly to homeless encampments around the Redding area. The case manager from the MHP contacts individuals residing in encampments to provide information about MHP services.

The MHP will maintain documentation of these activities including: staff schedule of staff participating in these activities, flyers of events, and summary reports of activities (including staff members participating, dates of activities, number of community members were in contact with during events)

The MHP has contracted with Hill Country to operate the Hill Country Care Center in downtown Redding. The downtown Redding location was chosen to aid in providing transportation and easy access to the areas within which a large proportion of Redding’s homeless and hard to reach populations reside. The Care Center has a contract objective to “Improve access to services, particularly for individuals currently not served or under-served by the existing mental health system”. The Care Center is open 365 days per year, 2pm-11pm Monday-Friday and 11am-11pm on weekends on holidays. The hours of operation are beyond regular business hours to allow an increase in access for individuals unserved or underserved.

**Who:** Adult Services

**When:** By June 30, 2018

**Attachments include:**

- Attachment 4 - [Homeless Connect Flyer, 2017](#)
- Attachment 5 - [Hill Country Care Center Agreement](#)

**Evidence**

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#### **Monitoring Mechanisms**

- Review of annual participation in Homeless Connect.
- Ongoing monitoring of contracted provider, Hill Country, to ensure compliance with contract terms for accessibility.

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Section B Access

B9a. Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number: (See Page 4 of Report)

**B9a2:** Does the toll-free telephone number provide information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met?

**B9a3:** Does the toll-free telephone number provide information to beneficiaries about services needed to treat a beneficiary's urgent condition?

**Corrective  
Actions &  
Timelines**

**Action:** During the triennial audit, out of 7 calls, all calls were answered. The MHP was out of compliance with ensuring all callers received information about access to services and services needed to treat a beneficiaries' urgent condition. The MHP maintains a script for staff and the after-hours phone service contractor to use to ensure required information is provided to callers.

The MHP's HHS Manager with oversight of staff that answer the access line and responsibility for monitoring the after-hours contractor, will provide updated training to staff and contractor. The training will include the updated phone script and will emphasize the information that is required to be provided to callers.

**Who:** HHS Manager (Katie Cassidy)

**When:** Update training will be completed by February 28, 2018

**Evidence**

**Attachments include:**

- Attachment 6 - [Current phone script](#) staff and contractor use in answering the 24/7 phone line – updated 12/19/17
- Sign in sheets from training will be available after 2/28/18
- MHP will conduct test calls seeking access to specialty mental health services and urgent conditions.
- Annual Cultural Competency training

**Monitoring  
Mechanism**

s

Section B Access

B13a Regarding the MHP's plan for annual cultural competence training necessary to ensure the provision of culturally competent services: **B13a3:** Is there a process that ensures interpreters are trained and monitored for language competence (e.g. formal testing)? (See Page 8 of Report)

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#### **Corrective Actions & Timelines**

**Action:** The MHP included researching a vendor to provide language testing for its interpreters in its 2017 Cultural Competency plan. The Cultural Competency Committee is currently researching available vendors and will seek to include budget resources in the FY1819 budget to contract for these services. The Cultural Competency Committee will provide recommendations to the MHP leadership to establish guidelines for the program (i.e. frequency of testing).

**Who:** Cultural Competency Committee/Managed Care

**When:** Completed by June 30, 2019

#### **Evidence**

**Attachments include:**

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	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Monitoring Mechanisms</b>	<ul style="list-style-type: none"> <li>• Tracking log of bilingual and multilingual testing of staff, when developed</li> <li>• Testing vendor contract, when completed</li> </ul>

**Section C Authorization**

**C1. Regarding the Treatment Authorization Requests (TARs) for hospital services: (See Page 8 of Report)**

**C1c. Does the MHP approve or deny TARs within 14 calendar days of the receipt of the TAR and in accordance with title 9 regulations?**

<b>Corrective Actions &amp; Timelines</b>	<p><b>Action:</b> Create inpatient TAR authorization P&amp;P that specifically states all hospital TARs will be authorized within 14 calendar days of receipt.</p> <p><b>Who:</b> Managed Care</p> <p><b>When:</b> Final policy by June 30, 2018</p>
<b>Evidence</b>	<p><b>Attachments include:</b></p> <ul style="list-style-type: none"> <li>• Attachment 7 - <a href="#">Draft Inpatient Hospital Services Payment Authorization Policy</a></li> </ul>
<b>Monitoring Mechanisms</b>	<ul style="list-style-type: none"> <li>• The MHP maintains an excel spreadsheet tracking timeliness of inpatient TARs.</li> </ul>

**Section C Authorization**

**C2. Regarding Standard Authorization Requests for non-hospital SMHS:**

**C2a. Does the MHP have written policies and procedures for initial and continuing authorizations of SMHS as a condition of reimbursement?**

**C2c. For standard authorization decisions, does the MHP make an authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and within 14 calendar days following receipt of the request for service with a possible extension of up to 14 additional days?**

**C2d. For expedited authorization decisions, does the MHP make an expedited authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and within 3 working days following receipt of the request for service or, when applicable, within 14 calendar days of an extension?**

<b>Corrective Actions &amp; Timelines</b>	<p><b>Action:</b> Create outpatient services TAR authorization P&amp;P including language to address standard and expedited requests.</p> <p><b>Who:</b> Managed Care</p> <p><b>When:</b> Final policy by June 30, 2018</p>
<b>Evidence</b>	<p><b>Attachments include:</b></p> <ul style="list-style-type: none"> <li>• Attachment 8 - <a href="#">Draft Authorization of Contracted Provider Outpatient Services Policy</a></li> </ul>

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**Monitoring Mechanisms**

- The MHP tracks timeliness in its Electronic Health Record (EHR).

**Section C Authorization**

**C4. Regarding out-of-plan services to beneficiaries placed out of county:**

**C4b:** Does the MHP ensure that it complies with the timelines for processing for submitting authorization requests for children in foster care, AAP, or KinGAP aid code living outside his or her county of origin?

**Corrective Actions & Timelines**

**Action:** Create out-of-plan authorization P&P including language to address timelines for processing SARS for Shasta County beneficiaries living outside Shasta County.

**Who:** Managed Care

**When:** Final policy by June 30, 2018

**Evidence**

**Attachments include:**

- Attachment 9 - [Draft Authorization of Out-of-Plan Services Policy](#)

**Monitoring Mechanisms**

- The MHP maintains an excel spreadsheet, tracking timeliness of SARS.

**Section C Authorization**

**C6c:** NOA-C: Is the MHP providing a written NOA-C to the beneficiary when the MHP denies payment authorization of a service that has already been delivered to the beneficiary as a result of a retrospective payment determination? (See Page 11 of Report)

**Corrective Actions & Timelines**

**Action:** The MHP is updating its Notice of Adverse Benefit Determination/NOA policy, which covers each NOA type. Upon completion of the policy, the MHP will prepare a NOA training and provide to all MHP staff that issue NOA's. Additionally, the MHP will present a modified training to its Organizational Providers.

**Who:** Managed Care

**When:** Final policy by June 30, 2018

**Evidence**

**Attachments include:**

- None
- Inpatient hospitalization spreadsheet includes NOA C information
- Updated NOA Policy
- Updated NOA Log
- NOA training and signed, attendance logs

**Monitoring Mechanisms**

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**Section C Authorization**

**C6e: NOA-E: Is the MHP providing a written NOA-E to the beneficiary when the MHP fails to provide a service in a timely manner, as determined by the Contractor (MHP)? (See Page 11-12 of Report)**

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**Corrective  
Actions &  
Timelines**

**Action:** The MHP is updating its Notice of Adverse Benefit Determination/NOA policy, which covers each NOA type. Upon completion of the policy, the MHP will prepare a NOA training and provide to all MHP staff that issue NOA's. Additionally, the MHP will present a modified training to its Organizational Providers.

For NOA-E's, the MHP is working to identify /define the criteria for when a NOA-E needs to be sent and who in the MHP is responsible for sending the NOA-E in each situation. The MHP has established a NOA workgroup, commencing January 2018. Additionally, the MHP's data unit (Outcomes, Planning and Evaluation – OPE) is working with program staff to develop the process to consistently identify the first request for services by a client.

**Who:** Managed Care, Adult Services, Children's Services, and OPE

**When:** Final policy by June 30, 2018

**Evidence**

**Attachments include:**

- None
- Updated NOA Policy
- Updated NOA Log
- NOA training presentation and signed, attendance logs

**Monitoring  
Mechanism  
s**

**Section D Beneficiary Protection**

**D3. Regarding established timeframes for grievances, appeals and expedited appeals:**

**D3a1: Does the MHP ensure that grievances are resolved within established timeframes?**

**Corrective  
Actions &  
Timelines**

**Action:** The MHP is updating its Beneficiary Problem Resolution policy to reflect new regulatory requirements about grievance, appeal and state fair hearings. The MHP had implemented and is currently following the updated timelines for grievances, appeals and expedited appeals. Additionally, the MHP is working to update its tracking log to ensure compliance with the timeframes required for grievance and appeal processing.

**Who:** Managed Care

**When:** Final policy by June 30, 2018

**Evidence**

**Attachments include:**

- Attachment 10 - [Draft Beneficiary Problem Resolution Policy](#)
- Updated grievance log, incorporating new timeframes
- Annual ABGAR report to DHCS

**Monitoring  
Mechanism  
s**

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**Section H Program Integrity**

**H3. Regarding verification of services: (See Page 12 of Report)**

**H3b: When unable to verify services were furnished to beneficiaries, does the MHP have a mechanism in place to ensure appropriate actions are taken?**

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<b>Corrective Actions &amp; Timelines</b>	<p><b>Action:</b> The MHP has been sending service verification letters to its beneficiaries, twice per year since 2014. The MHP will draft a specific policy about the verification process, including its mechanism to ensure appropriate action is taken in the event it is unable to verify the services were provided.</p> <p><b>Who:</b> Managed Care</p> <p><b>When:</b> Final policy by June 30, 2018</p>
<b>Evidence</b>	<p><b>Attachments include:</b></p> <ul style="list-style-type: none"> <li>• Attachment 11 - <a href="#">Draft Service Verification policy</a></li> </ul>
<b>Monitoring Mechanisms</b>	<ul style="list-style-type: none"> <li>• Ongoing review of policy to ensure accuracy of content.</li> <li>• Service verification tracking log will include letters sent, and follow up actions taken.</li> </ul>

**Section H Program Integrity**

**H4. Regarding disclosures of ownership, control and relationship information:**

**H4a.** Does the MHP ensure that it collects the disclosure of ownership, control, and relationship information from its providers, managing employees, including agents and managing agents, as required in CFR, title 42, sections 455.101 and 455.104 and in the MHP Contract, Program Integrity Requirements?

See Page 13 of Report

<b>Corrective Actions &amp; Timelines</b>	<p><b>Action:</b> The MHP worked with County Counsel to develop contract language and disclosure forms for its contracted providers. The MHP will require each contracted provider to complete a disclosure statement prior to full execution of the contract. Additionally, the MHP will include contract language and the disclosure form as an attachment to the contract, requiring the provider to update any changes within 35 days of any change in the provider’s ownership, or at the request of the MHP.</p> <p>The MHP will convene a workgroup in February 2018 to include Managed Care/Compliance staff and Adult and Children’s contract staff to develop an implementation plan, for the disclosure forms and contract language.</p> <p><b>Who:</b> Managed Care/Compliance and Adult and Children’s Services Contract Analysts</p> <p><b>When:</b> June 30, 2018</p>
<b>Evidence</b>	<p><b>Attachments include:</b></p> <ul style="list-style-type: none"> <li>• Attachment 12 - <a href="#">Draft contract language for provider contracts</a></li> <li>• Attachment 13 - <a href="#">Disclosure form providers must complete prior to contract execution</a></li> <li>• Attachment 14 - <a href="#">Disclosure form to attach to contract, to report changes</a></li> </ul>
<b>Monitoring Mechanisms</b>	<ul style="list-style-type: none"> <li>• Ongoing review of provider agreements, ensuring provider agreements include disclosure language and reporting forms.</li> </ul>

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**Section I Quality Improvement**

**I6e: Does the QM work plan include a description of mechanisms the Contractor has implemented to assess the accessibility of services within its service delivery area, including goals for:**

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**16e3: Timeliness of services for urgent conditions? (The MHP could not provide evidence that they have a mechanism to measure timeliness of services for urgent conditions. Measurement provided was for ER only, not capturing other urgent services.)**

See Page 15 of Report

**Corrective  
Actions &  
Timelines**

**Action:** The MHP established an indicator in its FY1718 QM work plan to measure timeliness of services for urgent conditions. The MHP began collecting data and will report on this indicator to the QI Committee quarterly (July, October, January and April).

**Who:** Quality Improvement Committee

**When:** February 2018 and ongoing

**Evidence**

**Attachments include:**

- Attachment 15 - [FY1718 QM work plan \(see indicator Objective 2.e.\)](#)
- Attachment 16 - [FY1718, Goal 2, Quarter 1 Report](#) (see page 5 of report for Urgent Condition report)
- Ongoing quarterly reporting of this indicator at QI Committee meetings.

**Monitoring  
Mechanisms**

**Section J Mental Health Services (MHSA)**

**J5. Regarding Full Service Partnerships (FSP): (See Page 16 of Report)**

**15a. Does the County designate a Personal Service Coordinator (PSC)/Case Manager for each client, and when appropriate the**

**client's family, to be the single point of responsibility for that client/family?**

**Corrective  
Actions &  
Timelines**

**Action:** The MHP does designate a Personal Service Coordinator (PSC)/Case Manager for each FSP, and when appropriate the client's family, as the single point of responsibility for that client/family. The MHP has a MHSA FSP policy and will update the policy to include two policies (one for the Adult System of Care and one for the Children's System of Care), which will clearly identify how the MHP designates a single point of responsibility for each FSP, and when appropriate the client's family.

**Who:** Adult Services and Children's Services

**When:** Final policies by June 30, 2018

**Evidence**

**Attachments include:**

- Attachment 17 – [Draft Adult MHSA FSP Policy](#)
- Attachment 18 – [Draft Children's MHSA FSP Policy](#)
- Completed policies and ongoing review of policies.

**Monitoring  
Mechanisms**

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Section J Mental Health Services (MHSA) (See Page 17 of  
Report) J5. Regarding Full Service Partnerships (FSP):

**J5b:** Does the County ensure the PSC/Case Manager is responsible for developing an Individual Services and Supports (ISSP) with the client and, when appropriate, the client's family.

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### Corrective Actions & Timelines

**Action:** The MHP ensures the PSC/Case Manager is responsible for developing a treatment plan with the client and, when appropriate, the client's family. The MHP has a MHSA FSP policy and will update the policy to include two policies (one for the Adult System of Care and one for the Children's System of Care), which will clearly identify that the PSC/Case Manager is responsible for developing a treatment plan with the client, and when appropriate, the client's family.

**Who:** Adult Services and Children's Services

**When:** Final policies by June 30, 2018

### Evidence

**Attachments include:** -

- Attachment 17 – [Draft Adult MHSA FSP Policy](#)
- Attachment 18 – [Draft Children's MHSA FSP Policy](#)
- Completed policies and ongoing review of policies.

### Monitoring Mechanisms