Butte County Behavioral Health

Fiscal Year (FY) 21/22 Specialty Mental Health Triennial Review

Corrective Action Plan

System Review

Requirement:

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP assesses all children and youth to determine the need for ICC and IHBS. Per the discussion during the review, the MHP stated that all youth are screened for ICC and IHBS using the Child and Adolescent Needs and Strengths (CANS) assessment. During the chart review, four (4) of the five (5) youth charts reviewed did not include evidence of assessment for ICC or IHBS. The MHP was provided the opportunity to submit additional evidence for these youth charts post review, however, no additional evidence was provided.

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.

DHCS Finding Number: Question 1.2.2

Corrective Action Description (including requirements for contracted providers if appropriate):

- Update to Clinical Documentation Manual
- Update to P&P 208 Prior Authorizations for Intensive SMHS to ensure screening occurs and meets regulations
- Provide guidance/training to contracting agencies for updated policies and procedures
- Updated to EHR to capture CANS scores resulting in referral to ICC/IHBS as clinically appropriate

Proposed Evidence/Documentation of Correction:

- Section of Clinical Documentation Manual
- Updated P&P 208
- Evidence of training delivered in house & for contractors
- Screen shot of EHR changes to progress notes (every note for youth under 21 years must click if new CANS was done and capture related ICC/IHBS eligibility determination and proposed referral

Ongoing Monitoring (if included):

- Not included, but will become possible due to EHR changes resulting in improved capability to pull this data and review this process if needed. All updates to EHR are added to the Avatar Development List and prioritized by IT staff, so regular check-ins with them will be necessary, and there is a pre-existing meeting for this purpose

Person Responsible & Job Title:

Heather Claibourn, LCSW, Interim Quality Care & Systems Performance Manager

Implementation Timeline: Complete by 05/26/23

- 10/31/2022 - Section of Clinical Documentation Manual
- 01/31/2023 - Updated P&P 208
- 01/31/2023 - Evidence of training delivered in house & for contractors
- 04/30/2023 - EHR changes demonstrating ICC/IHBS screening and appropriate referral

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Requirement:

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides TFC services to all children and youth who meet medical necessity criteria for TFC. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it is actively working to establish this service, including publishing multiple requests for proposal, however, it has been unable to establish a provider.

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.

DHCS Finding Number: Question 1.2.7

Corrective Action Description (including requirements for contracted providers if appropriate):

- BCDBH will attend quarterly FFA Managers Meeting to announce RFP
- Collaborate on alternative referrals for youth identified as needing TFC at FFA Manager Meeting and with youth-serving contractors
- Include TFC in the EHR changes to progress note, as addressed for Question 1.2.2; response would include the alternative referral(s) made in place of TFC

Proposed Evidence/Documentation of Correction:

- FFA Manager Meeting notes indicating discussion about the TFC RFP
- Copy of currently open RFP
- Screenshot of EHR changes to progress note including TFC

Ongoing Monitoring (if included):

- Continue to maintain an active RFP for TFC
- Continue to attend quarterly FFA meetings where RFP can be announced
- Pull data from EHR to evaluate that alternative services referrals are being provided to these youth when identified by the CANS

Person Responsible & Job Title:

Heather Claibourn, LCSW, Interim Quality Care & Systems Performance Manager

Implementation Timeline: Complete by 05/26/23

- 09/12/22 – Copy of RFP, published quarterly
- 01/31/2023 - Evidence of training delivered in house & for contractors
- 04/30/2023 - EHR changes demonstrating TFC screening and place to note alternative referral(s)

Requirement:

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP assesses all children and youth to determine if they meet medical necessity criteria for TFC. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it does have a screening tool to assess for TFC but it was not used during the review period. The MHP was provided the opportunity to submit the screening tool post review, however no additional evidence was provided.

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.

DHCS Finding Number: Question 1.2.8

Corrective Action Description (including requirements for contracted providers if appropriate):

- Updated to EHR to capture CANS scores resulting in referral to TFC as clinically appropriate
- Update to Clinical Documentation Manual
- Update to P&P 208 Prior Authorizations for Intensive SMHS to ensure screening occurs and meets regulations
- Provide guidance/training to contracting agencies for updated policies and procedures

Proposed Evidence/Documentation of Correction:

- Section of Clinical Documentation Manual
- Updated P&P 208
- Evidence of training delivered in house & for contractors
- Screen shot of EHR changes to progress notes (every note for youth under 21 years must click if new CANS was done and capture related TFC eligibility determination and alternate referral

Ongoing Monitoring (if included):

- Pull data from EHR to evaluate that alternative services referrals are being provided to these youth when identified by the CANS

Person Responsible & Job Title:

Heather Claibourn, LCSW, Interim Quality Care & Systems Performance Manager

Implementation Timeline: Complete by 05/26/23

- 10/31/2022 - Section of Updated to Clinical Documentation Manual
- 01/31/2022 - Updated P&P 208
- 01/31/2022 - Evidence of training delivered in house & for contractors
- 04/30/2023 - EHR changes demonstrating TFC screening using the CANS and appropriate referral

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Requirement:

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP certifies, or uses another MHP's certification documents to certify, the organizational providers that contract with the MHP to provide SMHS. Of the MHP's 48 contract providers, one (1) provider's certification was overdue. Per the

discussion during the review, the MHP stated it was in the process of gathering the needed documentation to recertify the expired provider. Post review, the MHP submitted additional evidence demonstrating the certification was renewed, however, the renewal occurred after the review period.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 8.

DHCS Finding Number: Question 1.4.4

Corrective Action Description (including requirements for contracted providers if appropriate):

- MHP contract, exhibit A, attachment 8". Attachment 8 states, "The Contractor shall complete any required on-site review of a provider's sites within six months of the date the recertification of the provider is due." Iversen Center – Wellness and recovery, was recertified within six (6) months of recertification, therefore; recertification was not overdue

Proposed Evidence/Documentation of Correction:

- Two most recent certifications for Iversen Center
- P&P 065 Medi-Cal Site Certifications

Ongoing Monitoring (if included):

- BCDBH uses a detailed tracker to monitor all dates for site certifications. This system is ongoing and has no problems at this time, all site certifications are up to date

Person Responsible & Job Title:

William Thompson, Business Systems Analyst in charge of Site Certifications

Implementation Timeline: Complete

- 09/12/22 - Two most recent certifications for Iversen Center
- 09/12/22 - P&P 065 Medi-Cal Site Certifications

Requirement:

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP completes continuity of care requests within 30 calendar days from the date the request was received. Of the continuity of care requests reviewed, one (1) request was not completed within 30 calendar days. Per the discussion during the review, a previous staff member approved the request but failed to complete the process within the required timeframe.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice, No.18-059.

DHCS Finding Number: Question 2.5.3

Corrective Action Description (including requirements for contracted providers if appropriate):

- The tracker for continuity of care requests has been updated to clearly indicate the dates necessary for tracking
- Review Policy 352 to be updated as a result of CalAIM and any contractual changes, and to clearly indicate required timeframe

Proposed Evidence/Documentation of Correction:

- Screenshot of updated tracker
- Updated Policy 352 – Continuity of Care, update to be in line with CalAIM Changes
- Notes from QM Staff Meeting where Continuity of Care requirements were reviewed

Ongoing Monitoring (if included):

None included

Person Responsible & Job Title:

Kyle Willman, CalAIM Program Manager

Implementation Timeline: Complete by 01/03/23

- 09/12/22 - Screenshot of updated tracker
- 10/01/22 - Notes from QM Staff Meeting on 9/22/22 where Continuity of Care requirements were reviewed

- 01/01/23 - Updated Policy 352 – Continuity of Care, update to be in line with CalAIM Changes

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Requirement:

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP's Quality Assessment and Performance Improvement program includes active participation from beneficiaries and beneficiary family members, in the planning, design and execution of the Quality Improvement program. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it has experienced difficulty getting participation from beneficiaries and beneficiary family members. The MHP stated that it is actively working to recruit beneficiaries and community members to be included in the QAPI program going forward.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5.

DHCS Finding Number: Question 3.3.3

Corrective Action Description (including requirements for contracted providers if appropriate):

- BCDBH continues to openly invite beneficiaries to Quality Improvement Committee as verbal invitations during meetings such as Behavioral Health Advisory Board and Equity Diversity Inclusion Committee
- BCDBH acknowledges that EQRO has also noted that community involvement opportunities should be better advertised. Plan to update website with clear front-page invitation to all open meetings, also posted in clinic lobbies and provided at intake process
- Equity Diversity Inclusion Committee is a subcommittee of Quality Improvement Committee and does have much community and beneficiary involvement
- Interested parties who reached out for involvement have opted for Behavioral Health Advisory Board instead

Proposed Evidence/Documentation of Correction:

- Flyer made by previous Quality Coordinator which was omitted from Triennial Documents
- Notes from meetings where it was announced that QIC is an open meeting, extending invitation to community in spaces where beneficiaries do regularly attend
- Update to the website to include more up-front and clear invitation to our open meetings for the community/beneficiaries to attend

Ongoing Monitoring (if included):

- As the County is updating their website and key IT staff at Behavioral Health is leaving employment, this will require check-ins and follow-up to ensure action. Responsible person will have recurring event on their calendar.

Person Responsible & Job Title:

Heather Claibourn, Interim Quality Care & Systems Performance Manager

Implementation Timeline: Complete by 05/26/23

- 09/12/22 - Flyer made by previous Quality Coordinator which was omitted from Triennial Documents
- 01/01/23 - Notes from meetings where it was announced that QIC is an open meeting, extending invitation to community in spaces where beneficiaries do regularly attend
- 04/01/23 - Update to the website to include more up-front and clear invitation to our open meetings for the community/beneficiaries to attend
- 04/01/23 – Copies of postings in lobby and as provided in intake packets

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Requirement:

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has established practice guidelines which meet the requirements of the MHP Contract. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that it does not have established practice guidelines and that this is an item it can develop moving forward.

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.

DHCS Finding Number: Question 3.5.1

Corrective Action Description (including requirements for contracted providers if appropriate):

- Department will review the MHP Contract with DHCS for SMHS and compare the requirements with our current Policy and Procedures for Development of Practice Guidelines in order to appropriately update the P&P

- Department will gather appropriate materials to inform development of Practice Guidelines
- Quality Management staff will collaborate with MHSA manager in order to ensure the Guidelines meet the requirements and felt needs of all our staff and programs
- Quality Management Staff will develop draft guidelines while paying close attention to additional systemic changes within CalAIM as they are finalized; staff will ensure that Guidelines accommodate CalAIM changes, and ensure policy updates include a review procedure for additional changes upon finalization of the guidelines
- Updated Policy and Procedure is fully approved by the department
- Practice Guidelines are finalized after thorough review by key staff throughout the department

Proposed Evidence/Documentation of Correction:

- BCDBH Practice Guidelines
- Updated Policy and Procedure regarding the Development, Dissemination, and Ongoing Monitoring of Practice Guidelines

Ongoing Monitoring (if included):

Annual Review of the Practice Guidelines will include the following:

- Comparison of the department's Practice Guidelines with the language of the MHP Contract with DHCS
- Review of MHSA program requirements that may affect practice guidelines.
- Records of dissemination for any Practice Guideline updates to all potentially affected stakeholders

Person Responsible & Job Title:

Kyle Willman, CalAIM Implementation Program Manager

Implementation Timeline: Complete by 05/26/23

- 09/06/22 - Review Draft MHP Contract and compare to the departmental P&P regarding development of Practice Guidelines in order to prepare for an appropriately updated P&P
- 10/31/22 - Complete review of MHP contract requirements, MHSA program requirements, and complete collection of relevant materials that might inform the drafting of new Practice Guidelines

- 02/03/23 - Finalize updated P&P regarding Development, Dissemination, and Ongoing Monitoring of Practice Guidelines and complete initial rough draft of new Practice Guidelines for review amongst department management team
- 04/28/23 - Finalize and disseminate the Practice Guidelines per DHCS requirements
- 05/26/23 - Submit evidence to DHCS

Requirement:

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP disseminates the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that it does not have established practice guidelines and that this is an area it can improve upon moving forward.

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.

DHCS Finding Number: Question 3.5.2

Corrective Action Description (including requirements for contracted providers if appropriate):

- BCDBH will abide by the (soon to be updated as described above in Question 3.5.1) P&P regarding Development, Dissemination, and Ongoing Monitoring of Practice Guidelines in order to ensure the Guidelines are distributed to appropriate stakeholders that may be affected by they per the MHP contract. Dissemination will take place timely within the approval of new Practice Guidelines, and evidence regarding all dissemination efforts to the required stakeholder groups that may be affected shall be recorded and submitted to DHCS as evidence.

Proposed Evidence/Documentation of Correction:

- Updated Policy and Procedure regarding the Development, Dissemination, and Ongoing Monitoring of Practice Guidelines, Evidence of Dissemination of newly developed Practice Guidelines

Ongoing Monitoring (if included):

- CalAIM Implementation Program Manager shall ensure that documentation regarding dissemination efforts of practice guidelines whenever any update

occurs is collected, stored, and made available upon request for any audits or other reviews

Person Responsible & Job Title:

Kyle Willman, CalAIM Implementation Program Manager

Implementation Timeline: Complete by 05/26/23

- 05/26/23 - Submit evidence of Dissemination of Practice Guidelines that align with newly developed P&P and the MHP contract

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Requirement:

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP takes 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. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that it does not have established practice guidelines and that this is an area it can improve upon moving forward.

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.

DHCS Finding Number: Question 3.5.3

Corrective Action Description (including requirements for contracted providers if appropriate):

- Department will review the MHP Contract with DHCS for SMHS and compare the requirements with our current Policy and Procedures for Development of Practice Guidelines in order to appropriately update the P&P
- Department will gather appropriate materials to inform development of Practice Guidelines
- Quality Management staff will collaborate with MHSA manager in order to ensure the Guidelines meet the requirements and felt needs of all our staff and programs
- Quality Management Staff will develop draft guidelines while paying close attention to additional systemic changes within CalAIM as they are finalized; staff will ensure that Guidelines accommodate CalAIM changes, and ensure policy updates include a review procedure for additional changes upon finalization of the guidelines

- Updated Policy and Procedure is fully approved by the department
- Practice Guidelines are finalized after thorough review by key staff throughout the department

Proposed Evidence/Documentation of Correction:

- BCDBH Practice Guidelines;
- Updated Policy and Procedure regarding the Development, Dissemination, and Ongoing Monitoring of Practice Guidelines

Ongoing Monitoring (if included):

Annual Review of the Practice Guidelines will include the following:

- Comparison of the department's Practice Guidelines with the language of the MHP Contract with DHCS
- Review of MHSA program requirements that may affect practice guidelines.
- Records of dissemination for any Practice Guideline updates to all potentially affected stakeholders

Person Responsible & Job Title:

Kyle Willman, CalAIM Implementation Program Manager

Implementation Timeline: Complete by 05/26/23

- 09/06/22 - Review Draft MHP Contract and compare to the departmental P&P regarding development of Practice Guidelines in order to prepare for an appropriate update to the departmental P&P
- 10/31/22 - Complete review of MHP contract requirements, MHSA program requirements, and complete collection of relevant materials that might inform the drafting of new Practice Guidelines
- 02/03/23 - Finalize updated P&P regarding Development, Dissemination, and Ongoing Monitoring of Practice Guidelines and complete initial rough draft of new Practice Guidelines for review amongst department management team
- 04/28/23 - Finalize and disseminate the Practice Guidelines per DHCS requirements
- 05/26/23 – Submit Evidence to DHCS

Requirement:

TEST CALL #4
Test call was placed on Monday, December 27, 2021, at 11:57 a.m. The call was answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP's threshold language. The recorded message then stated to call 9-1-1 if experiencing an emergency. After holding for four (4) minutes, the caller ended call.

The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

FINDING
The call is deemed *in 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, November 30, 2021, at 7:46 a.m. The call was answered via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. The recorded message then stated to call 9-1-1 if experiencing an emergency. After hearing several options, the caller was connected to a live operator. The caller requested information about obtaining a refill for an anxiety medication and stated he/she had not yet established a care provider in the county. The operator stated the caller could provide his/her name and telephone number and the MHP staff would return his/her call during business hours.

The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

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

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).

Repeat deficiency: Yes

DHCS Finding Number: Question 4.3.2

Corrective Action Description (including requirements for contracted providers if appropriate):

- BCDBH acknowledges that wait times are high at peak times and staffing is short for the 24/7 Line; the Great Resignation is not uncommon for all counties. The Access Team (daytime screening staff) and Crisis Team (24 hours) are both experiencing shortages. Plans have been developed to place RFP for call center contractor who will have the staffing to answer with very little wait and provide the information and linkages as required by DHCS

Proposed Evidence/Documentation of Correction:

- RFP for Call Center Contract
- Evidence of low wait times and calls data received from contractor

Ongoing Monitoring (if included):

Not included

Person Responsible & Job Title:

Heather Claibourn, Interim Quality Care & Systems Performance Manager

Implementation Timeline: Complete by 05/26/23

- 12/15/22 - Copy of RFP for 24/7 county call center contractor
- 05/01/23 – Data from Contractor indicating low wait times and appropriate service of calls

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Requirement:

While the MHP submitted evidence to demonstrate compliance with this requirement, one (1) 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 its 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	12/30/2021	3:51 p.m.	IN	IN	IN
2	12/10/2021	1.32 p.m.	IN	IN	IN

3	4/6/2022	7:25 a.m.	IN	IN	IN
4	12/27/2021	11:57 a.m.	OOC	OOC	OOC
5	11/30/2021	7:46 a.m.	IN	IN	IN
Compliance Percentage			**80%**	**80%**	**80%**

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).

DHCS Finding Number: Question 4.3.4

Corrective Action Description (including requirements for contracted providers if appropriate):

- Trainings associated with logging and responding to the 24/7 Line will be reassigned to all staff who respond to the line via Relias (online learning system)

Proposed Evidence/Documentation of Correction:

- Review trainings for updates needed
- Reassign trainings in Relias to all relevant staff

Ongoing Monitoring (if included):

- Review completion rates, twice, sending a notice after the first to all who have failed to complete the training on time. Send notice to their supervisor after the second check for compliance

Person Responsible & Job Title:

Heather Claibourn, Interim Quality Care & Systems Performance Manager

Implementation Timeline: Complete by 05/26/23

- 11/01/22 – Review all related trainings for updates
- 12/01/22 – Reassign request for all relevant staff
- 03/01/23 – Follow up on completion
- 05/26/23 – Provide proof of trainings to DHCS

Requirement:

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP makes a decision regarding a provider's request for prior authorization within five (5) business days of receipt of request. Of the 10 Services Authorization Requests (SAR) reviewed, it was not evident that three (3) met the timeliness standard. Per the discussion during the review, the MHP stated two (2) of the requests were scanned into the MHP record system and did not contain receipt date stamps; one (1) request was completed by a staff member that no longer works with the MHP and not additional information was available. Post review, the MHP submitted additional evidence for the SARs in questions, however the evidence did not demonstrate that the SARs were completed within five (5) business days of receipt of request.

DHCS deems the MHP in partial compliance with MHSUDS 19-026.

DHCS Finding Number: Question 5.2.8

Corrective Action Description (including requirements for contracted providers if appropriate):

- BCDBH will begin stamping the dates of each SAR on the day received in order to track timeliness within the 5 business days of receipt of the request. QM clerical support staff will be trained to print each SAR and subsequently stamp each one in order to demonstrate that the SARs were completed within 5 business days. QM CCR Coordinator will train all QM clerical support staff to stamp receipt date clearly on all SARs and collect attestation of their attendance.

Proposed Evidence/Documentation of Correction:

- Attestation for training received regarding the appropriate stamping of receipt date on SARs

Ongoing Monitoring (if included):

- None included

Person Responsible & Job Title:

- Michelle Perez, QM CCR Coordinator

Implementation Timeline: Complete by 10/14/22

- 10/01/22 – Attestation of training received by clerical support staff