

Medi-Cal Behavioral Health Corrective Action Plan (CAP)

Calaveras

Compliance Review Date: 9/25/2024

Corrective Action Plan Fiscal Year: 2023-2024

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
SMHS				
1.2.1 – Assessment for the Need of TFC Services: The Plan did not ensure the assessment for the need of TFC services to children and youth who met beneficiary access and medical necessity criteria for SMHS.	Updated ICC, IHBS and TFC policy to ensure assessments for the need of TFC services to children and youth who met beneficiary access and medical necessity criteria for SMHS.	11/1/2023	Policy	
1.2.2 Provision of TFC Services: The Plan did not ensure	Advertisement for recruitment will be created and posted on Behavioral Health webpage and	10/31/2024	Brochure and marketing materials	



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the provision of TFC services through a network of appropriate TFC providers.	flyers posted in Foster Care Agencies and local providers.			
1.2.2 Provision of TFC Services: The Plan did not ensure the provision of TFC services through a network of appropriate TFC providers.	Advertisement for recruitment will be created and posted on Behavioral Health webpage and flyers posted in Foster Care Agencies and local providers.	10/31/2024	Brochure and marketing materials	
1.4.1 Certification & Recertification of Subcontracted Providers: The Plan did not implement certification requirements for subcontract providers that provide SMHS.	Since the audit the overdue certifications have been brought current. Policy has been updated and tracking mechanism put in place to monitor and track upcoming certification in a timely manner.	2/2/2024	Policy Tracking sheet PIMS Report	

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3.1.1 Monitoring Medication Practices: The Plan did not implement mechanisms to monitor the safety and effectiveness of medication practices.	Medication Monitoring policy has been update and process implemented. We have contracted with a Psychiatrist who performs the monthly reviews as per policy	10/1/2023	Policy Spreadsheet Medication UM tool	
3.5.1 Adopt Practice Guidelines: The Plan did not adopt practice guidelines.	Practice Guidelines will be gathered and compiled for review and formal adoption by Health and Human Services Behavioral Health.	12/31/2024	Practice Guidelines	
3.5.2 Dissemination of Practice Guidelines: The Plan did not demonstrate that it disseminates the guidelines to all affected providers, and upon request, to beneficiaries and potential	After adoption, Practice Guidelines will be disseminated to all affected providers, and upon request, to beneficiaries and potential beneficiaries.	1/31/2025	Practice Guidelines Dissemination tracking sheet	

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beneficiaries.				
5.1.1 Authorization of Psychiatric Inpatient Hospital Services: The Plan did not establish and implement written policies and procedures for the authorization of psychiatric inpatient hospital services.	CCBH is updating the authorization policy per BHIN guidance 22-016 to guide authorization of inpatient hospital services.	10/1/2024	Revised Policy	
5.1.2 Expedited Authorizations: The Plan did not make expedited authorization decisions within 72-hours of receipt of request for services.	CCBH is updating the authorization policy per BHIN guidance 22-016 to guide expedited authorization decisions are made within 72 hours.	10/1/2024	Revised Policy	
6.2.1 Expedited Resolution and Appeal: The Plan did	Revised Grievance and Appeal policy to include necessary language to ensure that	7/1/24	Policy	

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not demonstrate that it has processes in place to ensure that punitive action is not taken against a provider who requests an expedited resolution or supports a beneficiary's expedited appeal.	punitive action is not taken against a provider who requests an expedited resolution or supports a beneficiary's expedited appeal.			
7.1.1 False Claims Act and Whistleblower Policy and Procedure: The Plan did not implement and maintain written policies that provide detailed information about the False Claims Act and other Federal and State Laws, including	<p>Compliance policy will be reviewed and updated to ensure information is current, then Compliance training will be conducted to ensure all staff are aware how to report Fraud Waste and Abuse.</p> <p>The CCBH Compliance hotline has been rerouted to ensure calls are received by CCBH staff. Any suspected fraud will be</p>	10/1/24	Updated policy Staff training sign in sheet	

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information about rights of employees to be protected as whistleblowers.	reported to DHCS.			

Submitted by: Cori L. Allen Date: 7/23/2024

Title: MPA, HHSA Director, Interim CCBH Director