

## Medi-Cal Behavioral Health Corrective Action Plan (CAP)

Contra Costa

Compliance Review Date: 9/12/2023

Corrective Action Plan Fiscal Year: 23/24

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
SMHS				
<b>Finding 1.2.1:</b> The Plan did not ensure to assess the need for TFC services to children and youth who met beneficiary access and medical necessity criteria for SMHS.	Updated the CFT Action Plan to include a specific check list to verify screening and monitoring of the need for TFC services. CFT members discuss the need before making referrals for TFC services. The TFC Policy and Procedure 722-MH was updated to match the updates made to the CFT Action Plan regarding the	Forms were updated in March 2024. All staff members responsible for potential TFC referrals were notified on 3/28/24 during All ICC Provider meeting, including CBOs.	1. Revised CFT action plan has been included. 2. All-ICC meeting minutes with staff signature log. 3. TFC P&P was updated to reflect the updates and included as evidence of correction action.	

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	<p>monitoring of screening/ monitoring of TFC services.</p> <p>ICC providers (the staff completing the CFT Action Plans and possible TFC referrals) received training on 3/28/24 regarding updates to the CFT Action Plans. They were instructed to start capturing the TFC screening conversations with CFT members on the CFT Action Plan. Additional information regarding TFC conversations may also be captured on progress notes. There will be a pause /hard stop in our EHR to ensure this section of CFT Action Plan is complete. Request made for the ccLink change was made on 4/1/24. In addition, CBO</p>			

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	<p>supervisors, QA and county ICC clinic supervisors will periodically review CFT Action Plans (review cycle is based upon their QA/ ICC supervisors individualized review schedules). The CFT Action Plans will be reviewed to verify that TFC is being screened and discussed with the CFT members. The County will provide periodic reminders and more detailed TFC discussions at least 2 x per year during the monthly All- ICC providers meetings. Next TFC conversation set to take place on 4/25/24. We have included a copy of the minutes for the All -ICC meeting held on 3/28/24 with the attendee signature</p>			

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	log.			
<b>Finding 1.2.2:</b> The Plan did not ensure the provision of TFC services through a network of appropriate TFC providers.	CCBHS has created an ongoing contracting opportunity to seek applications from agencies that have experience providing both Specialty Mental Health Services (SMHS) and, as a Foster Family Agency (FFA), supporting Resource Families, to implement, facilitate, and oversee Therapeutic Foster Care (TFC) services, for the priority population: Medi-Cal eligible children and youth under the age of 21 who meet medical necessity criteria for specialty mental health services (SMHS) needing	4/10/24	1. SMHS Request For Qualifications (RFQ) Final  2. Webpage displaying solicitation link of Ongoing Contracting Opportunities – TFC 3. Webpage description of Specialty Mental Health Therapeutic Foster Care (TFC) Services	

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	TFC level of care. A child/youth does not need to have an open Child Welfare case to be considered for TFC.			
<b>Finding 4.2.1:</b> The Plan did not ensure its 24/7 Access Line provided required information on how to access SMHS, beneficiary problem resolution and fair hearing processes.	Corrective Action #1: CCMHP will strengthen efforts to train and reinforce the Access Line's provision of required information for all calls, through a more frequent review and rigorous internal audit process for business hours Access Line staff (clinical and clerical). Monitoring will be through an Access All-Staff monthly review of CCMHP's Quality Improvement Work Plan, which includes an overview of the required elements, test call results, and related	Corrective Action #1 Implementation Date:  2/1/2024	1. Access Line All-Staff Meeting minutes/ Access Clerical Meetings Log  2. Access Line Quality Improvement Plan & Metrics  3. Internal Access Test Call Review & Feedback Summary  4. Internal Access Line CRM Audit Review Log	

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	<p>Access Line metrics. The internal Access Line audit will focus on individual staff feedback, and will be monitored via an audit review log.</p> <p>Corrective Action #2: CCMHP will improve communication and collaboration with After Hours contracted agency OPTUM, to ensure that beneficiaries receive the required information on how to access SMHS, beneficiary problem resolution, and fair hearing processes. These efforts include Quarterly meetings between CCMHP and</p>	<p>Corrective Action #2 Implementation Date:</p> <p>(pre-CAP, ongoing quality improvement initiatives)</p> <ul style="list-style-type: none"> <li>• 1/22/24 CCC provided AOD script to Optum in response to request</li> <li>• 1/29/24 standardized feedback loop process provided to Optum (Optum responded 2/1/24)</li> <li>• 2/8/24 Optum</li> </ul>	<p>Corrective Action #2 Evidence:</p> <ol style="list-style-type: none"> <li>1. Improvement Plan &amp; Metrics with Log of meetings/communications with Optum</li> <li>2. Optum's' corrective action/training plans/Timeline</li> </ol>	

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	<p>OPTUM leadership, a standardized response workflow with OPTUM when providing feedback regarding quarterly test call performance, and tracking of OPTUM's response with their corrective action/training plan. Monitoring will be through the Access Line Quality Improvement Plan &amp; Metrics with Log of meetings/communications with Optum.</p>	<p>sought info re: complaint/grievance process</p> <ul style="list-style-type: none"> <li>2/9/24 CCC inquiry to Optum re: SLA metrics</li> </ul> <p>(post-CAP, ongoing quality improvement initiatives)</p> <ul style="list-style-type: none"> <li>Optum provided action/training plan 2/21/24</li> <li>NEXT Quarterly Meeting with Optum 4/12/24</li> </ul>		
<p><b>Finding 4.2.2:</b> The Plan did not log all beneficiary calls requesting access to specialty mental health and</p>	<p>Corrective Action Item #1: CCMHP has formalized a quality monitoring process for business hours Access Line staff by setting explicit improvement goals tied to the logging of beneficiary</p>	<p>Corrective Action #1 Implementation Date: 2/1/2024</p>	<p>1. Access Line All-Staff Meeting minutes/ Access Clerical Meetings Log</p> <p>2. Access Line Quality Improvement Plan &amp; Metrics</p>	

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urgent condition services.	calls and service requests. With the existing internal test call protocol, the Access Line has increased the frequency (from quarterly to monthly) of test call feedback and metrics reviews, which will include deep dives into non-compliant test calls and logs to further identify workflow gaps and strategies to preempt logging errors. Access clerical staff will have weekly meetings to review triaging procedures and phone scripts monitored via meetings minutes and logs. Lastly, the Access Line will implement an internal CRM review process that will reinforce compliance		<p>3. Internal Access Test Call Review &amp; Feedback Summary</p> <p>4. Internal Access Line CRM Audit Review Log</p>	



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	<p>with logging requirements and provide regular, individual feedback to Access Line staff, monitored via an audit review log.</p> <p>Corrective Action Item #2: CCMHP has standardized a quality monitoring process for after-hours Access contract provider Optum. In addition to quarterly meetings, the plan will establish a timeline for test call feedback with Optum to ensure implementation of recommendations and logging requirements: within 5 days of receipt of test call results, and within 30 days for an action training plan. Optum will</p>	<p>Corrective Action #2 Implementation Date: 1/29/24</p>	<p>Corrective Action #2 Evidence:</p> <ol style="list-style-type: none"> <li>1. Log of meetings with Optum</li> <li>2. Optums' corrective action +training+plans+ timeline</li> </ol>	

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	increase their trainings/training attestation and initiate their own internal quality review process. Optum will implement a quality improvement plan to have clinicians to check in with the supervisor on duty to confirm they have conducted their own quality assurance review.			

**Submitted by: Contra Costa SMHS**

**Date: 4/15/2024**

**Title: Katy White, Chief of Managed Care**