

County of Del Norte Mental Health Services
Fiscal Year 2020/2021 Specialty Mental Health Triennial Review
Corrective Action Plan

System Review

Requirement

Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i)

(c) ***Furnishing of services.*** The [State](#) must ensure that each contract with a [MCO](#), [PIHP](#), and [PAHP](#) complies with the following requirements.

(1) ***Timely access.*** Each [MCO](#), [PIHP](#), and [PAHP](#) must do the following:

(i) Meet and require its [network providers](#) to meet [State](#) standards for timely access to care and services, taking into account the urgency of the need for services.

DHCS Finding 1.1.3

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i). The MHP must meet, and require its providers to meet, Department standards for timely access to care and services, taking into account the urgency of need for services.

Triennial review will focus on timeliness of all urgent appointments and physician appointments.

1. Urgent care appointments for services that do not require prior authorization: within 48 hours of the request for appointment
2. Urgent care appointments for services that require prior authorization: within 96 hours of the request for appointment

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Timeliness Report
- PASA July-Oct 2021 Psych Appts
- 24-7 Access Line P&P
- Language Line Access P&P
- Contract Oversight and Monitoring P&P
- Initial Request for Services Log
- Initial Request Log P&P
- MHP_TADT County 2021
- FY20.21_CAP Resolution Letter (1)

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- NACert_FY 20.21_CAP Tool_Plan Response
- Network Adequacy and Monitoring P&P (1)
- Timely Access Network Adequacy P&P

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP meets, and requires its providers to meet, Department standards for timely access for all urgent appointments and physician appointments.

Per the discussion during the review, the MHP stated it tracks routine appointments for timeliness and began tracking psychiatric appointments in November of 2020. The MHP stated some psychiatric appointments occurred outside the 15 day required timeframe due to acute hospitalizations, however, the MHP was unable to provide evidence to support this. The MHP stated that they have experienced difficulty tracking urgent appointments because most beneficiaries are seen the same day.

Corrective Action Description

The MHP will work to define Urgent Condition for services that will be defined in a newly written policy and procedure. The MHP will provide training to staff on Urgent Condition definition. The MHP will update our CSI form to include a field to capture Urgent Condition Requests for services that require prior authorization as well as for services that do not require prior authorization. Staff responsible for completing the CSI form will receive training on how to track and record urgent condition requests for services. The MHP will work with Kings View our IT vendor to develop a method on which to pull data from the CSI reports to capture timeliness reports as a way to monitor compliance with this regulation.

Proposed Evidence/Documentation of Correction

Urgent Condition Policy, Updated CSI form, Proof of training on Urgent Condition, Proof of training on CSI form completion, sample of a timeliness report.

Ongoing Monitoring (if included)

Through timeliness reports the MHP will be able to continue to monitor on a monthly basis.

Person Responsible (job title)

Policy and Procedure will be written by the Program Manager and Staff Services Manager. The training will be conducted by the Staff Services Manager and Staff Services Analyst. The ongoing reports will be provided by the Fiscal Manager.

Implementation Timeline: 05/15/2022

Requirement

MHP contract, exhibit A, attachment 8

DHCS Finding 1.1.4

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 8. The MHP must implement mechanisms to assess the accessibility of services within its service delivery area include the below listed requirements:

1. The assessment of responsiveness of the MHP's 24-hour toll-free telephone number,
2. Timeliness of scheduling routine appointments,
3. Timeliness of services for urgent conditions, and,
4. Access to after-hours care.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Test Call Log FY 20-21
- Test Call Samples FY 20-21
- Test Call Script
- Plan of Corrections 4-26-2020 Answering Service
- NACert_FY20.21_CAP Tool_Plan Response
- FY20.21_CAP Resolution Letter (1)
- MHP_TADT County 2021
- Contract Oversight and Monitoring P&P. Rev 7-11-18

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP implements mechanisms to assess the accessibility of services within its service delivery area including assessing the responsiveness of the MHP's 24-hour toll-free telephone number and timeliness of services for urgent appointments. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated urgent appointments are not tracked. The MHP also stated it only assesses the 24-hour telephone number after- hours and does not conduct test calls during business hours.

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

Corrective Action Description

The MHP will develop a training script for our staff who answer incoming calls during the office hours (M-F 8/5pm). All staff who answers incoming calls will be trained on the script. The MHP will add conducting test calls once a month during business hours and record the findings on these test calls these test calls will also be performed on any subcontracted providers.

Proposed Evidence/Documentation of Correction

Script for calls, Training log for staff who answer calls, Test Call finding reports.

Ongoing Monitoring (if included)

Monthly test calls will be conducted and findings will be reported at the Quality Improvement Committee meetings.

Person Responsible (job title)

Staff Services Manager and Staff Services Analyst

Implementation Timeline: 03/31/2022

Requirement

Federal Code of Regulation, title 42, section 438, subdivision 206(c)(1)(iv), (v), and (vi).

(c) *Furnishing of services.* The [State](#) must ensure that each contract with a [MCO](#), [PIHP](#), and [PAHP](#) complies with the following requirements.

(1) *Timely access.* Each [MCO](#), [PIHP](#), and [PAHP](#) must do the following:

(iv) Establish mechanisms to ensure compliance by network providers.

(v) Monitor [network providers](#) regularly to determine compliance.

(vi) Take corrective action if there is a failure to comply by a [network provider](#).

DHCS Finding 1.1.6

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulation, title 42, section 438, subdivision 206(c)(1)(iv), (v), and (vi). The MHP shall establish mechanisms to ensure that network providers comply with the below timely access requirements:

1. The MHP shall monitor network providers regularly to determine compliance with timely access requirements.
2. The MHP shall take corrective action if there is a failure to comply with timely access requirements.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Timely Access Network Adequacy P&P
- Test Call Log FY 20-21
- Test Call Samples FY 20-21
- Test Call Script
- Remi Vista Agreement FY 20-21
- Remi Meetings
- Remi Del Norte Meetings
- FY20.21_CAP Resolution Letter (1)
- MHP_TADT County 2021
- NACert_FY20.21_CAP Tool_Plan Response

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has established mechanisms to ensure that network providers comply with these timely access requirements. These requirements were not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that it conducts meetings with its children's services contract provider regarding timely access. The MHP submitted additional evidence for these meetings, however, it is not clear from the additional documents that the MHP is regularly monitoring the provider or taking correction action when needed.

DHCS deems the MHP out of compliance with Federal Code of Regulation, title 42, section 438, subdivision 206(c)(1)(iv), (v), and (vi).

Corrective Action Description

The MHP will report monthly to network providers' timeliness reports. Any provider found out of compliance with timeliness will be required to complete a Corrective Action Plan (CAP). Network provider contract boilerplates will be updated to include a provision for CAP requirements.

Proposed Evidence/Documentation of Correction

Timeliness Reports of Network Providers, Corrective Action Plans (if applicable), update to boilerplate to include CAP requirements.

Ongoing Monitoring (if included)

Monthly timeliness reports

Person Responsible (job title)

Fiscal Manager for timeliness reports. Program Manager and Clinical Services Manager for any required Corrective Action Plan requirements. Program Manager for adjustment to contract boilerplate.

Implementation Timeline: 04/30/2022

Requirement

Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must provide Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) to all children and youth who meet medical necessity criteria for those services.

DHCS Finding 1.2.1

The MHP did not furnish evidence to demonstrate 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. The MHP must provide Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) to all children and youth who meet medical necessity criteria for those services. Membership in the Katie A. subclass is not a prerequisite to receiving ICC and IHBS.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- ICC Report
- IHBS Report
- Remi Katie A P&P

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- Remi Training for ICC.IHBS.TFC
- Mental Health Screening Form
- Remi Pathways Forms

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides ICC and IHBS to all children and youth who meet medical necessity criteria for these services. This requirement was not included in any evidence provided by the MHP for system or chart reviews. Per the discussion during the review, the MHP stated that it uses the Child and Adolescent Needs and Strengths (CANS) tool to assess all children and youth, and if a therapist believes that a child or youth needs more intensive services, the Pathways to Well-Being referral form is used to screen for ICC and IHBS service needs. Post review, the MHP submitted additional evidence to demonstrate compliance to this requirement. The evidence did not demonstrate that all eligible children and youth are provided ICC and IHBS or that the MHP is monitoring its contracted children's services provider to ensure eligible beneficiaries are offered these services.

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.

Corrective Action Description

At intake each client who is under the age 21; eligible for full scope Medi-Cal and who meets medical necessity for Specialty Mental Health Services will be screened for ICC and IHBS services. A Screening Tool will be developed to assess each child's need for ICC and IHBS. The LPHA will review the assessment and screening tool during the final approval process to authorize services. A referral form will be completed on any child/youth who meets ICC and IHBS eligibility requirements.

Proposed Evidence/Documentation of Correction

Screening Tool for ICC and IHBS. Referral form for ICC and IHBS

Ongoing Monitoring (if included)

The MHP will have the ability to run reports on any screening tools completed via a Document Tag line in the Electronic Health Record.

Person Responsible (job title)

Clinical Services Manager will oversee the Children's Services Provider completing this correction.

Implementation Timeline: 05/01/2022

Requirement

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 1.2.2

The MHP did not furnish evidence to demonstrate 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. The MHP must have an affirmative responsibility to determine if children and youth who meet medical necessity criteria need ICC and IHBS.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Mental Health Screening Form
- Remi Katie A P&P
- Remi Training for ICC.IHBS.TFC
- Pathways Referral
- Remi Pathways Forms

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP determines if children and youth who meet medical necessity criteria need ICC and IHBS. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that all children and youth are screened with the CANS tool and if a therapist thinks the child or youth needs more intensive services, the Pathways to Well Being referral form is completed. Post review, the MHP submitted additional evidence demonstrating this process. The evidence did not demonstrate that all children and youth are assessed for ICC and IHBS services or that the MHP is monitoring its contracted children's services provider to ensure all children and youth are assessed for these services.

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.

Corrective Action Description

At intake each client who is under the age 21; eligible for full scope Medi-Cal and who meets medical necessity for Specialty Mental Health Services will be screened for ICC and IHBS services. A Screening Tool will be developed to assess each child's need for ICC and IHBS. The LPHA will review the assessment and screening tool during the final approval process to authorize services. A referral form will be completed on any child/youth who meets ICC and IHBS eligibility requirements.

Proposed Evidence/Documentation of Correction

Screening Tool for ICC and IHBS. Referral form for ICC and IHBS

Ongoing Monitoring (if included)

The MHP will have the ability to run reports on any screening tools completed via a Document Tag line in the Electronic Health Record.

Person Responsible (job title)

Clinical Services Manager will oversee the Children's Services Provider completing this correction.

Implementation Timeline: 05/01/2022

Requirement

Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

DHCS Finding 1.2.7

The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must provide TFC services to all children and youth who meet medical necessity criteria for TFC.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Remi Katie A P&P
- Mental Health Screening Form
- Remi Pathways Forms
- TFC Screening
- Remi Training for ICC.IHBS.TFC

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 not providing TFC services at this time.

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.

Corrective Action Description

The MHP will work with the Children's Services subcontracted provider to develop a referral tool recommending Therapeutic Foster Care (TFC) that will be used for all youth who meet the medical necessity criteria for TFC. It should be noted that at this time Del Norte County has no in county TFC, all Children referred to this would need out of county placement at this time.

Proposed Evidence/Documentation of Correction

Referral tool which will be presented at Child and Family Team meetings.

Ongoing Monitoring (if included)

None at this time.

Person Responsible (job title)

Clinical Services Manager will oversee the Children's Services Provider completing this correction.

Implementation Timeline: 05/01/2022

Requirement

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 1.2.8

The MHP did not furnish evidence to demonstrate 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. The MHP must have an affirmative responsibility to determine if children and youth who meet medical necessity criteria need TFC.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- TFC Screening
- Remi Training for ICC.IHBS.TFC

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP determines if children and youth who meet medical necessity criteria need TFC. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP is using the ICC/IHBS screening tools to assess for TFC services. Post review, the MHP provided a completed TFC Screening tool document. This evidence did not demonstrate that all children and youth are assessed for TFC services or that the MHP is monitoring its contracted children's services provider to ensure all children and youth are assessed for this service.

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.

Corrective Action Description

The MHP will work with the Children's Service provider to update the ICC/IHBS screening tool to include criteria for TFC. All Children who meet medical necessity for Specialty Mental Health Services will complete the screening tool.

Proposed Evidence/Documentation of Correction

Updated ICC/IHBS Screening Tool

Ongoing Monitoring (if included)

The MHP will have the ability to pull chart reports showing that the screening tool was conducted during annual monitoring.

Person Responsible (job title)

Clinical Services Manager will oversee the Children's Services Provider completing this correction.

Implementation Timeline: 05/01/2022

Requirement

Federal Code of Regulations, title 42, section 438, subdivision 12(a). The MHP shall give practitioners or groups of practitioners who apply to be MHP contract providers and with whom the MHP decides not to contract written notice of the reason for a decision not to contract.

DHCS Finding 1.4.3

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 12(a) (1). The MHP must comply with following:

- The MHP shall give practitioners or groups of practitioners who apply to be MHP contract providers and with whom the MHP decides not to contract written notice of the reason for a decision not to contract.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- No evidence submitted

The MHP did not submit any evidence to demonstrate compliance with this requirement. Per the discussion during the review, the MHP stated it has not experienced this issue and does not have a process to address this requirement. The MHP stated it would submit a template post review to demonstrate compliance for this requirement; however, no additional evidence was provided.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 12(a)(1).

Corrective Action Description

The MHP will develop a template letter that will be provided to any provider for whom the MHP decides for to contract with to serve as the written notice with the reason for a decision to not contract.

Proposed Evidence/Documentation of Correction

Denial of Request to Contract Letter

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Program Manager and Clinical Services Manager will work to develop the template, County Counsel to provide approval of letter.

Implementation Timeline: 05/31/2022

Requirement

MHP contract, exhibit A, attachment 8 The MHP must monitor the performance of its contractors and network providers on an ongoing basis for compliance with the terms of the MHP contract and shall subject the contractors' performance to periodic formal review.

DHCS Finding 1.4.5

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 8. The MHP must monitor the performance of its contractors and network providers on an ongoing basis for compliance with the terms of the MHP contract and shall subject the contractors' performance to periodic formal review.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Contract Oversight and Monitoring P&P Rev 7-11-18
- Provider Selection and Retention P&P
- Subcontract Template Part 1

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- Subcontract Template Part 2
- Chart Audit 1-24-2021
- Chart Audit 5-4-2021
- Chart Audit 5-4-2021 Part 2
- Chart Audit 8-2-2021

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted that the MHP monitors its contractors and network providers for compliance or performance. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that it is not monitoring its contracted providers as required per regulations.

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

Corrective Action Description

The MHP will work to develop an annual monitoring tool that will be completed on all contractors and network providers.

Proposed Evidence/Documentation of Correction

Annual Monitoring Tool template.

Ongoing Monitoring (if included)

The Monitoring Tool will be completed annually.

Person Responsible (job title)

Staff Services Manager and Staff Services Analyst will work to develop the Monitoring Tool.

Implementation Timeline: 06/30/2022

Requirement

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. The MHP must have practice guidelines, which meet the requirements of the MHP Contract.

DHCS Finding 3.5.1

The MHP did not furnish evidence to demonstrate 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. The MHP must have practice guidelines, which meet the requirements of the MHP Contract.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Documentation Manual
- Provider Manual
- Contract Boilerplate Part 1 & 2
- Audit CSF 418/419 Split
- Audit KW 129-419-20290-035
- Audit PA 129-419-20291
- Audit YL 129-419-20290

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted that the MHP has established practice guidelines. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that it provides on the job training and job shadowing, as well as mandatory trainings, but that these trainings are not documented in writing. The MHP stated it would submit evidence based trainings and sign in sheets post review; however, the submitted documentation does not demonstrate that the MHP has established practice guidelines.

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.

Corrective Action Description

The MHP will update our Provider Manual to ensure compliance with practice guidelines.

Proposed Evidence/Documentation of Correction

Update Provider Manual to reflect required practice guidelines.

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Staff Services Analyst, Staff Services Manager, Program Manager

Implementation Timeline: 06/30/22

Requirement

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. The MHP must disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries.

DHCS Finding 3.5.2

The MHP did not furnish evidence to demonstrate 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. The MHP must disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Documentation Manual
- Provider Manual
- Contract Boilerplate Part 1 & 2
- Audit CSF 418/419 Split
- Audit KW 129-419-20290-035
- Audit PA 129-419-20291
- Audit YL 129-419-20290

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.

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This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that its strengths-based trainings are not written, therefore the MHP cannot disseminate its practice guidelines to its providers, beneficiaries, or potential beneficiaries. Post review, the MHP submitted audits of the trainings its staff has taken; however, this evidence does not demonstrate compliance to this requirement.

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.

Corrective Action Description

The MHP will update our Provider Manual to ensure compliance with practice guidelines and ensure the Provider Manual is accessible to all required staff, providers, and to beneficiaries and potential beneficiaries. The MHP will also have required staff and/or providers complete an attestation form upon completion of training on the required practice guidelines annually.

Proposed Evidence/Documentation of Correction

Update Provider Manual; retain staff and/or provider attestation forms annually.

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Staff Services Analyst, Staff Services Manager, Program Manager

Implementation Timeline: 06/30/2022

Requirement

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. The MHP must take 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.

DHCS Finding 3.5.3

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The MHP did not furnish evidence to demonstrate 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. The MHP must take 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.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Documentation Manual
- Provider Manual
- Contract Boilerplate Part 1 & 2
- Audit CSF 418/419 Split
- Audit KW 129-419-20290-035
- Audit PA 129-419-20291
- Audit YL 129-419-20290

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 its practice guidelines are strengths-based trainings that are not written. Post review, the MHP submitted audits of trainings its staff has completed, however this evidence does not demonstrate compliance to the requirement.

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.

Corrective Action Description

The MHP will update our Provider Manual to ensure compliance with practice guidelines

Proposed Evidence/Documentation of Correction

Revised copy of Provider Manual

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Staff Services Analyst will work to update the Provider Manual with oversight from the Staff Services Manager, Clinical Services Manager and Program Manager.

Implementation Timeline: 06/30/2022

Requirement

California Code of Regulations, title 9, chapter 11, section 1810, subdivision 410(c)(4). The MHP must provide training for staff responsible for the statewide toll-free 24-hour telephone line to ensure linguistic capabilities.

DHCS Finding 4.3.1

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 410(c)(4). The MHP must provide training for staff responsible for the statewide toll-free 24-hour telephone line to ensure linguistic capabilities.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- County NightWatch Training 2-2020
- 5 NWScript-Del Norte_County(1-2020)
- DelNorte-NW Info (2)
- CSS After Hours Training Attendance (1)
- NightWatch_CSS After Hours Booster Shot Training (Responses)
- Call Volume by Call Type Reports – March 2021 – Del Norte

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides training for staff responsible for the statewide toll-free 24-hour telephone line to ensure linguistic capabilities. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that its front desk staff who operate the 24-hour telephone line during business hours go through mental health trainings and training issues are addressed by management. The MHP stated it would submit training records for MHP staff who are responsible for working on the 24-hour telephone line post review; however, this evidence was not submitted post review.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 410(c)(4).

Corrective Action Description

The MHP will work to develop Training Material used. Staff whom answers the 24-hour telephone during business hours will complete this training within 30 days of hire and on an annual basis.

Proposed Evidence/Documentation of Correction

Training Material, training logs.

Ongoing Monitoring (if included)

The Staff Services Analyst will be responsible to monitor training compliance on an annual basis on the training log.

Person Responsible (job title)

The Staff Services Manager and Staff Services Analyst will develop training and conduct training for staff.

Implementation Timeline: 05/31/2022

Requirement

California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1). The toll- free telephone number provides information to beneficiaries to the below listed

DHCS Finding 4.3.2

DHCS' review team made seven (7) calls to test the MHP's statewide 24/7 toll-free number. The seven (7) test calls must demonstrate compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1). The toll- free telephone number provides information to beneficiaries to the below listed requirements:

1. The MHP provides a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county.
2. The toll-free telephone number provides 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.
3. The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.
4. The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

Corrective Action Description

The MHP will create an Initial Request for Services Log that all requests for services will be recorded on.

Proposed Evidence/Documentation of Correction

Initial Request for Services Log

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Staff Services Manager will create the template for the Initial Request for Services Log. Medical Records Clerks will be responsible to complete the log on a daily basis.

Implementation Timeline: 04/01/2022.

Requirement

California Code for Regulations, title 9, chapter 11, section 1810, subdivision 405(f). The MHP must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing. The written log(s) must contain name of the beneficiary, date of the request, and initial disposition of the request.

DHCS Finding 4.3.4

The MHP did not furnish evidence to demonstrate compliance with California Code for Regulations, title 9, chapter 11, section 1810, subdivision 405(f). The MHP must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing. The written log(s) must contain name of the beneficiary, date of the request, and initial disposition of the request.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Initial Request Log P&P
- Initial Request for Services Log

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- After Hours Call Log 7-23-2021 Part 1, 7-23-2021 Part 2, 7-1-2021, 8-3-2021, 8-3-2021 Part 2, 8-18-2021, 8-18-2021 Part 2, 8-19-2021, 8-19-2021 Part 2
- 7-1-2021 Call

While the MHP submitted evidence to demonstrate compliance with this requirement, zero (0) of the required DHCS test calls were logged on the MHP's written log of initial requests.

Corrective Action Description

The MHP will create an Initial Request for Services Log that all requests for services will be recorded on. This log will contain name of the beneficiary, date of the request, and the disposition of the request.

Proposed Evidence/Documentation of Correction

Initial Request for Services Log

Ongoing Monitoring (if included)

Test calls will be conducted during business hours and the log will be reviewed to ensure compliance following the test call.

Person Responsible (job title)

Staff Services Manager will create the template for the Initial Request for Services Log. Medical Records Clerks will be responsible to complete the log on a daily basis.

Implementation Timeline: 04/01/2022

Requirement

MHP contract, exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(e). The MHP must ensure compensation to individuals or entities that conduct utilization management activities must not be structured so as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any beneficiary.

DHCS Finding 5.1.4

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 6, and Federal Code of Regulations, title 42,

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section 438, subdivision 210(e). The MHP must ensure compensation to individuals or entities that conduct utilization management activities must not be structured so as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any beneficiary.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Access & Authorization Process P&P
- Authorization of SMHS P&P
- SAR P&P
- TAR P&P
- TAR Examples
- Signatures
- Names & Licenses

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures compensation for utilization management activities is structured to prevent incentives for individuals or entities to deny, limit, or discontinue medically necessary services to any beneficiary. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that only county employees conduct utilization management activities. The MHP stated that a human resources document or duty statements would be submitted post review to demonstrate MHP staff roles in the utilization management process, however, this documentation was not provided.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(e).

Corrective Action Description

The MHP will develop and update policy and procedures that will ensure compliance with this regulation.

Proposed Evidence/Documentation of Correction

Updated policies.

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

The Staff Services Analyst will develop policies and update current policies.

Implementation Timeline: 05/31/2022

Requirement

with Federal Code of Regulations, title 42, section 438, subdivision 410(b). The MHP must ensure that punitive action is not taken against a provider who requests an expedited resolution or supports a beneficiary's expedited appeal.

DHCS Finding 6.4.13

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 410(b). The MHP must ensure that punitive action is not taken against a provider who requests an expedited resolution or supports a beneficiary's expedited appeal.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Appeal Sample FY 20-21
- Grievance Log FY 2020-2021
- Grievance Appeal Process P&P
- Problem Resolution English

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures that punitive action is not taken against a provider who requests an expedited resolution or supports a beneficiary's expedited appeal. Per the discussion during the review, the MHP stated that it has not received an expedited appeal during the triennial review period, as such it does not currently have a policy or procedure in place. The MHP stated that it would provide an updated policy and procedure with this language, however, this evidence was not provided post review.

Corrective Action Description

The MHP will update the Grievance Appeal Process Policy and Procedure to add missing language.

Proposed Evidence/Documentation of Correction

Updated Grievance Appeal Process Policy.

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Staff Services Analyst

Implementation Timeline: 05/31/2022

Requirement

MHP contract, exhibit A, attachment 13, and Federal Code of Regulations, title 42, section 438, subdivision 608(a)(6). The MHP must implement and maintain written policies for all employees of the MHP, and of any contractor or agent, that provide detailed information about the False Claims Act and other Federal and State Laws, including information about rights of employees to be protected as whistleblowers.

DHCS Finding 7.2.3

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 13, and Federal Code of Regulations, title 42, section 438, subdivision 608(a)(6). The MHP must implement and maintain written policies for all employees of the MHP, and of any contractor or agent, that provide detailed information about the False Claims Act and other Federal and State Laws, including information about rights of employees to be protected as whistleblowers.

The MHP submitted the following documentation as evidence of compliance with this requirement:

Corrective Action Description

The MHP will develop a policy and procedure regarding the False Claims Act.

Proposed Evidence/Documentation of Correction

Policy and Procedure

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

The Staff Services Analyst

Implementation Timeline: 05/31/2022

Requirement

Federal Code of Regulations, title 42, section 455, subdivision 434(b)(1) and (2); 104, MHP Contract Exhibit A, Att. 13. The MHP must requires providers, or any person with a 5% or more direct or indirect ownership interest in the provider, to submit fingerprints when applicable. The MHP shall ensure that its contractors and network providers submit the disclosures below to the MHP regarding the network providers' (disclosing entities') ownership and control. The MHP's network providers must be required to submit updated disclosures to the MHP upon submitting the provider application, before entering into or renewing the network providers' contracts, within 35 days after any change in the contractor/network provider's ownership, annually and upon request during the re-validation of enrollment process under 42 Code of Federal Regulations part 455.104.

DHCS Finding 7.4.3

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 455, subdivision 434(b)(1) and (2); 104, MHP Contract Exhibit A, Att. 13. The MHP must requires providers, or any person with a 5% or more direct or indirect ownership interest in the provider, to submit fingerprints when applicable. The MHP shall ensure that its contractors and network providers submit the disclosures below to the MHP regarding the network providers' (disclosing entities') ownership and control. The MHP's network providers must be required to submit updated disclosures to the MHP upon submitting the provider application, before entering into or renewing the network providers' contracts, within 35 days after any change in the contractor/network provider's ownership, annually and upon request during the re-validation of enrollment process under 42 Code of Federal Regulations part 455.104.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Background Checks P&P
- 5% Disclosure Form Template

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- Sample Completed Form 700
- County Counsel Ethics Memo
- Remi Disclosure

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP requires providers or any person with a 5% or more direct or indirect ownership interest in the provider, to submit fingerprints and disclosures when applicable. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that it would provide evidence for this requirement post review, however, this evidence was not received by DHCS.

Corrective Action Description

The MHP will develop a disclosure form that will be used to comply with this regulation. The MHP will also develop a Policy and Procedure regarding disclosure requirements.

Proposed Evidence/Documentation of Correction

Disclosure Form, Policy and Procedure

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Staff Services Analyst

Implementation Timeline: 05/31/2022

Requirement

MHP contract, exhibit A, attachment 13. The MHP must submit disclosures and updated disclosures to the Department of Health and Human Services including information regarding certain business transactions within 35 days, upon request. The MHP must ensure the ownership of any contractor with whom the MHP has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request, significant business transactions between the MHP and any wholly owned supplier, or between the MHP and any contractor, during the 5-

year period ending on the date of the request, and the MHP must obligate network providers to submit the same disclosures regarding network providers as noted under subsection 1(a) and (b) within 35 days upon request.

DHCS Finding 7.4.5

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 13. The MHP must submit disclosures and updated disclosures to the Department of Health and Human Services including information regarding certain business transactions within 35 days, upon request. The MHP must ensure the ownership of any contractor with whom the MHP has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request, significant business transactions between the MHP and any wholly owned supplier, or between the MHP and any contractor, during the 5-year period ending on the date of the request, and the MHP must obligate network providers to submit the same disclosures regarding network providers as noted under subsection 1(a) and (b) within 35 days upon request.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Sample Completed Form 700
- 5% Disclosure Form Template
- County Counsel Ethics Memo
- Remi Disclosure

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP submits disclosures and updated disclosures to the DHCS as required per regulations. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that it would provide evidence for this requirement post review, however, this evidence was not received by DHCS.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 13.

Corrective Action Description

The MHP will develop a disclosure form that will be used to comply with this regulation. The MHP will also develop a Policy and Procedure regarding disclosure requirements.

Proposed Evidence/Documentation of Correction

Disclosure Form, Policy and Procedure

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Staff Service Analyst

Implementation Timeline: 05/31/2022

Requirement

Federal Code of Regulations, title.42, section 455, subdivision 101 and 106(a)(1), (2). The MHP must submit disclosure to DHCS of identity of any person who is a managing employee of the MHP who has been convicted of a crime related to federal health care programs, and identity of any person who is an agent of the MHP who has been convicted of a crime related to federal health care programs.

DHCS Finding 7.4.6

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title.42, section 455, subdivision 101 and 106(a)(1), (2). The MHP must submit disclosure to DHCS of identity of any person who is a managing employee of the MHP who has been convicted of a crime related to federal health care programs, and identity of any person who is an agent of the MHP who has been convicted of a crime related to federal health care programs.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Background Checks P&P
- 5% Disclosure Form Template
- Sample Completed Form 700
- County Counsel Ethics Memo
- Remi Disclosure

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP submits disclosures to DHCS of the identity of any person who is a managing employee of the MHP who has been convicted of a crime related to federal health care programs, and the identity of any person who is an agent of the MHP who has been convicted of a crime related to federal health care programs. This requirement was not included in any evidence

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provided by the MHP. Per the discussion during the review, the MHP stated that it would provide evidence for this requirement post review, however, this evidence was not received by DHCS.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title.42, section 455, subdivision 101 and 106(a)(1), (2).

Corrective Action Description

The MHP will develop a disclosure form that will be used to comply with this regulation. The MHP will also develop a Policy and Procedure regarding disclosure requirements and will also add this to the MHP's monthly exclusion checklist.

Proposed Evidence/Documentation of Correction

Disclosure Form, Policy and Procedure

Ongoing Monitoring (if included)

Monthly exclusion checks

Person Responsible (job title)

Staff Services Analyst

Implementation Timeline: 05/31/2022
