

Medi-Cal Behavioral Health Corrective Action Plan (CAP)

Fresno

Compliance Review Date: 3/12/2024

Corrective Action Plan Fiscal Year: FY 23/24

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
1.2.1 The Plan did not ensure the provision of TFC services to children and youth who met beneficiary access and medical necessity criteria for SMHS. In an interview, the Plan confirmed that it does not contract with any TFC providers. The Plan stated that TFC services were provided from 2018 through 2021 through a contractor but the contract was not renewed due to challenges with retaining TFC families. The Plan submitted a written	Fresno County does not currently have an operational Therapeutic Foster Care program. The most recent program that was operational was run by Golden State Family Services, Inc. through an agreement that was implemented on August 7, 2018. On June 30, 2021, the agreement came to its natural end and both	E-ISFC Agreement with DSS – 9/13/24 PPG Developed - 12/31/2024 Referral Tracking 12/31/2024	PPG describing screening, referral process, eligibility, and services E-ISFC agreement with DSS Referral tracking to ensure utilization of the process.	

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narrative further explaining the challenges it has experienced in recruiting TFC homes, along with limited support from its partnering agencies. When the Plan does not provide TFC services to children and youth, it may cause delays in accessing needed medically necessary services. This may result in poor health outcomes for children and youth eligible for SMHS.	the Fresno County DBH and Fresno County DSS decided not to renew the agreement. Reasons for this included the low interest from resource families to provide the service due to the high acuity nature of the youth, as well as the change in tax status for the parents. This resulted in a low number of persons served (only two youth out of the anticipated 18). After discussion regarding these barriers, Fresno County DSS has focused its efforts on implementation of			

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	Intensive Services Foster Care (ISFC) homes to address the needs of this population. In September 2024, DBH was included in an agreement with DSS for the implementation of Enhanced ISFC (E-ISFC) and Emergency Enhanced ISFC (E-E-ISFC) homes to address the needs of the higher acuity youth identified in the target population. Policies, procedures, and referral processes are currently being implemented for these two programs.			

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	<p>1/9/2024 - There have been no referrals made, as services are not yet available. Without referrals, DBH does not yet have a tracking mechanism available. However, DBH included referral materials in the supporting evidence.</p> <p>DSS currently has a draft PPG utilized in conjunction with DBH included in the evidence material.</p>			
1.2.2 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	DBH will create a training plan on the criteria for TFC and present to staff who screen and assess youth for services.	<p>Tracking TFC Requests – 12/31/2024</p> <p>Training Implemented – 12/31/2024</p>	<p>Log to ensure staff are trained on TFC criteria</p> <p>Training Plan</p>	

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SMHS. In an interview, the Plan explained it did not make any TFC determinations during the audit period due to not having contracted providers. In a written narrative, the Plan stated it is working collaboratively with its local partners to find substitute homes and placements that would meet the level of care utilized with TFC placements, but it has been unable to retain a provider. The Plan also provided a written narrative acknowledging that it did not make TFC determinations during the review period. When the Plan does not determine the need for TFC services, children and youth may not receive necessary	DBH will create a procedure for when a youth qualifies for TFC and the DBH CWMH team will work in collaboration with the appropriate placing agency to ensure the youth receives the services that are needed and available in Fresno County. DBH Staff Development will create a one-time Relias training module to ensure staff are adequately trained on the criteria for TFC. 1/9/2025: Creation of training material is being conducted by the Fresno County	PPG Developed – 12/31/2024	PPG describing screening, referral process, eligibility, and services	

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behavioral health services and resources.	<p>Department of Social Services, in cooperation with DBH.</p> <p>There have been no referrals made, as services are not yet available. The training plan and materials are not yet available.</p>			
2.2.1 The Plan did not ensure complaints involving Residential Adult Alcoholism, Drug Abuse Recovery, Drug Abuse Treatment Facilities and SUD counselors are communicated timely to DHCS. While the Plan submitted evidence demonstrating the investigation of complaints, there was no evidence submitted of reporting	<p>DBH is reviewing and updating "PPG 2.1.14D Adult and Youth Screening and Transition of Care Tool" to adequately capture referrals coming into and out of DBH, and to ensure care coordination with Managed Care Plans</p> <p>DBH will be</p>	All elements of the Corrective Action Plan will be implemented by 12/31/2024.	Evidence for the CAP will be an approved update to PPG 2.1.14D, as well as evidence of a monitoring mechanism for incoming and outgoing Transition of Care and Screening Tools.	

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complaints to DHCS using a Secure Managed File Transfer system specified by DHCS within two business days of completion of the investigation. Plan policy Person Served Problem Resolution System - Grievance Process (Revised 3/30/2021) does include the process for investigating and reporting to DHCS complaints that meet the criteria for a grievance however, the Plan lack a procedure for timely notification to DHCS regarding the completion of complaint investigations. There is no process for the identification, investigation or reporting to DHCS for complaints which meet the definition of an adverse	implementing a plan to capture, track, and monitor all incoming and outgoing screening tools and transition of care tools that are sent to/from DBH. 1/9/2025 – How-to guides for internal programs awaiting approval in PolicyTech. Drafts included in support materials.			

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benefit determination and involve Residential Adult Alcoholism, Drug Abuse Recovery, Drug Abuse Treatment Facilities, and SUD counselors. A review of the Plan's monitoring tool does not specify the requirement that the contractor report complaints to DHCS using a Secure Managed File Transfer system specified by DHCS within two business days of completion or that complaints for missing. The plan was unable to provide additional evidence for the beneficiaries in questions and provided a narrative stating it could not find additional chart information to demonstrate compliance with the requirement. When the Plan				

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does not implement coordination of care, this can lead to delays in accessing medically necessary services resulting in poor health outcomes for SMHSEligible children and youth.				
5.4.1 The Plan did not issue NOABD denials or limited authorizations for requested services, including determinations based on the type or level of service. In a verification study of 14 Plan grievances, DHCS identified a beneficiary grievance that resulted from the beneficiary not receiving a NOABD for denial of authorization for requested services. The Plan had determined that the beneficiary no longer met medical necessity eligibility	<p>Continued Adherence to PPG 1.2.12 v#2 and Update the NOABD</p> <p>Monitoring Effectiveness:</p> <ul style="list-style-type: none"> On a quarterly basis, the Department will use the EHR to monitor individuals who have been discharged from programs. Clinical Supervisor will 	<p>Training Material Finalization: The training material will be finalized by January 1, 2025.</p>	<ul style="list-style-type: none"> Training will be uploaded to the internal training portal, Relias, where tracking and completion will be monitored to ensure all required staff take the training. An agenda and attendee 	

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for treatment and needed to transition to a provider to treat the beneficiary's mild to moderate impairment. The Plan communicated the decision with the beneficiary through phone calls and a contact letter; however, it did not provide the beneficiary the required NOABD for denial of authorization for requested services. In an interview, the Plan stated that it did not issue a NOABD for denial of authorization for requested services to the beneficiary because the beneficiary eventually agreed to the transition to a lower level of service. The Plan stated that its internal procedure is that when a beneficiary agrees to a	<p>spot check their team members' discharges to ensure a NOABD-Termination was issued.</p> <p>For Contracted Providers:</p> <ul style="list-style-type: none"> materials will be uploaded to the Department's website. Contracted providers will be notified of the updated training during provider meetings. <p>Grievance Review Process:</p>		list from these meetings will be kept on file as evidence of provider notification.	

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transition to a lower level of care it does not send the beneficiary the NOABD for denial of authorization for requested services. The Plan stated that when it sends this NOABDs as a result of level of care determinations, it can lead to increased appeals as beneficiaries may misinterpret the NOABD as denial for mental health treatment. When a Plan does not provide a NOABD for denial of authorization for requested services it may result in beneficiaries not understanding the reason why a service is being denied or stating a patient's right when a service is denied..	<ul style="list-style-type: none"> During grievance reviews, if it is found that a NOABD was not issued, the Department will direct the provider to issue the required NOABD. <p>1/9/2025 – Material included in submission.</p>			

Submitted by: Jeffrey Elliott

Date: 1/9/2025



Title: Jeffrey Elliott, Quality Improvement Coordinator