

Medi-Cal Behavioral Health Corrective Action Plan (CAP)

**IMPERIAL**

Compliance Review Date: 1/13/2026

Corrective Action Plan Fiscal Year: FY 2024-2025

SMHS

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
<b>4.1.1</b> <b>Finding:</b> The Plan did not ensure the availability of the Braille format as an alternative communication material to SMHS members. During the interview, the Plan stated that currently they do not have a process in place for providing information in a	Imperial County Behavioral Health Services (ICBHS) acknowledges this finding. While Braille has not historically been requested by members, ICBHS recognizes that the absence of readily available Braille materials represents a gap in accessibility compliance.  ICBHS has identified Hanna Interpreting, through an existing contract, as a vendor for Braille translation services. ICBHS will proactively translate core member materials into	04/01/2026	Policy and Procedure on Braille translation and monitoring  Copy of Braille monitoring log	

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<p>Braille format. The Plan confirmed Braille has never been requested by members. The Plan intends to develop the translation of documents into Braille and is reaching out to other counties to find options or available vendors to address this issue.</p> <p>When the Plan does not provide alternative formats to members, such as Braille, it limits member accessibility, preventing the member from</p>	<p>Braille and maintain a supply of hard copy Braille documents on hand for immediate distribution. A formal workflow will be implemented to ensure ongoing maintenance, replenishment, and timely distribution of Braille materials.</p> <p>Monitoring: ICBHS will maintain an inventory log of all Braille materials and conduct quarterly reviews to ensure materials remain current, quantities are sufficient, no gaps in availability exist. Any identified deficiencies will be addressed through corrective action and process refinement. Additionally, the ICBHS Compliance Unit will request to view copies of these materials as part of its annual monitoring review.</p>			

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<p>having adequate knowledge to make informed decisions. This can result in poor mental health outcomes due to missed or delayed access to necessary behavioral health services.</p> <p><b>Recommendation:</b> Revise and implement policies and procedures to ensure the availability of the Braille format as an alternative communication material to members.</p>				
<p><b>4.4.1</b></p> <p><b>Finding:</b> The Plan did not obtain</p>	<p>Effective 8/01/25 ICBHS began utilizing a universal telehealth consent form that</p>	<p>08/01/2025</p>	<p>-Telehealth Consent Form and samples</p>	

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<p>consent before rendering telehealth services and did not ensure all required elements were included in collected telehealth consents. In a verification study of 15 medical records, the Plan did not meet all telehealth consent requirements as noted below:</p> <ul style="list-style-type: none"> <li>• Four out of 15 marked as telehealth in the medical records, were in-person visits and were included in the telehealth universe sample.</li> <li>• Nine out of 15 did not have consent</li> </ul>	<p>communicates the information required to be in compliance with telehealth consent requirements.</p> <p>Moving forward, ICBHS will include the telehealth consent in the admission package that is provided to all Medi-Cal beneficiaries that are scheduled for a CalAIM assessment.</p> <p>Following the Policy established on 01/01/2024, we will complete a Procedure describing the steps to obtain telehealth consent for Medi-Cal beneficiaries that will receive SMHS. This will also include the staff responsible to obtain the telehealth consent.</p> <p>Compliance with this requirement will be monitored as follows:</p>	04/01/2026	<ul style="list-style-type: none"> <li>-Updated procedure</li> <li>-Sample monitoring report</li> <li>-Compliance review tools</li> </ul>	

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<p>prior to delivery of service via telehealth as required.</p> <ul style="list-style-type: none"> <li>• Three out of 15 medical records have consent, but the provider did not explain to the beneficiary, as required, the right to access covered services in-person.</li> <li>• Three out of 15 medical records have obtained consent, but the provider did not explain to the beneficiary, as required, that use of telehealth is voluntary, and consent can be withdrawn at any</li> </ul>	<ul style="list-style-type: none"> <li>• ICBHS will use a report from the electronic health record that compares who is receiving a telehealth service and who has signed a telehealth consent. This will be reviewed on a weekly basis by each program. Program supervisors will also monitor compliance during their monthly chart reviews.</li> <li>• The ICBHS Compliance Unit will monitor compliance with telehealth consent requirements during each provider's annual review. Any providers deemed out of compliance with this requirement will be</li> </ul>			

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<p>time.</p> <ul style="list-style-type: none"> <li>Four out of 15 medical records have obtained consent, but the provider did not explain to the beneficiary, as required, that NMT benefits are available for in-person visits.</li> <li>One out of 15 medical records have obtained consent, but the provider did not explain to the beneficiary, as required, any potential limitations or risks related to receiving services via telehealth as</li> </ul>	<p>issued a corrective action plan.</p>			

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<p>compared to an in-person visit.</p> <p>The Plan has an established process to monitor telehealth consent compliance through chart reviews. However, the Plan did not document CAPs to address five of five incomplete telehealth consents identified during its chart review. These consent forms did not inform members of the NMT benefits. During an interview, the Plan acknowledged that consents were not obtained from some</p>				

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<p>members prior to receiving telehealth services. The Plan stated that providers were educated on the need for all members who received telehealth services to have verbal or written consent obtained and documented beforehand. In spite of the Plan's education efforts, non-compliance in meeting telehealth consent requirements was identified during the audit period. When the Plan does not ensure that all subcontracted</p>				

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<p>providers are appropriately obtaining and documenting verbal or written telehealth consent that explains all required elements as outlined in BHIN 23-018 prior to initial delivery of covered services via telehealth, this can result in members making uninformed health decisions due to lack of adequate knowledge about treatment options.</p> <p><b>Recommendation:</b> Develop and implement policies and procedures to accurately reflect the Plan has an</p>				

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established process to monitor telehealth compliance.				
<b>5.2.1</b> <b>Finding:</b> The Plan did not implement a concurrent review process to ensure timely authorization of psychiatric inpatient hospital services. For the verification study, all fifteen SMHS members were missing evidence to support that concurrent review was conducted in a manner consistent with BHIN 22-017. Specifically, the	ICBHS has developed a template for documenting concurrent authorization. This template includes prompts that describe the following: <ul style="list-style-type: none"> <li>• Beneficiary information</li> <li>• Documentation reviewed to determine medical necessity</li> <li>• Authorization decision</li> <li>• LPHA signature and date of signature</li> <li>• Method of communication with provider</li> </ul> The expectation is that the authorizing LPHA will complete the template outlining what the authorization decision was and	1/01/2026	-Authorization templates -UM Review Tool	

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<p>documentation did not include:</p> <ol style="list-style-type: none"> <li>1. Confirmation and authorization decisions from the MHP within 72 hours of initial notification of hospital admission</li> <li>2. Concurrent authorization decisions by the MHP within 24 hours of the hospital's request for continued stay services.</li> </ol> <p>In an interview, the Plan stated that one way it conducts its concurrent authorization is through informal</p>	<p>how it was communicated to the provider.</p> <p>The ICBHS Quality Management Unit will monitor this process as part of its utilization management program review process. Through this process, charts are reviewed to ensure authorizations are completed according to medical necessity requirements, timeliness standards, and documentation requirements.</p>			

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<p>phone calls and email correspondence; however, the Plan did not submit evidence of concurrent review email and phone correspondence. Therefore, the Plan did not adhere to its policy since there is no documentation to demonstrate the implementation of a concurrent review process during the audit period. When the Plan does not ensure and document timely concurrent review procedures for the authorization of</p>				

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<p>psychiatric inpatient hospital services, the Plan cannot ensure the provision of medically necessary and appropriate level of care.</p> <p><b>Recommendation:</b> Implement policy and procedure to conduct concurrent review for timely authorization of psychiatric inpatient hospital services.</p>				

**Submitted by: Sarah Moore**

**Date: 1/13/2026**

**Title: Sarah Moore, Behavioral Health Manager**