INYO COUNTY BEHAVIORAL HEALTH SERVICES

Fiscal Year 2022 Specialty Mental Health Triennial Review

Corrective Action Plan

System Review

Requirement CAP - 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.

DHCS Finding - 1.1.3

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.

Corrective Action Description

MHP will correct the current Access Service Request log such that calls are identified as “urgent,” “Routine,” or “Emergent.” The dates, times and disposition of all calls will be recorded in the EHR, and will reflect appointment dates for beneficiary orientations and assessments with a designated behavioral health professional.

Proposed Evidence/Documentation of Correction

MHP will keep electronic and hard copies of Access Service Request logs

Ongoing Monitoring (if included)

Access Service Call logs will be reviewed daily by Behavioral Health Program Chief to ensure that urgent care appointments are scheduled within 48 hours of initial contact, and that non-urgent appointments are scheduled within 96 hours of the initial request.

Person Responsible (job title)

BH Program Chief

Implementation Timeline: June 1, 2022

Requirement – CAP 1.1.4

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.

DHCS Finding - Question 1.1.4

It is not evident that the MHP has mechanisms in place to assess the accessibility of the services within its service delivery area.

Corrective Action Description

Per DHCS MH Contract,

A. The Contractor shall implement mechanisms to assess the capacity of service delivery for its beneficiaries. This includes monitoring the number, type, and geographic distribution of mental health services within the Contractor's delivery system.
B. The Contractor shall implement mechanisms to assess the accessibility of services within its service delivery area. This shall include the assessment of responsiveness of the Contractor's 24-hour toll-free telephone number, timeliness of scheduling routine

Proposed Evidence/Documentation of Correction

MHP will improve its Policy and Procedure to include quarterly assessments in the county communities as to whether residents know of the 24-hour Access Line. Assessments may be accomplished by simple online or paper surveys to community members, medical providers and partners. MHP will post and distribute brochures and information about the 24-hour Access Line at schools, community-based organizations, medical provider offices and clinics, hospitals, and local business. MHP will document in Access call logs where callers are located and record that information in the call log.

Ongoing Monitoring (if included)

PIQA Team will monitor call logs and gather statistical information from call logs assessing accessibility of services within it service area.

Person Responsible (job title)

Quality Assurance PIQA team

Implementation Timeline: June 1, 2022

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.

Corrective Action Description

The County will revise the current P&P titled “Pathways to Wellbeing” Develop and utilize screening tool process and procedure for ICC_IHBS_TFC, Develop training materials and data collection for ICC, IHBS, SMHS POS Data and develop a tracking process for ICC client

Proposed Evidence/Documentation of Correction

Updated P&P to reflect that Inyo County Behavioral Health Services offers TFC services to beneficiaries who meet Medi-Cal medical necessity criteria for SMHS, how clients are screened and then offered TFS services, and how clients are followed throughout the treatment episode.

Ongoing Monitoring (if included)

P&P’s are reviewed during ongoing compliance monitoring with DHCS.

Person Responsible (job title)

Kimball Pier, BH Deputy Director and Chrystina Pope, Clinical Administrator

Implementation Timeline:

Research regulations and other county Pathways to Well Being/ ICC program: April 2022

Stake holder feedback & Draft P&P: May 2022

Disseminate to staff/Train on P&P: May 2022

Fully Implemented: June 2022

Requirement

ICC and IHBS must be provided to all children and youth who meet medical necessity criteria of those services. The MHP must make individual determinations of each child’s/ youth’s need for ICC and IHBS, based on the child’s/ youth’s strengths and needs. This is to be done for all youth who: are under the age of 21, are eligible for the full scope of Medi-Cal services and meet medical necessity criteria for SMHS.

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 meet medical necessity criteria need ICC and IHBS.

Corrective Action Description

The County will revise the current P&P titled “Pathways to Wellbeing” to reflect and describe process of screening for all youth who: are under the age of 21, are eligible for the full scope of Medi-Cal services and meet medical necessity criteria for SMHS. The MHP will identify and utilize a screening tool to be used with all youth eligible for SMHS.

Proposed Evidence/Documentation of Correction

- Update P&P
- Identify screening tool
- Implement use of tool in EHR, assessment process and Care Coordination

Ongoing Monitoring (if included)

- P&P’s are reviewed during ongoing compliance monitoring with DHCS.
- Once screening is implemented, quarterly monitoring will be done through Utilization review/ chart review process.

Person Responsible (job title)

Behavioral Clinical Administrator and Deputy Director

Implementation Timeline:

Research regulations and other county QI program: April 2022

Draft P&P: May 2022

Disseminate to staff/Train on P&P: June 2022

Fully Implemented: July 2022

Requirement

The MHP must provide TFC services to all children and youth who meet medical necessity criteria for TFC. Membership in the Katie A subclass is not a prerequisite to receiving TFC. Treatment foster care (TFC), is a short term, intensive, highly coordinated, trauma-informed, and individualized intervention, provided by a TFC parent to a child or youth who has

complex emotional and behavioral needs. TFC is available as an Early Periodic Screening, Diagnosis and Treatment benefit to children and youth under the age of 21, who are Medi-Cal eligible and meet medical necessity criteria.

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. 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

Although the county does not have a TFC program, screening will be implemented for all youth eligible for services who meet medical necessity criteria. We will gain access to out of county TFC and continue to work with Resource Family Manager to identify possible Foster Care Caregivers/homes that would be willing and capable of becoming a TFC.

Proposed Evidence/Documentation of Correction

- Update P&P
- Identify and utilize screening tool for TFC
- Implement use of tool in EHR, assessment process and Care Coordination
- Outreach/ Collaborate with neighboring counties to identify TFC resources.
- Outreach/Collaborate with Resource Family Manager to identify possible Foster Care Caregivers/homes that would be willing and capable of becoming a TFC.

Ongoing Monitoring (if included)

- P&P's are reviewed during ongoing compliance monitoring with DHCS.
- Once screening is implemented, quarterly monitoring will be done through Utilization review/ chart review process.

Person Responsible (job title)

Behavioral Clinical Administrator and Deputy Director

Implementation Timeline:

Research regulations and other county QI program: April 2022

Draft P&P: May 2022

Disseminate to staff/Train on P&P: June 2022

Fully Implemented: July 2022

Requirement

The MHP must establish continuity of care procedures in accordance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-059. The procedures must address the below listed requirements:

1. Beneficiaries with pre-existing provider relationships who make a continuity of care request to the MHP must be given the option to continue treatment for up to 12 months with an out-of-network Medi-Cal provider or a terminated network provider (e.g., an employee of the MHP or a contracted organizational provider, provider group, or individual practitioner);

2. SMHS shall continue to be provided, at the request of the beneficiary, for a period of time, not to exceed 12 months, necessary to complete a course of treatment and to arrange for a safe transfer to another provider as determined by the MHP, in consultation with the beneficiary and the provider, and consistent with good professional practice;

3. A beneficiary, the beneficiary's authorized representatives, or the beneficiary's provider may make a direct request to the MHP for continuity of care; 4. Beneficiaries may request continuity of care in person, in writing, or via telephone and shall not be required to submit an electronic or written request; and, 5. The MHP must provide reasonable assistance to beneficiaries in completing requests for continuity of care, including oral interpretation and auxiliary aids and services.

DHCS Finding - Question 2.5.1

The MHP did not furnish evidence to demonstrate compliance with the Mental Health and Substance Use Disorder Services, Information Notice, No. 18-059. The MHP must establish continuity of care procedures in accordance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-059.

Corrective Action Description

MHP will develop a specific referral form for all eligible Medi-Cal beneficiaries such that continuity of care is established when a transfer to an out of network provider is requested or when a beneficiary has an existing relationship with an out of network provider, and that a safe transfer is effectuated for continuing treatment not to exceed 12 months.

Proposed Evidence/Documentation of Correction

Transfers and information about out of network or pre-existing providers will be documented in the EHR, and hard copies of all relevant forms and consents will be scanned into client records.

Ongoing Monitoring (if included)

PIQA and QA Analysts will monitor EHR to ensure that documentation as to progress and discharges is up to date.

Person Responsible (job title)

PIQA team

Implementation Timeline: June 1, 2022

Requirement

Per: MHSUDS Notice 18-059-Following identification of a pre-existing relationship with an out-of-network provider, the MHP must contact the provider and make a good faith effort to enter into a contract, letter of agreement, single-case agreement, or other form of formal relationship to establish continuity of care for the beneficiary.

DHCS Finding - Question 2.5.2

The MHP did not furnish evidence to demonstrate compliance with the Mental Health and Substance Use Disorder Services, Information Notice, No. 18-059. MHP did not submit evidence that the MHP makes a good faith effort to enter into a contract with a provider if a pre-existing relationship is identified.

Corrective Action Description

MHP will make a good faith effort to enter into a contract with a pre-existing provider and inquire upon intake and orientation as to whether beneficiaries have existing providers with whom they want to continue services. As stated in MHSUDS Notice 18-059, MHPO will ensure that beneficiaries are provided with the option of continuing care with existing providers by asking for provider information upon initial intake. MHP that contact information for existing providers is captured in the EHR and that MHP has signed releases of information to ensure continuity of care.

Proposed Evidence/Documentation of Correction

Existing provider contact information and all other clinically relevant information will be documented in the EHR, and hard copies of ROI's will be scanned into client records.

Ongoing Monitoring (if included)

PIQA and QA Analysts will monitor EHR to ensure that documentation as to progress, treatment planning, care coordination, and discharges are up to date.

Person Responsible (job title)

Stephanie Tanksley -PIQA team

Implementation Timeline: June 1, 2022

Requirement

MHSUDS Notice 18-059: Compliance with Mental Health and Substance Use Disorder Services, Information Notice, No.18-059. The MHP must ensure each continuity of care request must be completed within the below listed timelines:
1.Thirty calendar days from the date the MHP received the request;
2.Fifteen calendar days if the beneficiary's condition requires more immediate attention, such as upcoming appointments or other pressing care needs; or, 3.Three calendar days if there is a risk of harm to the beneficiary.

DHCS Finding - Question 2.5.3

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No.18-059. The MHP must ensure each continuity of care request must be completed within the below listed timelines:
1.Thirty calendar days from the date the MHP received the request;
2.Fifteen calendar days if the beneficiary's condition requires more immediate attention, such as upcoming appointments or other pressing care needs; or,
3.Three calendar days if there is a risk of harm to the beneficiary.

Corrective Action Description

MHP will inquire as to whether beneficiaries have existing providers with whom they want to continue services upon admission to Inyo County Behavioral Health Services. As stated in MHSUDS Notice 18-059, MHP will ensure that beneficiaries are provided with the option of continuing care with existing providers by asking for provider information upon initial intake. MHP that contact information for existing providers is captured in the EHR and that MHP has signed releases of information to ensure continuity of care. The MHP will ensure that documentation in the EHR reflects that continuity of care requests are completed as follows:

1.Thirty calendar days from the date the MHP received the request;
2.Fifteen calendar days if the beneficiary's condition requires more immediate attention, such as upcoming appointments or other pressing care needs; or,
3.Three calendar days if there is a risk of harm to the beneficiary.

Proposed Evidence/Documentation of Correction

Existing provider contact information and all other clinically relevant information will be documented in the EHR, and hard copies of ROI's and all will be scanned into client records.

Ongoing Monitoring (if included)

PIQA and QA Analysts will monitor EHR to ensure that documentation as to progress and discharges is up to date.

Person Responsible (job title)

PIQA team

Implementation Timeline: June 1, 2022

Requirement

Compliance with Mental Health and Substance Use Disorder Services, Information Notice, No.18-059. The MHP must ensure that if the provider meets all of the required conditions and the beneficiary's request is granted, the MHP must allow the beneficiary to have access to that provider for a period of up to 12-months, depending on the needs of the beneficiary and the agreement made between the MHP and the out-of-network provider.

DHCS Finding - Question 2.5.4

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No.18-059. Prior to the review the MHP did not submit evidence that the MHP allows beneficiaries to have access to the requested provider for a period of up to 12-months depending on the needs of the beneficiary and the agreement made between the MHP and the out-of-network provider.

Corrective Action Description

MHP will ensure that ensure if the provider meets all of the required conditions and the beneficiary's request is granted, the MHP must allow the beneficiary to have access to that provider for a period of up to 12-months, depending on the needs of the beneficiary and the agreement made between the MHP and the out-of-network provider. MHP will ensure that beneficiaries with existing providers with whom they want to continue services upon admission to Inyo County Behavioral Health Services. As stated in MHSUDS Notice 18-059, MHPO will ensure that beneficiaries are provided with the option of continuing care with existing providers by asking for provider information upon initial intake. MHP that contact information for existing providers is captured in the EHR and that MHP has signed releases of information to ensure continuity of care.

Proposed Evidence/Documentation of Correction

Existing provider contact information and credentials and all other clinically relevant information will be documented in the EHR, and hard copies of ROI's and all will be scanned into client records.

Ongoing Monitoring (if included)

PIQA and QA Analysts will monitor EHR to ensure that documentation as to progress and discharges is up to date.

Person Responsible (job title)

Stephanie Tanksley-PIQA team

Implementation Timeline: June 1, 2022

Requirement

Compliance with Mental Health and Substance Use Disorder Services, Information Notice, No.18-059.The MHP must ensure when the continuity of care agreement has been established, the MHP must work with the provider to establish a Client Plan and transition plan for the beneficiary

DHCS Finding - Question 2.5.5

Prior to the review the MHP did not submit evidence that the MHP works with the out-of-network provider to establish a client plan and a transition plan for the beneficiary once the continuity of care agreement has been established.

Corrective Action Description

MHP will amend its policies and procedures Section A – "Access," that client plans are developed in a collaborative manner and that a transition plan is developed upon admission to Inyo County Behavioral Health Services.

Proposed Evidence/Documentation of Correction

Treatment plans, transition plans, and discharge plans and all relevant clinical documentation will be kept in the EHR, and hard copies of any relevant documentation will be scanned into the client's file. Existing provider contact information and credentials and all other clinically relevant information will be documented in the EHR, and hard copies of ROI's and all will be scanned into client records.

Ongoing Monitoring (if included)

PIQA and QA Analysts will monitor EHR to ensure that documentation as to progress and discharges is up to date. Behavioral Health Director will provide oversight and regular file reviews to ensure compliance

Person Responsible (job title)

Director of Behavioral Health Services, PIQA team

Implementation Timeline: June 1, 2022

Requirement

Compliance with Mental Health and Substance Use Disorder Services, Information Notice, No.18-059. "Continuity of Care." The MHP must ensure upon approval of a continuity of

care request, the MHP must notify the beneficiary and/or the beneficiary's authorized representative, in writing, as specified below listed requirements:
1.The MHP's approval of the continuity of care request;
2.The duration of the continuity of care arrangement;
3.The process that will occur to transition the beneficiary's care at the end of the continuity of care period; and,
4.The beneficiary's right to choose a different provider from the MHP's provider network.

DHCS Finding - Question 2.5.6

The MHP did not submit evidence that the MHP notifies the beneficiary and/or the beneficiary's authorized representative, in writing, information outlined in MHSUDS 18-059.

The MHP's approval of the continuity of care request;
2.The duration of the continuity of care arrangement;
3.The process that will occur to transition the beneficiary's care at the end of the continuity of care period; and,
4.The beneficiary's right to choose a different provider from the MHP's provider network.

Corrective Action Description

MHP will follow all continuity of care procedures as outlined in MHSUDS Notice 18-059, pages 5-7 to include the following:

- validation of beneficiaries residence in the county;
- referral by another MHP or MCP,
- and MHP making the determination that beneficiary meets medical necessity criteria for SMHS.
- Verification of the pre-existing relationship with an out of network provider.

MHP will provide written notice to beneficiaries according to Title 42 of the Federal Code of Regulations, Part 438. 10(d). and will include the following:

Proposed Evidence/Documentation of Correction

MHP will comply with MHSUDS Notice 18-059 and will complete continuity of care requests by documenting the following:

MHP will inform the beneficiary and/or beneficiary's authorized representative that the request has been approved or denied and reason for denial as follows:

- Quality of care issues
- Unable to agree on a rate

MHP will make a good faith effort to contact out of network providers, and if the provider is non-responsive for thirty calendar days, and the MHP notifies beneficiary and/or beneficiary's authorized representative that the request has been denied.

Ongoing Monitoring (if included)

PIQA and QA Analysts will monitor EHR to ensure that documentation as to progress and discharges is up to date

Person Responsible (job title)

Stephanie Tanksley - PIQA team

Implementation Timeline: June 1, 2022

Requirement

Compliance with Mental Health and Substance Use Disorder Services, Information Notice, No.18-059. "Continuity of Care."

The MHP must ensure the written notification to a beneficiary regarding his/her continuity of care request complies with the below listed requirements:
1.The MHP's denial of the beneficiary's continuity of care request;
2.A clear explanation of the reasons for the denial;
3.The availability of in-network SMHS;
4.How and where to access SMHS from the MHP;
5.The beneficiary's right to file an appeal based on the adverse benefit determination; and,
6.The MHP's beneficiary handbook and provider directory.

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DHCS Finding - Question 2.5.7

The MHP did not submit evidence that the MHP notifies the beneficiary and/or the beneficiary's authorized representative, in writing, information outlined in MHSUDS 18-059.

Prior to the review the MHP did not submit evidence that the MHP ensures written notification to beneficiaries regarding denial of continuity of care requests includes information specified in MHSUDS 18-089.

Corrective Action Description

MHP will follow all continuity of care procedures as outlined in MHSUDS Notice 18-059, pages 6-8 to include the following:
Written notification to the beneficiary will comply with Title 42 of the Code of Federal Regulations, Part 438.10 (d) and shall include the following:

- The MHP's approval of the continuity of care request;
- The duration of the continuity of care arrangement

- The process that will occur to transition the beneficiary's care at the end of the continuity of care period; and
- The beneficiary's right to choose a different provider from the MHP's provider network

MHP will provide written notice to beneficiaries according to Title 42 of the Federal Code of Regulations, Part 438. 10(d). and will include the following:

- The MHP's denial of the beneficiary's continuity of care requests
- A clear explanation of the reason for denial
- The availability of in-network SMHS
- How and where to access SMHS from the MHP
- The beneficiary's right to file an appeal based on the adverse benefit determination
- The MHP's beneficiary handbook and provider directory

Proposed Evidence/Documentation of Correction

MHP will provide revised Policy and Procedure that specifically addresses the above with appropriate samples of forms that document continuity of care.

Ongoing Monitoring (if included)

PIQA and QA Analysts will monitor EHR to ensure that documentation as to progress and discharges is up to date

Person Responsible (job title)

PIQA team

Implementation Timeline: June 1, 2022

Requirement

Compliance with Mental Health and Substance Use Disorder Services, Information Notice, No.18-059. "Continuity of Care."

The MHP must notify the beneficiary, and/or the beneficiary's authorized representative, 30-calendar days before the end of the continuity of care period about the process that will occur to transition his or her care at the end of the continuity of care period..

DHCS Finding - Question 2.5.8

The MHP did not submit evidence that the MHP notifies the beneficiary and/or the beneficiary's authorized representative, in writing, information outlined in MHSUDS 18-059.

Prior to the review the MHP did not submit evidence that the MHP notifies the beneficiary, and/or the beneficiary's authorized representative, 30-calendar days before the end of the continuity of care period about the process that will occur to transition the beneficiary's care at the end of the continuity of care period.

Corrective Action Description

MHP will follow all continuity of care procedures as outlined in MHSUDS Notice 18-059, pages 6-8 to include the following:
Written notification to the beneficiary will comply with Title 42 of the Code of Federal Regulations, Part 438.10 (d) and shall include the following:

MHP will provide written notice to the beneficiary and/or the beneficiary's representative, 30 calendar days before the end of the continuity of care period about the process that will occur to transition the beneficiary's care at the end of the continuity of care period. Documentation of transition of care will be in the beneficiary's EHR.

Proposed Evidence/Documentation of Correction

MHP will provide revised Policy and Procedure that specifically addresses the above with appropriate samples of forms that document continuity of care.

Ongoing Monitoring (if included)

PIQA and QA Analysts will monitor EHR to ensure that documentation as to progress and discharges is up to date

Person Responsible (job title)

PIQA team

Implementation Timeline: June 1, 2022

Requirement

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, and Federal Code of Regulations, title 42, section 438, subdivision 330(a)(e)(2). The MHP must have a written description of the Quality Assessment and Performance Improvement Program addressing the below listed requirements:

1.Clearly defines its structure and elements,

2.Assigns responsibility to appropriate individuals, and

3.Adopts or establishes quantitative measures to assess performance and identify and prioritize areas for improvement.

DHCS Finding [3.1.1]

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, and Federal Code of Regulations, title 42, section 438, subdivision 330(a)(e)(2).

Corrective Action Description

The County will revise the current P&P titled “Quality Improvement Committees” to reflect the entire QI program in accordance with the MHP contract, exhibit A, attachment 5, and Federal Code of Regulations, title 42, section 438, subdivision 330(a)(e)(2).

Proposed Evidence/Documentation of Correction

Updated P&P

Update QAPI

Ongoing Monitoring (if included)

QAPI and P&P’s are reviewed during ongoing compliance monitoring with DHCS.

Person Responsible (job title)

PIQA Manager

Implementation Timeline:

Research regulations and other county QI program: March 2022

Stake holder feedback & Draft P&P: April 2022

Disseminate to staff/Train on P&P: May 2022

Fully Implemented: June 2022

Requirement

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, and Federal Code of Regulations, title 42, section 438, subdivision 330(b)(3). The MHP must have mechanisms to detect both underutilization and overutilization of services.

DHCS Finding [3.1.4]

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, and Federal Code of Regulations, title 42, section 438, subdivision 330(b)(3).

Corrective Action Description

The County will revise the current P&P titled “Quality Improvement Committees” to reflect the entire QI program in accordance with the MHP contract, exhibit A, attachment 5, and Federal Code of Regulations, title 42, section 438, subdivision 330(a)(e)(2) and include both underutilization and overutilization of services.

Proposed Evidence/Documentation of Correction

Updated P&P

Update QAPI

Ongoing Monitoring (if included)

QAPI and P&P's are reviewed during ongoing compliance monitoring with DHCS.

Person Responsible (job title)

MHSA/Compliance Manager

PIQA Manager

Implementation Timeline:

Research regulations and other county QI program: March 2022

Stake holder feedback & Draft P&P: April 2022

Disseminate to staff/Train on P&P: May 2022

Fully Implemented: June 2022

Requirement

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5. The MHP shall inform providers of the beneficiary/family satisfaction activities.

DHCS Finding [3.1.7]

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5.

Corrective Action Description

The County will revise the current P&P titled "Quality Improvement Committees" to reflect the entire QI program in accordance with the MHP contract, exhibit A, attachment 5, and Federal Code of Regulations, title 42, section 438, subdivision 330(a)(e)(2).

Proposed Evidence/Documentation of Correction

Updated P&P

Update QAPI

Ongoing Monitoring (if included)

QAPI and P&P's are reviewed during ongoing compliance monitoring with DHCS.

Person Responsible (job title)

PIQA Manager

Implementation Timeline:

Research regulations and other county QI program: March 2022

Stake holder feedback & Draft P&P: April 2022

Disseminate to staff/Train on P&P: May 2022

Fully Implemented: June 2022

Requirement

Per 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.

DHCS Finding - Question 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.

Corrective Action Description

MHP will submit Practice Guidelines which were revised in July of 2021. The document was not labeled correctly in the electronic files. MHP will review the Practice Guidelines to ensure that it meets criteria for 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.

Proposed Evidence/Documentation of Correction

MHP has attached the Practice Guidelines for review.

Ongoing Monitoring (if included)

PIQA and QA Analysts will monitor EHR to ensure that documentation as to progress and discharges is up to date

Person Responsible (job title)

PIQA team

Implementation Timeline: July 1, 2022

Requirement

Per 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. MHP must disseminate Practice Guideline to all affected providers and, upon request, to beneficiaries and potential beneficiaries.

DHCS Finding - Question 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 have **practice guidelines**, which meet the requirements of the MHP Contract.

Corrective Action Description

MHP will submit Practice Guidelines which were revised in July of 2021. The document was not labeled correctly in the electronic files. MHP will review the Practice Guidelines to ensure that it meets criteria for 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.

Proposed Evidence/Documentation of Correction

MHP has attached the Practice Guidelines for review.

Ongoing Monitoring (if included)

PIQA and QA Analysts will monitor EHR to ensure that documentation as to progress and discharges is up to date

Person Responsible (job title)

PIQA team

Implementation Timeline: July 1, 2022

Requirement

Per 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.

DHCS Finding - Question 3.5.3

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. it is not evident that the MHP has taken 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.

Corrective Action Description

MHP will submit Practice Guidelines which were revised in July of 2021to include the following required elements of the DHCS MHP contract, Exhibit A – Attachment 5 Quality Improvement System in the sub section entitled, “Practice Guidelines” B(1-4). MHP will incorporate these elements into the existing P&P under Section G “Provider Relations,” and will add links to the California Integrated Core Practice Model for Children, Youth, and Families,” and the Medi-Cal Manual for ICC, IHBS, and TFC Services, Third Edition, January 2018. MHP will review the Practice Guidelines to ensure that it meets criteria for 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.

Proposed Evidence/Documentation of Correction

Revised Policy and Procedure – Revision of Provider Manual to include Ca. ICCPM, ICC, IHBS, and TFC links and basic information

Ongoing Monitoring (if included)

PIQA

Person Responsible (job title)

Stephanie Tanksley -PIQA Supervisor

Implementation Timeline: June 1, 2022

Requirement

Per 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.

DHCS Finding - Question 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

MHP will adopt the following language into the Policy and Procedure Section A,6 “Access and Toll-Free number, and A, 7, “Access and Crisis logs”

9 CCR § 1810.405

§ 1810.405. Access Standards for Specialty Mental Health Services.

(a) The MHP of the beneficiary shall be responsible for assuring that the beneficiary has access to specialty mental health services as provided in Section 1810.345 and Section 1810.350.

(b) Referrals to the MHP for Specialty Mental Health Services may be received through beneficiary self-referral or through referral by another person or organization, including but not limited to:

(1) Physical health care providers

(2) Schools

(3) County welfare departments

(4) Other MHPs

(5) Conservators, guardians, or family members

(6) Law enforcement agencies.

(c) To treat a beneficiary's urgent condition, each MHP shall make specialty mental health services available 24 hours a day, seven days a week. If the MHP requires that a provider obtain approval of an MHP payment authorization request prior to the delivery of a specialty mental health service to treat a beneficiary's urgent condition as a condition of payment to the provider, the MHP shall have a statewide, toll-free telephone number available 24 hours a day, seven days per week, to act on MHP payment authorization requests for specialty mental health services to treat a beneficiary's urgent condition. Under these circumstances, the MHP shall act on the MHP payment authorization request within one hour of the request.

(d) Each MHP shall provide 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, that will provide 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 and services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearing processes.

(e) At the request of a beneficiary, the MHP of the beneficiary shall provide for a second opinion by a licensed mental health professional, other than a psychiatric technician or a licensed vocational nurse, employed by, contracting with or otherwise made available by the MHP when the MHP or its providers determine that the medical necessity criteria in Section 1830.205(b)(1), (b)(2) or (b)(3)(C) or Section 1830.210(a) have not been met and that the beneficiary is, therefore, not entitled to any specialty mental health services from the MHP. The MHP shall determine whether the second opinion requires a face-to-face encounter with the beneficiary.

(f) The MHP shall maintain a written log of the initial requests for specialty mental health services from beneficiaries of the MHP. The requests shall be recorded whether they are made via telephone, in writing, or in person. The log shall contain the name of the beneficiary, the date of the request, and the initial disposition of the request. An MHP may submit requests to the Department for approval of alternative mechanisms that will track initial requests for specialty mental health services. The alternative mechanism shall include the information required of the written log. The data in the alternative mechanism shall be accessible to review by the Department. Requests for approval for alternative mechanisms shall be submitted as components of or changes to the MHP's Implementation Plan pursuant to Section 1810.310.

Note: Authority cited: Section 14680, Welfare and Institutions Code. Reference: Section 5778, Welfare and Institutions Code.

Proposed Evidence/Documentation of Correction

Revised Policy and Procedure – Revision of Provider Manual to Include specific instructions as to recording of calls on the 24-Hour Access line.

Ongoing Monitoring (if included)

PIQA

Person Responsible (job title)

Stephanie Tanksley -PIQA Supervisor

Implementation Timeline: June 1, 2022

Requirement

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.

DHCS Finding - Question 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.

Three (3) of five (5) required DHCS test calls were not logged on the MHP's written log of initial request.

Corrective Action Description

MHP will adopt the following language into the P&P Section A6 from 9 CCR 1810.405, 6(f): "The MHP shall maintain a written log of the initial requests for specialty mental health services from beneficiaries of the MHP. The requests shall be recorded whether they are made via telephone, in writing, or in person. The log shall contain the name of the beneficiary, the date of the request, and the initial disposition of the request. An MHP may submit requests to the Department for approval of alternative mechanisms that will track initial requests for specialty mental health services. The alternative mechanism shall include the information required of the written log. The data in the alternative mechanism shall be accessible to review by the Department. Requests for approval for alternative mechanisms shall be submitted as components of or changes to the MHP's Implementation Plan pursuant to Section 1810.310.

Proposed Evidence/Documentation of Correction

Revised Policy and Procedure – Revision of Provider Manual to Include specific instructions as to recording of calls on the 24-Hour Access line.

Ongoing Monitoring (if included)

PIQA

Person Responsible (job title)

Stephanie Tanksley -PIQA Supervisor

Implementation Timeline: June 1, 2022

Requirement

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(c).

"***Compensation for utilization management activities.*** Each contract between a State and MCO, PIHP, or PAHP must provide that, consistent with §§ 438.3(i), and 422.208 of this chapter, compensation to individuals or entities that conduct utilization management activities is not structured so as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any enrollee."

The MHP must notify the requesting provider, and give the beneficiary written notice of any decision by the Contractor to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested.

DHCS Finding [5.1.3]

It is not evident that the MHP provides providers and beneficiaries written notice of the decision to deny a service authorization request. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated one (1) of three (3) denied treatment authorization requests was not provided a NOABD.

Corrective Action Description

MHP will issue written notification of a decision to deny a service authorization request per the MHP's P&P Have any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested be made by a health care professional who has appropriate clinical expertise in addressing the beneficiary's behavioral health needs. (42 C.F.R. § 438.210(b)(3).) 4) Notify the requesting provider, and give the beneficiary written notice of any decision by the Contractor to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested. (42 C.F.R. § 438.210(c)) The beneficiary's notice shall meet the requirements in Attachment 12, Section 10, paragraph A and Section 9, paragraph I and be provided within the timeframes set forth in Attachment 12, Section 10, paragraph B and Section 9, paragraph I.

MHP will adopt the following language into the P&P's and will ensure that written notices are recorded into the beneficiary's EHR.

"Provision of Notice of Adverse Benefit Determination A. The Contractor shall provide a beneficiary with a Notice of Adverse Benefit Determination (NOABD) under the following circumstances: 1) The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit. (42 C.F.R. § 438.400(b)(1).)

2) The reduction, suspension, or termination of a previously authorized service. (42 C.F.R. § 438.400(b)(2).)

3) The denial, in whole or in part, of payment for a service. (42 C.F.R. § 438.400(b)(3).) 4) The failure to provide services in a timely manner, as defined by the Department. (42 C.F.R. § 438.400(b)(4).)

5) The failure of the Contractor to act within the timeframes provided in §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals. (42 C.F.R. § 438.400(b)(5).) 6) The denial of a beneficiary's request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other beneficiary financial liabilities. (42 C.F.R. § 438.400(b)(7).)

The Contractor shall give beneficiaries timely and adequate notice of an adverse benefit determination in writing and shall meet the language and format requirements of 42 Code of Federal Regulations part 438.10. (42 C.F.R. § 438.404(a); 42 C.F.R. § 438.10.) The NOA shall contain the items specified in 42 Code of Federal Regulations part 438.404 (b) and California Code of Regulations, title 9, section 1850.212.

Proposed Evidence/Documentation of Correction

Revision of MHP P&P Section B - Authorization, Section 9. NOABD

Ongoing Monitoring (if included)

PIQA Team

Person Responsible (job title)

Stephanie Tanksley

Implementation Timeline: June 1, 2022

Requirement

[The MHP did not furnish evidence to demonstrate compliance with the 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]

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's Utilization Management and Compliance Committee will review the policy and procedure for utilization management activities to include the language: "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”

Proposed Evidence/Documentation of Correction

Utilization Management P&P

Ongoing Monitoring (if included)

Ongoing Compliance Monitoring quarterly with DHCS

Reviewed at QIC

Person Responsible (job title)

Behavioral Health Director

Clinical Administrator

Compliance Manager

Implementation Timeline:

Draft Utilization Management P&P- April 2022

Disseminate/Train Staff on updates- April 10, 2022

Requirement

Effective July 1, 2017, the responsibility for authorization, provision, and payment of SMHS will transfer to the MHP in the foster child’s county of residence for foster children placed in a county other than the county of original jurisdiction, pursuant to the timeframes outlined in statute, unless any exceptions to presumptive transfer apply, and are determined to necessitate the waiving of presumptive transfer, as specified in the following section. Upon presumptive transfer, the MHP in the county in which the foster child resides shall assume responsibility for the authorization and provision of SMHS, and the payment for services (Welfare and Institutions Code § 14717.1, subdivision (f)).

Presumptive transfer can only be waived by the placing agency if all of the following conditions are met:

1) An individualized determination has been made that an exception outlined in statute applies (Welfare and Institutions Code § 14717.1 (b) 2(A)), and

2) A demonstration that the MHP in the county of original jurisdiction can contract and provide services within 30 days.

DHCS Finding [5.3.6]

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No.17-032. The MHP must demonstrate that when there is an exception to Presumptive Transfer and a waiver is in

place, the MHP ensures access to services for foster care children placed outside the county of origin.

Corrective Action Description

The County will revise the current P&P titled “Presumptive Transfer” to reflect Mental Health and Substance Use Disorder Services, Information Notice, No.17-032 and to demonstrate that when there is an exception to Presumptive Transfer and a waiver is in place, the MHP ensures access to services for foster care children placed outside the county of origin.

Training on update P & P will be completed for all staff who are involved in Children’s System of Care.

Presumptive Transfer log will be updated to include an exception to Presumptive Transfer

Proposed Evidence/Documentation of Correction

Update P&P

Updated Presumptive Transfer Log

Proof of training on Presumptive Transfer P & P for all staff involved in Children’s System of Care.

Ongoing Monitoring (if included)

P&P’s are reviewed during ongoing compliance monitoring with DHCS.

Person Responsible (job title)

Behavioral Health Clinical Administrator and Deputy Director

Implementation Timeline:

Update and Draft P&P: May 2022

Update Presumptive Transfer Log: May 2022

Disseminate to staff/Train on P&P: June 2022

Fully Implemented: July 2022

Requirement

Assembly Bill (AB) 1299 (Ridley-Thomas, Chapter 603, Statutes of 2016) established presumptive transfer. Presumptive transfer means a prompt transfer of the responsibility for providing or arranging and paying for SMHS from the county of original jurisdiction to the county in which the foster child or youth resides. Presumptive transfer is intended to provide children and youth in foster care who are placed outside their counties of original jurisdiction timely access to SMHS, consistent with their individual strengths and

needs, and Medicaid Early and Periodic Screening Diagnostic and Treatment requirements.

EXPEDITED TRANSFERS California Welfare and Institutions (W&I) Code Section 14717.1(b)(2)(F) requires a procedure for expedited transfers within 48-hours of placement of the foster child or youth outside of the county of original jurisdiction. The procedural steps for presumptive transfer described in ACL 17-77/MHSUDS IN 17-032 operationalize the presumptive transfer of the responsibility for the provision, arrangement, and payment of SMHS immediately upon placement. In situations when a foster child or youth is in imminent danger to themselves or others or experiencing an emergency psychiatric condition, MHPs must provide SMHS immediately, and without prior authorization.

DHCS Finding [5.3.7]

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services., Information Notice, No. 18-027. The MHP must provide SMHS immediately, and without prior authorization, in situations when a foster child or youth is in imminent danger to themselves or others or experiencing an emergency psychiatric condition.

Corrective Action Description

The County will revise the current P&P titled “Presumptive Transfer and Pathways to Wellbeing” to reflect Mental Health and Substance Use Disorder Services., Information Notice, No. 18-027 stating that in situations when a foster child or youth is in imminent danger to themselves or others or experiencing an emergency psychiatric condition, MHPs must provide SMHS immediately, and without prior authorization.

P& P will outline process of Collaboration with Child Welfare/ CFT process that identifies youth who are in imminent danger to themselves or others or experiencing an emergency psychiatric condition and ensure that services are provided without prior authorization.

Care Coordination Log for Children System of Care Coordination will be updated to identify this population to ensure immediate access to SMHS without prior authorization.

Training to all staff involved in Children’s System of Care (CSOC) will be trained on P&P and updated process in identifying youth who are in need of immediate SMHS.

Proposed Evidence/Documentation of Correction

Updated P&P

Updated CSOC Care Coordination Log

Proof of training on P & P for all staff involved in Children's System of Care.

Ongoing Monitoring (if included)

P&P's are reviewed during ongoing compliance monitoring with DHCS.

Person Responsible (job title)

Behavioral Health Clinical Administrator and Deputy Director

Implementation Timeline:

Update and Draft P&P: May 2022

Update Presumptive Transfer Log: May 2022

Disseminate to staff/Train on P&P: June 2022

Fully Implemented: July 2022

Requirement

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 12, and Federal Code of Regulations, title 42, section 438, subdivision 406(b)(2)(iii) and 228(a). The MHP must ensure that decision makers on grievances and appeals of adverse benefit determinations take into account all comments, documents, records, and other information submitted by the beneficiary or beneficiary's representative, without regard to whether such information was submitted or considered in the initial adverse benefit determination.

DHCS Finding [6.1.13]

It is not evident that the MHP ensures that decision makers on grievances and appeals of adverse benefit determinations take into account all information submitted by the beneficiary or the beneficiary's representative, without regard to whether such information was submitted or considered in the initial adverse benefit determination

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 12, and Federal Code of Regulations, title 42, section 438, subdivision 406(b)(2)(iii) and 228(a).
The MHP must comply with CAP requirement addressing this finding of non-compliance.

Corrective Action Description

MHP will adopt the following language from MHP Contract - Exhibit A – Attachment 12 subsection (B) 14,15,16 into P&P Section B – Authorizations – subsection 9 – NOABD

14) The Contractor shall provide the beneficiary a reasonable opportunity, in person and in writing, to present evidence and testimony and make legal and factual arguments. The Contractor must inform the beneficiary of the limited time available for this

sufficiently in advance of the resolution timeframe for appeals specified in §438.408(b) and (c) in the case of expedited resolution. (42 C.F.R. § 438.406(b)(4).)

15) The Contractor shall ensure that decision makers on grievances and appeals of adverse benefit determinations take into account all comments, documents, records, and other information submitted by the beneficiary or beneficiary's representative, without regard to whether such information was submitted or considered in the initial adverse benefit determination. (42 C.F.R. § 438.406(b)(2)(iii); 42 C.F.R. § 438.228(a).)

16) The Contractor shall provide the beneficiary and his or her representative the beneficiary's case file, including medical records, other documents and records, and any new or additional evidence considered, relied upon, or generated by the Contractor in Page 5 of 21 Exhibit A – Attachment 12 BENEFICIARY PROBLEM RESOLUTION connection with the appeal of the adverse benefit determination. (42 C.F.R. § 438.406(b)(5).)

Proposed Evidence/Documentation of Correction

Submission of revised P&P

Ongoing Monitoring (if included)

Review and revision of P&P according to DHCS contract requirements

Person Responsible (job title)

Stephanie Tanksley - PIQA Supervisor

Implementation Timeline: June 1, 2022

Requirement

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 406(b)(6). The MHP must allow the beneficiary, his or her representative, or the legal representative of a deceased beneficiary's estate, to be included as parties to the appeal.

DHCS Finding [6.4.7]

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 406(b)(6).

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted by the MHP that the MHP allows the beneficiary, the beneficiary's representative, or the legal representative of a deceased beneficiary's estate to be included as parties to the appeal.

Corrective Action Description

MHP will adopt language from the DHCS Contract – Exhibit A – Attachment 12, section 9, A (7): “Allow the beneficiary, his or her representative, or the legal representative of a deceased beneficiary's estate, to be included as parties to the appeal. (42 CFR 438.406(b)(6).)

Proposed Evidence/Documentation of Correction

Adopt language from DHCS contract – Exhibit A – Attachment 12, section 9, A (7) into P&P’s Section B.9 “NOABD”

Ongoing Monitoring (if included)

Stephanie Tanskley

Person Responsible (job title)

PIQA Supervisor

Implementation Timeline: June 1, 2022

Requirement

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 455, subdivision 434(a). As a condition of enrollment, the MHP must require providers to consent to criminal background checks including fingerprinting when required to do so by DHCS or by the level of screening based on risk of fraud, waste or abuse as determined for that category of provider.

DHCS Finding [7.4.2]

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 455, subdivision 434(a).

Corrective Action Description

This will be added to our Provider Manual. No person can have direct ownership in the County MHP.

Proposed Evidence/Documentation of Correction

Provider Manual

Ongoing Monitoring (if included)

Person Responsible (job title)

BH Administrative Secretary

Implementation Timeline:

Complete.

Requirement

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 subcontractors 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 subcontractor/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]

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 455, subdivision 434(b)(1) and (2); 104, MHP Contract Exhibit A, Att. 13.

Corrective Action Description

The County worked with our DHCS County Liaison to correct this action prior to CAP submission.

Proposed Evidence/Documentation of Correction

Memo from the Director

Emails to staff

Updated Provider Manual

Ongoing Monitoring (if included)

Monitored during the contract approval process.

Person Responsible (job title)

Deputy Director Behavioral Health

BH Administrative Secretary

Implementation Timeline:

Evidence submitted. Admin secretary will require providers to submit, within 35 days after any change in the subcontractor/network provider's ownership, annually and upon

request during the re-validation of enrollment process under 42 Code of Federal Regulations part 455.104.