

Kings County

Fiscal Year (FY) 22/23

Specialty Mental Health Triennial Review

System Review Corrective Action Plan



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[1.1.4] Requirement

[The MHP require subcontracted providers to have hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which the provider offers services to non-Medi-Cal beneficiaries. If the provider only serves Medi-Cal beneficiaries, the MHP shall require that hours of operation are comparable to the hours the provider makes available for Medi-Cal services that are not covered by the MHP, or another MHP. Code of Federal Regulations, title 42, section 438, subdivision 206(c)(1)(ii)]

DHCS Finding

[The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 438, subdivision 206(c)(1)(ii).

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

- Hours of Operation Executed Contract Exhibits
- Hours of Operation Template Scope of Work
- MHS ACT Excerpt from contract
- Hours of Operation
- A-047 Timely Access
- Adult SMHS Contract with Timely Access highlighted
- Kings QAPI Work Plan with Timely Access highlighted

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP requires subcontracted providers to have hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which the provider offers services to non-Medi-Cal beneficiaries. Per the discussion during the review, the MHP acknowledged the need to update its contracts to meet this requirement and would address this moving forward.

DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 438, subdivision 206(c)(1)(ii) and the MHP contract, exhibit A, attachment 8, section (4)(A)(3).]

Corrective Action Description

The Department is undergoing an overhaul of its contract templates, and contract procedures and will ensure that the template contract developed for this department includes this specific language spelled out within the scope of work or the Assurances and Certifications exhibit for all future contracts. As the department will be updating these in conjunction with program management staff and legal counsel the final home of this language will still need to be defined by the team within the contract. It is currently being defined in scopes of work.

Proposed Evidence/Documentation of Correction

The outcome of this corrective action plan is a completed revised contract scope of work template, or a revised Assurances and Certifications exhibit to be utilized for all future contracts.

Ongoing Monitoring (if included)

Monitoring for compliance with the subcontracted provider hours of operations will be completed through future executed contracts beginning with the FY 24/25 contract renewals and will be monitored through the contract template/exhibit review annual meeting that the department will convene with Program Managers and Executive staff.

Person Responsible (job title)

Contracts Program Manager

Implementation Timeline: July 1, 2024

[1.2.7] Requirement

[The MHP must provide TFC services to all. BHIN No. 21-073 and 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

[The MHP did not furnish evidence to demonstrate compliance with the BHIN No. 21-073 and 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 submitted the following documentation as evidence of compliance with this requirement:

- Policy A-097 TFC Criteria
- Policy A-097 TFC
- TFC Aspiranet Sign-In sheet
- TFC KIND Sign-In Sheet
- TFC RFP 2019
- TFC RFP 2021
- TFC Screening tool
- TFC Training Material

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. Per the discussion during the review, the MHP stated

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that despite its efforts, which includes two requests for proposals during the review period, it has been unable to establish a TFC provider.

DHCS deems the MHP out of compliance with the BHIN No. 21-073 and 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.

Repeat deficiency Yes]

Corrective Action Description

MHP will work with Kings County's Child Welfare Services (CWS) in order to implement Intensive Services Foster Care (ISFC) with resource families in Kings County.

As resource families are identified who can provide ISFC, Kings County Behavioral health will partner with CWS to invite ISFC families to become providers of TFC.

Through this proposed model, TFC will be County operated.

Proposed Evidence/Documentation of Correction

- Documentation of meetings with CWS regarding ISFC and TFC
- Documentation of outreach meetings to Resource Families regarding TFC
- TFC policies for Resources Families that are going to provide TFC
- Training of TFC services to providers
- Sign in documentation of trainings

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Children's System of Care Clinical Program Manager

Implementation Timeline:

Anticipated completion date: June 30th, 2025

[1.2.8] Requirement

[The MHP must have an affirmative responsibility to determine if children and youth who meet beneficiary access criteria for SMHS need TFC. BHIN No. 21-073 and 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

[The MHP did not furnish evidence to demonstrate compliance with the BHIN No. 21-073 and Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based

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Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

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

- TFC Aspiranet sign in sheet
- TFC Aspiranet TFC sign in sheet
- TFC KIND sign in sheet
- TFC RFP 2019
- TFC RFP 2021
- TFC Screening tool
- TFC Training Material

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP assesses all children and youth to determine if they meet medical necessity criteria for TFC. Per the discussion during the review, the MHP stated that TFC is only assessed at Child Family Team (CFT) meetings, not at initial intake for services.

DHCS deems the MHP out of compliance with the BHIN No. 21-073 and Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

Repeat deficiency Yes]

Corrective Action Description

MHP will revise KCBH P&P A-097 Therapeutic Foster Care (TFC) to include that the MHP will assesses all children and youth to determine if they meet medical necessity criteria for TFC as per BHIN No. 21-073 and Medi-Cal Manual for Intensive Care Coordination, Intensive Home-Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

Proposed Evidence/Documentation of Correction

- REVISED A-097 MHP Therapeutic Foster Care (TFC)
- MHP providers' staff sign acknowledgment forms
- Update the Utilization Review (UR) audit tool to include TFC screening for children and youth.

Ongoing Monitoring (if included)

Utilization Review (UR) audit tool for TFC screening for children and youth.

Person Responsible (job title)

Children's System of Care Clinical Program Manager

Implementation Timeline:

Anticipated completion date: June 1, 2024

[1.3.1] Requirement

[The MHP must use its 1991 Realignment funding to provide an array of community mental health services, including acute psychiatric inpatient hospital services provided in Institutions for Mental Disease (IMD), to target populations. Information Notice, No. 20-008, California Welfare and Institution Code, section 5600, subdivision (a), 4(f), 5(e), 6(e) and 7(e).]

DHCS Finding

[The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 20-008, California Welfare and Institution Code, section 5600, subdivision (a), 4(f), 5(e), 6(e) and 7(e).

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

- CPT Exhibit A scope of Services 20-23
- CPT IMD Program Description online
- IMD Payment Process Policy
- Redacted PatchRate 07.28

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP utilizes its 1991 Realignment funding to provide an array of community mental health services, including acute psychiatric inpatient hospital services provided in Institutions for Mental Disease (IMD), to target populations. Per the discussion during the review, the MHP stated it had draft policies and contracts related to this services and that it would submit additional evidence post review. Post review, the MHP stated this requirement would be addressed through a corrective action plan.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 20-008 and California Welfare and Institution Code, section 5600, subdivision (a), 4(f), 5(e), 6(e) and 7(e).

Repeat deficiency Yes]

Corrective Action Description

Submit evidence/documentation of use of 1991 Realignment funding to provide an array of community mental health services, including acute psychiatric inpatient hospital services provided in Institutions for Mental Disease (IMD), to target populations.

Proposed Evidence/Documentation of Correction

[SUBMITTED 07/11/23] Triennial 22_23 CAP 1.3.1 _ MH Funding FY2122

Ongoing Monitoring (if included)

Information has been completed part of year end. Will be included in Specialty Mental Health Triennial Review going forward.

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Person Responsible (job title)

Fiscal Specialist

Implementation Timeline: July 1, 2021

DHCS Response

8/14/2023: The documentation of correction is unclear as it refers only to evidence that was not submitted with this CAP which was received 7/11/2023. In addition, the timeline should be of a present date until this finding is considered resolved. Please clarify the County's intentions on resolving this finding.

1/04/2024: Action Required. Please provide an update to the following:

1. Updated county response with status on resolving this finding.
2. Update implementation date
3. Add to list of evidence of correction policies and contracts that were going to be updated, per Kings County's response.

[1.3.2] Requirement

[The MHP must cover acute psychiatric inpatient hospital services provided in an Institution for Mental Disease (IMD) to Medi-Cal beneficiaries under the age of 21, or 65 years or older. Information Notice, No. 20-008, California Welfare and Institutions Code, section 14053, subdivision (a) and (b)(3), United States Code, title 42, section 1396(a)(29)(B), (a)(16) and (h)(1)(c), and Code of Federal Regulations, title 42, section 441, subdivision 13 and section 435, subdivision 1009]

DHCS Finding

[The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 20-008, California Welfare and Institutions Code, section 14053, subdivision (a) and (b)(3), United States Code, title 42, section 1396(a)(29)(B), (a)(16) and (h)(1)(c), and Code of Federal Regulations, title 42, section 441, subdivision 13 and section 435, subdivision 1009.

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

- IMD Payment Process Policy
- Programs Web Brochure-Crestwood Behavioral Health
- Redacted Patch Rate 07.28
- IMD FY 21-22 Expense Records

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP covers acute psychiatric inpatient hospital services provided in an IMD to Medi-Cal beneficiaries under the age of 21, or 65 years or older. Per the discussion during the review, the MHP stated it would submit evidence demonstrating

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this requirement. Post review, the MHP stated this requirement would be addressed through a corrective action plan.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 20-008, California Welfare and Institutions Code, section 14053, subdivision (a) and (b)(3), United States Code, title 42, section 1396(a)(29)(B), (a)(16) and (h)(1)(c), and Code of Federal Regulations, title 42, section 441, subdivision 13 and section 435, subdivision 1009.

Repeat deficiency Yes]

Corrective Action Description

Used Ancillary Form Tracking for Client placements to create a Report to pull count of Population Group at IMD facilities

Proposed Evidence/Documentation of Correction

[SUBMITTED 07/11/23] Triennial 22_23 CAP 1.3.2 U21 & 65 and over

Ongoing Monitoring (if included)

Ongoing entry of Client information on the Ancillary form will include which population group the client falls under. Report will be monitored monthly for any corrections and updates.

Person Responsible (job title)

Fiscal Specialist

Implementation Timeline: Began 7/1/2023

[1.4.4] Requirement

[The MHP require subcontracted providers to have hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which the provider offers services to non-Medi-Cal beneficiaries. If the provider only serves Medi-Cal beneficiaries, the MHP shall require that hours of operation are comparable to the hours the provider makes available for Medi-Cal services that are not covered by the MHP, or another MHP. Code of Federal Regulations, title 42, section 438, subdivision 206(c)(1)(ii)]

DHCS Finding

[The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 435 and MHP contract, exhibit A, attachment 8, section 8(D).

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

- Aspiranet Recert Protocol completed

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- Certification Process and Materials
- MHP Provider Certification Log
- Kings County Provider Monitoring Report 1-10-23

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP certifies, or uses another MHP's certification documents to certify, the organizational providers that subcontract with the MHP to provide SMHS. Of the eight (8) MHP provider sites, two (2) had overdue certifications. Per the discussion during the review, the MHP acknowledged the overdue provider certifications and stated that it would submit additional documentation to correct these deficiencies. Post review, no additional evidence was provided to demonstrate compliance of this requirement.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 435 and MHP contract, exhibit A, attachment 8, section 8(D).

Repeat deficiency Yes]

Corrective Action Description

The MHP will bring overdue provider recertifications into compliance by conducting recertification site visits and submitting associated DHCS 1735 forms.

Proposed Evidence/Documentation of Correction

Provider Overdue Report

Ongoing Monitoring (if included)

The MHP will establish a provider certification and recertification log with renewal dates to ensure expiration of certifications do not occur moving forward starting FY 23/24, and will periodically monitor Provider Overdue Report in PIMS to ensure no discrepancy between internal log and PIMS..

Person Responsible (job title)

Quality Assurance Manager

Implementation Timeline: October 31, 2023

[3.2.5] Requirement

The MHP must ensure the Quality Assessment and Performance Improvement (QAPI) Work Plan includes a description of mechanisms the Contractor has implemented to assess the accessibility of services within its service delivery area, including goals listed in the below requirements:

1. Responsiveness for the Contractor's 24-hour toll-free telephone number.
2. Timeliness for scheduling of routine appointments.
3. Timeliness of services for urgent conditions.
4. Access to after-hours care.

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MHP contract, exhibit A, attachment 5, section 2(a)(4)]

DHCS Finding

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section 2(a)(4).

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

- 24-7 Access Line Test Call Report Form Apr-Jun 2022
- 24-7 Access Line Test Call Report Form Jan-Mar 2022
- 24-7 Access Line Test Call Report Form July-Sept 2022
- A-047 Timely Access
- A-050 24-7 Access Line
- Kings QAPI Work Plan with Timely Access highlighted
- Test Call Process and Training
- Urgent Conditions PIP

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP's QAPI Work Plan includes a description of mechanisms the MHP has implemented to assess the accessibility of services within its service delivery area to include responsiveness for the contracted provider's 24-hour toll-free telephone number. Per the discussion during the review, the MHP acknowledged the need to update the QAPI Work Plan to reflect metrics to assess access to after-hours care.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, section 2(a)(4).

Repeat deficiency Yes

Corrective Action Description

The MHP will work during the 23/24 fiscal year to develop mechanisms to assess the responsiveness 24-hour toll-free Access Line and place this metric within the 24/25 QAPI Work Plan for measurement and monitoring.

Proposed Evidence/Documentation of Correction

Metric added within the 24/25 QAPI Work Plan

Ongoing Monitoring (if included)

The MHP will monitor the metric on a quarterly basis via the quarterly QAPI Work Plan review.

Person Responsible (job title)

Quality Assurance Manager

Implementation Timeline: July 1, 2024

[3.2.6] Requirement

The MHP must ensure the Quality Assessment and Performance Improvement (QAPI) Work Plan includes evidence of compliance with the requirements for cultural competence and linguistic competence. the MHP contract, exhibit A, attachment 5, section 2(a)(5)]

DHCS Finding

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section 2(a)(5).

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

- Kings QAPI Work Plan & Evaluation with Cult Comp highlighted
- Kings 22-23 Cultural Competency Plan

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP's QAPI Work Plan includes evidence of compliance with the requirements for cultural competence and linguistic competence. Per the discussion during the review, the MHP acknowledged the need to update the QAPI Work Plan to reflect metrics for implementing cultural competence and linguistic competence.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, section 2(a)(5).

Repeat deficiency Yes

Corrective Action Description

The MHP will work during the 23/24 fiscal year to develop cultural and linguistic competence metrics within the 24/25 QAPI Work Plan that align with the MHP's required Cultural Competency Plan.

Proposed Evidence/Documentation of Correction

Metric added within the 24/25 QAPI Work Plan

Ongoing Monitoring (if included)

The MHP will monitor the metric on a quarterly basis via the quarterly QAPI Work Plan review.

Person Responsible (job title)

Ethnic Services Coordinator

Implementation Timeline: July 1, 2024

[3.5.1] Requirement

The MHP must have practice guidelines, which meet the requirements of the MHP Contract. MHP contract, exhibit A, attachment 5, section 6(A); Code of Federal Regulations, title 42, section 438, subdivision 236(b); and California Code of Regulations, title 9, section 1810, subdivision 326.

DHCS Finding

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section 6(A); Code of Federal Regulations, title 42, section 438, subdivision 236(b); and California Code of Regulations, title 9, section 1810, subdivision 326.

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

- MHP Practice Guidelines (English)
- MHP Practice Guidelines (Spanish)
- Practice Guidelines Training Materials
- A-099 Practice Guidelines
- Practice Guidelines dissemination email
- Practice Guidelines training notice
- Practice Guidelines website access

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has practice guidelines, which meet the requirements of the MHP Contract. Per the discussion during the review, the MHP stated it uses the American Counseling Association (ACA) Code of Ethics as its practice guidelines. Post review, the MHP resubmitted the ACA Code of Ethics; however, this does not meet the contract requirements for practice guidelines.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, section 6(A); Code of Federal Regulations, title 42, section 438, subdivision 236(b); and California Code of Regulations, title 9, section 1810, subdivision 326.

Repeat deficiency Yes

Corrective Action Description

Practice Guidelines state current best practices for mental health providers and beneficiaries when making clinical and treatment related decisions. Due to the depth and scope of practices to be reviewed, the Practice Guideline development process will be introduced in Documentation Committee which is comprised of stakeholders from across the MHP. The MHP will establish a workgroup to begin identifying and reviewing evidenced based literature regarding best clinical practices. Once Practice Guidelines consistent with the MHP Contract requirements are fully developed by the workgroup, they will be submitted to Documentation Committee for review, feedback, and approval by stakeholders. They are reviewed and updated periodically as appropriate.

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Proposed Evidence/ Documentation of Correction

The outcome of this corrective action plan is a completed Practice Guideline manual which meets MHP Contract and State requirements.

Ongoing Monitoring (if included)

Monitoring for compliance with Practice Guidelines will be completed through monthly Utilization Review.

Person Responsible (job title)

Adult System of Care Clinical Program Manager

Children's System of Care Clinical Program Manager

Quality Assurance Clinician

Implementation Timeline: June 1, 2025

[3.5.2] Requirement

The MHP must disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries. MHP contract, exhibit A, attachment 5, section 6(c); Code of Federal Regulations, title 42, section 438, subdivision 236(c); and California Code of Regulations, title 9, section 1810, subdivision 326.

DHCS Finding

[The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section 6(c); Code of Federal Regulations, title 42, section 438, subdivision 236(c); and California Code of Regulations, title 9, section 1810, subdivision 326.

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

- MHP Practice Guidelines (English)
- MHP Practice Guidelines (Spanish)
- Practice Guidelines Training Materials
- A-099 Practice Guidelines.doc
- Practice Guidelines dissemination email
- Practice Guidelines training notice
- Practice Guidelines website access

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. Per the discussion during the review, the MHP stated it disseminates Code of Ethics practice guidelines to providers and provided a policy, which included dissemination requirements; however, it is not evident that the MHP has practice guidelines established that meet contract requirements.

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DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, section 6(c); Code of Federal Regulations, title 42, section 438, subdivision 236(c); and California Code of Regulations, title 9, section 1810, subdivision 326.

Repeat deficiency Yes

Corrective Action Description

Practice Guidelines, once drafted and approved through Documentation Committee, will be made available by the MHP on the county website for providers, beneficiaries, and potential beneficiaries to access and review in both English and Spanish. A hard copy of the Practice Guidelines will also be made available at each provider site in both English and Spanish.

Proposed Evidence/ Documentation of Correction

The corrective action plan will result in Practice Guidelines being available to providers, current beneficiaries, and potential beneficiaries electronically and in hard copy at each provider site in English as well as our threshold language of Spanish.

Ongoing Monitoring (if included)

The MHP Quality Assurance Team will verify at least annually that Practice Guidelines are available electronically via the county website and hard copy at each provider site.

Person Responsible (job title)

Quality Assurance Clinician

Implementation Timeline: June 1, 2025

[4.1.1] Requirement

The MHP shall provide all written materials for potential beneficiaries and beneficiaries in a font size no smaller than 12 point. Code of Federal Regulations, title 42, section 438, subdivision 10(d)(6)(ii) and MHP Contract, exhibit A, attachment 11, section 3(A).

DHCS Finding

The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 438, subdivision 10(d)(6)(ii) and MHP Contract, exhibit A, attachment 11, section 3(A).

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

- A-084 MHP Informing Materials Policy & Procedure

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides all written materials for potential beneficiaries and beneficiaries in a font size no smaller than 12-point. The MHP did not submit sample informing materials and the policy submitted did not include this requirement. Per the

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discussion during the review, the MHP stated that it would update the informing material and policy. Post Review, the MHP submitted a draft policy with this requirement that it will implement moving forward.

DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 438, subdivision 10(d)(6)(ii) and MHP Contract, exhibit A, attachment 11, section 3(A).]

Corrective Action Description

Quality Assurance clinician will revise KCBH P&P A-084 MHP Informing Materials to include the requirement that all informing materials must be available in a font since no smaller than 12- point.

Kings County is currently in the process of migrating to the new Semi-Statewide electronic health record as well as moving to a new building. Kings County will utilize these opportunities to review and update all informing materials to ensure that content is up to date, contact information is accurate, and the font is no smaller than 12-point.

Proposed Evidence/Documentation of Correction

- [SUBMITTED 07/11/23]
 - REVISED A-084 MHP Informing Materials Policy & Procedure
 - Sample of Informing Materials in 12-point font

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Quality Assurance Clinician

Implementation Timeline:

Anticipated completion date: June 1, 2024

[4.2.1] Requirement

The MHP must provide training for staff responsible for the statewide toll-free 24-hour telephone line to ensure linguistic capabilities. California Code of Regulations, title 9, section 1810, subdivision 41(c)(4) & (e).

DHCS Finding

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 41(c)(4) & (e).

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

- A-050 24-7 Access Line
- August 2022 Test Call Process and Training
- Test Call Process and Training

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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. Per the discussion during the review, the MHP stated that it has no formal training process regarding the 24-hour toll-free telephone number for staff or the after-hours contractor. Post review, the MHP stated this requirement would be addressed through a corrective action plan.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 41(c)(4) & (e).]

Corrective Action Description

MHP is releasing a Request for Proposal (RFP) during fiscal year 23/24 for a 24/7 Access Line vendor which will result in the execution of a contract by fiscal year 24/25. Part of the RFP will include the vendor in alignment with California Code of Regulations, title 9, section 1810, subdivision 41(c)(4) & (e). and in collaboration with the MHP provides training for staff responsible for the statewide toll-free 24-hour telephone line to ensure linguistic capabilities. The vendor will be required to complete Access Line training during program start up which is within the first 90-days post contract execution and provide staff training upon hire of new staff as well as annually for all staff.

Proposed Evidence/Documentation of Correction

Training Materials and Training Logs

Ongoing Monitoring (if included)

Annual review with the vendor during annual Contract Performance Report

Person Responsible (job title)

Quality Assurance Manager with Access Line vendor

Implementation Timeline: December 31, 2024

[4.2.2] Requirement

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.

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California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1).

DHCS Finding

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).

Based on the test calls, DHCS deems the MHP in partial compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1).

Repeat deficiency Yes

Corrective Action Description

MHP is releasing a Request for Proposal (RFP) during fiscal year 23/24 for a 24/7 Access Line vendor which will result in the execution of a contract by fiscal year 24/25. Part of the RFP will include the vendor in alignment with California Code of Regulations, title 9, section 1810, subdivision 41(c)(4) & (e). and in collaboration with the MHP provides training for staff responsible for the statewide toll-free 24-hour telephone line to ensure linguistic capabilities. The vendor will be required to complete Access Line training to ensure the required call triage and caller information is collected and logged and the required information in given based on caller need. This training will occur during program start up which is within the first 90-days post contract execution and provide staff training upon hire of new staff as well as annually for all staff. Vendor will also be required to perform monthly test calls to ensure staff compliance with requirements.

Proposed Evidence/Documentation of Correction

Training Materials, Training Logs, and Test Call Materials

Ongoing Monitoring (if included)

Annual review with the vendor during annual Contract Performance Report

Person Responsible (job title)

Quality Assurance Manager with Access Line vendor

Implementation Timeline: December 31, 2024

[4.2.4] Requirement

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. California Code for Regulations, title 9, section 1810, subdivision 405(f).]

DHCS Finding

[The MHP did not furnish evidence to demonstrate compliance with California Code for Regulations, title 9, section 1810, subdivision 405(f).

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

- A-050 24-7 Access Line
- Center Call Log
- 24 7 Access Line Test Call Report Form July-Sept 2022

While the MHP submitted evidence to demonstrate compliance with this requirement, three of five required DHCS test calls were not logged on the MHP's written log of initial request.

DHCS deems the MHP in partial compliance with California Code of Regulations, title 9, section 1810, subdivision 405(f).

Repeat deficiency Yes]

Corrective Action Description

MHP is releasing a Request for Proposal (RFP) during fiscal year 23/24 for a 24/7 Access Line vendor which will result in the execution of a contract by fiscal year 24/25. Part of the RFP will include vendor requirements to maintain a call log with the required elements either manually or via the MHP's electronic health record, as mutually agreed upon by vendor and MHP. Upon execution of the awarded contract, MHP will ensure the vendor develops and implements the required call log with required elements, and ensure the use of the call log during the below listed ongoing monitoring.

Proposed Evidence/Documentation of Correction

Call Log

Ongoing Monitoring (if included)

Call Log questions within the monthly test call materials, and annual review with the vendor during annual Contract Performance Report

Person Responsible (job title)

Quality Assurance Manager with Access Line vendor

Implementation Timeline: December 31, 2024

[5.2.1] Requirement

[The MHPs are required to operate a utilization management (UM) program that ensures beneficiaries have appropriate access to SMHS. The UM program must evaluate medical necessity, appropriateness and efficiency of services provided to Medi-Cal beneficiaries prospectively, such as through prior or concurrent authorization

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review procedures. BHIN No. 22-017; California Code of Regulations, title 9, section 1810, subdivision 440(b); and Code of Federal Regulations, title 42, section 438, subdivision 210(a)(4), (b)(1),(2).]

DHCS Finding

[The MHP did not furnish evidence to demonstrate compliance with BHIN No. 22-017; California Code of Regulations, title 9, section 1810, subdivision 440(b); and Code of Federal Regulations, title 42, section 438, subdivision 210(a)(4), (b)(1),(2).

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

- Kepro Concurrent Review Policy & Procedure 22-017
- Executed Contract Kepro
- TARs
- Approver Licenses and Signature List
- NOABDs corresponding to SARs
- Utilization Review Tool
- Staff Signatures for TARs
- MCOs Tracker
- A-062 Service Authorization & Utilization Management Draft

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a UM program that evaluates medical necessity, appropriateness and efficiency of services provided to Medi-Cal beneficiaries prospectively, such as through prior or concurrent authorization review, procedures. Per the discussion during the review, the MHP stated its concurrent review is conducted through a contract provider and that it does not have a formal procedure to monitor or review the contractor's authorization decisions. Post Review, the MHP provided a draft policy for service authorization and utilization management that it will implement moving forward.

DHCS deems the MHP out of compliance with BHIN No. 22-017; California Code of Regulations, title 9, section 1810, subdivision 440(b); and Code of Federal Regulations, title 42, section 438, subdivision 210(a)(4), (b)(1),(2).]

Corrective Action Description

KCBH will draft and execute a policy and procedure for Utilization Review of Inpatient Psychiatric Specialty Mental Health Services consistent with BHIN 22-017.

KCBH will develop a Utilization Review tool to monitor and track requirements of concurrent review consistent with 22-017 and apply the tool quarterly to a sample of concurrently authorized charts completed by our contracted provider Kepro.

Results of Concurrent Authorization UR will be reported quarterly via the Quality Assurance Committee.

Proposed Evidence/Documentation of Correction

- Executed Policy and Procedure for UR of Inpatient Psychiatric Services/ Concurrent Review
- Concurrent Authorization UR Tool
- Sample of Inpatient Psychiatric UR results

Ongoing Monitoring (if included)

Utilization Review of Concurrent Authorizations conducted by KCBH contracted provider Kepro will occur regularly, (i.e. quarterly) and results will be reported quarterly via the Quality Improvement Committee.

Person Responsible (job title)

Quality Assurance Clinician

Implementation Timeline: December 1, 2024

[5.2.5] Requirement

[In the absence of an MHP referral, MHPs shall conduct concurrent review of treatment authorizations following the first day of admission to a facility through discharge. MHPs may elect to authorize multiple days, based on the beneficiary's mental health condition, for as long as the services are medically necessary. BHIN 22-016. Concurrent Review.]

DHCS Finding

[The MHP did not furnish evidence to demonstrate compliance with BHIN 22-016.

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

- Kepro Concurrent Review P&P 22-017
- Executed Contract Kepro
- TARs
- CalMHSA Hospital Census Report
- TAR Sample
- A-062 Service Authorization & Utilization Management Draft

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP conducts concurrent review of treatment authorizations following the first day of admission to a facility through discharge. Per the discussion during the review, the MHP acknowledged the need to review its policies to include this information. Post Review, the MHP provided a draft policy for service authorization and utilization management that it will implement moving forward.

DHCS deems the MHP out of compliance with BHIN 22-016.]

Corrective Action Description

KCBH will revise and update current policy and procedure A-062 Service Authorization and Utilization Management to include requirements outline in BHIN 22-016. The revised policy will include the requirement that the referral may serve as the initial authorization for a specified number of days and that the MHP will then reauthorize medically necessary services, as appropriate concurrently with the beneficiary's stay based on the beneficiary's need for services. In the absence of an MHP referral, MHPs shall conduct concurrent review of treatment authorizations following the first day of admission to a facility through discharge. MHPs may elect to authorize multiple days, based on the beneficiary's mental health condition, for as long as the services are medically necessary.

While Kings County does not currently have a Crisis Residential Treatment Services (CRTS) or Adult Residential Treatment Services (ARTS) program, KCBH will draft referral forms for providers to utilize in the event that a beneficiary would benefit from either program.

Proposed Evidence/Documentation of Correction

- Revised P&P A-062 Service Authorization & Utilization Management
- Referral Forms for CRTS/ARTS
- Sample of referral/ concurrent authorization of CRTS/ARTS services (if available)

Ongoing Monitoring (if included)

n/a

Person Responsible (job title)

Quality Assurance Clinician

Implementation Timeline: December 1, 2024

[5.2.6] Requirement

[The MHPs must maintain telephone access to receive Psychiatric Inpatient Hospital or Psychiatric Health Facility (PHF) admission notifications and initial authorization requests 24-hours a day and 7 days a week. BHIN 22-017; Welfare and Institution Code, section 14197.1; and Health and Safety Code, section 1367.01(i), 1371.4(a).]

DHCS Finding

[The MHP did not furnish evidence to demonstrate compliance with BHIN 22-017; Welfare and Institution Code, section 14197.1; and Health and Safety Code, section 1367.01(i), 1371.4(a).]

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

- Kepro Concurrent Review P&P 22-017

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- Executed Contract Kepro
- TARs

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP maintains telephone access to receive Psychiatric Inpatient Hospital or PHF admission notifications and initial authorization requests 24-hours a day and 7 days a week. Per the discussion during the review, the MHP stated that all psychiatric hospitals request initial authorizations via a provider's portal and that it would provide evidence this process post review. Post review, no additional evidence was provided.

DHCS deems the MHP out of compliance with BHIN 22-017; Welfare and Institution Code, section 14197.1; and Health and Safety Code, section 1367.01(i), 1371.4(a).]

Corrective Action Description

KCBH will draft and execute a policy and procedure for Utilization Review of Inpatient Psychiatric Specialty Mental Health Services consistent with BHIN 22-017.

KCBH will develop a Utilization Review tool to monitor and track requirements of concurrent review consistent with 22-017 and apply the tool quarterly to a sample of concurrently authorized charts completed by our contracted provider Kepro. Included in the concurrent review UR will include the pulling of the Kepro-CalMHSA Monthly Status Reports which includes the Provider Access Report. This report monitors 24-hour phone and fax access downtimes for inpatient providers.

Results of Concurrent Authorization UR will be reported quarterly via the Quality Assurance Committee.

Proposed Evidence/Documentation of Correction

- Executed Policy and Procedure for UR of Inpatient Psychiatric Services/ Concurrent Review
- Concurrent Authorization UR Tool
- Sample of Inpatient Psychiatric UR results
- Kepro-CalMHSA Monthly Status Reports/ Provider Access Report sample

Ongoing Monitoring (if included)

Utilization Review of Concurrent Authorizations conducted by KCBH contracted provider Kepro will occur regularly, (i.e. quarterly) and results will be reported quarterly via the Quality Improvement Committee.

Person Responsible (job title)

Quality Assurance Clinician

Implementation Timeline: December 1, 2024

[5.2.11] Requirement

[The MHP must utilize referral and/or concurrent review and authorization for all Crisis Residential Treatment Services (CRTS) and Adult Residential Treatment Services (ARTS). MHPs may not require prior authorization.

1. If the MHP refers a beneficiary to a facility for CRTS or ARTS, the referral may serve as the initial authorization as long as the MHP specifies the parameters (e.g., number of days authorized) of the authorization.
2. The MHP must then re-authorize medically necessary CRTS and ARTS services, as appropriate, concurrently with the beneficiary's stay and based on beneficiary's continued need for services.

BHIN 22-016.]

DHCS Finding

[The MHP did not furnish evidence to demonstrate compliance with BHIN 22-016.

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

- A-066 Specialty Mental Health Services (SMHS)
- P&P A-062 Service Authorization and Utilization Management Draft

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP utilizes referrals and/or concurrent review and authorization for all CRTS and ARTS. Per the discussion during the review, the MHP stated that it does not have CRTS or ARTS available within the county; however, it would update its policy to include this requirement. Post review, the MHP submitted a draft policy that it will implement moving forward.

DHCS deems the MHP out of compliance with BHIN 22-016.]

Corrective Action Description

KCBH will revise and update current policy and procedure A-062 Service Authorization and Utilization Management to include requirements outline in BHIN 22-016. The revised policy will include the requirement that the referral may serve as the initial authorization for a specified number of days and that the MHP will then reauthorize medically necessary services, as appropriate concurrently with the beneficiary's stay based on the beneficiary's need for services. In the absence of an MHP referral, MHPs shall conduct concurrent review of treatment authorizations following the first day of admission to a facility through discharge. MHPs may elect to authorize multiple days, based on the beneficiary's mental health condition, for as long as the services are medically necessary.

While Kings County does not currently have a Crisis Residential Treatment Services (CRTS) or Adult Residential Treatment Services (ARTS) program, KCBH will draft

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referral forms for providers to utilize in the event that a beneficiary would benefit from either program.

Proposed Evidence/Documentation of Correction

- Revised P&P A-062 Service Authorization & Utilization Management
- Referral Forms for CRTS/ARTS
- Sample of referral/ concurrent authorization of CRTS/ARTS services (if available)

Ongoing Monitoring (if included)

n/a

Person Responsible (job title)

Quality Assurance Clinician

Implementation Timeline: December 1, 2024

[5.2.13] Requirement

[The MHPs must establish and implement policies regarding prior authorization and/or MHP referral requirements for outpatient SMHS.

- a. MHPs may not require prior authorization for the following services/service activities:
 - i. Crisis Intervention;
 - i. Crisis Stabilization;
 - ii. Mental Health Services, including initial assessment;
 - iii. Targeted Case Management;
 - iv. Intensive Care Coordination; and,
 - v. Peer Support Services
 - vi. Medication Support Services.
- b. Prior authorization or MHP referral is required for the following services:
 - i. Intensive Home-Based Services
 - ii. Day Treatment Intensive
 - iii. Day Rehabilitation
 - iv. Therapeutic Behavioral Services
 - v. Therapeutic Foster Care

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

- A-055 TBS Policy
- A-056 IHBS ICC Policy
- TBS referral and re-authorization
- IHBS referral and re-authorization
- IHBS Referral Log
- TBS Log

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- P&P A-062 Service Authorization and Utilization Management Draft

BHIN 22-016.]

DHCS Finding

[While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP establishes and implements policies regarding prior authorization and/or MHP referral requirements for outpatient SMHS. Per the discussion during the review, the MHP stated that it would update its policy to include this language. Post review, the MHP submitted a draft policy that it will implement moving forward.

Post review, the MHP provided a draft policy to demonstrate compliance with this requirement; however, the MHP acknowledged this requirement would be addressed through a corrective action plan.

DHCS deems the MHP out of compliance with BHIN 22-016.]

Corrective Action Description

MHP will revise the KCBH P&P A-062 Service Authorization and Utilization Management draft to be in compliance with BHIN 22-016 and implement policy by December 1, 2023.

Proposed Evidence/Documentation of Correction

REVISED KCBH P&P A-062 Service Authorization and Utilization Management

MHP providers' staff sign acknowledgment forms

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Children's System of Care Clinical Program Manager

Implementation Timeline:

Anticipated completion date: December 1, 2023

[6.1.5] Requirement

[The MHP must acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing meeting the below listed requirements:

1. The MHP shall acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing.
2. The acknowledgment letter shall include the following:
 - a. Date of receipt
 - b. Name of representative to contact

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- c. Telephone number of contact representative
 - d. Address of Contractor
3. The written acknowledgement to the beneficiary must be postmarked within five (5) calendar days of receipt of the grievance.

MHP contract, exhibit A, attachment 12, section 1(B)(5); Code of Federal Regulations, title 42, section 438, subdivision 406(b)(1), 228(a); California Code of Regulation, title 9, section 1850, subdivision 205(d)(4); and MHSUDS IN 18-010E]

DHCS Finding

[The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 12, section 1(B)(5); Code of Federal Regulations, title 42, section 438, subdivision 406(b)(1) and 228(a), California Code of Regulation, title 9, section 1850, subdivision 205(d)(4); and MHSUDS IN 18-010E.

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

- A-023 Beneficiary Problem Resolution (Grievance and Appeals)
- Grievance log
- Grievance Samples
- Grievance Acknowledgment Template (English/Spanish)
- Grievance and Appeals Training
- Appeal Ex. Appeal Samples
- Notice of Acknowledgement of Appeal
- Appeals- SFH Log
- Kings MHP FY21-22 OCM-IM KCBH Beneficiary Handbook(E)
- Grievance Sample with Grievance Form
- Appeal Sample

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP acknowledges receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing. Of the 14 grievances and appeals reviewed, four (4) acknowledgement letters were sent beyond the five-calendar day timeline.

In addition, DHCS reviewed grievance, appeals and expedited appeals samples to verify compliance with this requirement.

DHCS deems the MHP in partial compliance with the MHP contract, exhibit A, attachment 12, section 1(B)(5); Code of Federal Regulations, title 42, section 438, subdivision 406(b)(1), 228(a); California Code of Regulation, title 9, section 1850, subdivision 205(d)(4); and MHSUDS IN 18-010E

Repeat deficiency Yes]

Corrective Action Description

The Quality Assurance Clinician will mail an appeal acknowledgement receipt to the beneficiary and/or authorized representative within five calendar days of receipt of the appeal request as required in BHIN 18-101E.

The Patient's Rights Advocate will mail a grievance acknowledgement receipt to the beneficiary and/or authorized representative within five calendar days of receipt of the grievance request as required in BHIN 18-101E.

Proposed Evidence/Documentation of Correction

- Sample of Grievance Acknowledgements sent within five calendar day from date of receipt of grievance.
- Sample of Appeal Acknowledgements sent within five calendar day from date of receipt of appeals.

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Quality Assurance Clinician

Patient's Rights Advocate

Implementation Timeline: June 1, 2024

[6.1.14] Requirement

[The MHP shall provide information to all beneficiaries, prospective beneficiaries, and members of the public on how to file a Discrimination Grievance with:

a) The MHP and the Department if there is a concern of discrimination based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

b) The United States Department of Health and Human Services Office for Civil Rights if there is a concern of discrimination based on race, color, national origin, sex, age, or disability.

MHP contract, exhibit A, attachment 11, section 3(F)(3)(a-b) and Welfare and Institution Code, section 14727(a)(4) and (5).]

DHCS Finding

[The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 11, section 3(F)(3)(a-b) and Welfare and Institution Code, section 14727(a)(4) and (5).

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

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- A-023 Beneficiary Problem Resolution (Grievance & Appeals)
- Problem Resolution Information Material English & Spanish
- Grievance Samples
- Grievance Form English & Spanish
- Grievance Provider Training
- MHP Grievance Log
- Non-Discrimination Information Material English & Spanish

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides information to all beneficiaries, prospective beneficiaries, and members of the public on how to file a Discrimination Grievance. Per the discussion during the review, the MHP stated that it would update its policy to meet the contract requirements. Post review, no additional evidence was provided.

DHCS deems the MHP out of compliance with MHP contract, exhibit A, attachment 11, section 3(F)(3)(a-b) and Welfare and Institution Code, section 14727(a)(4) and (5).]

Corrective Action Description

MHP had begun implementing and providing information to all beneficiaries, prospective beneficiaries, and members of the public on how to file a Discrimination Grievance and has updated the MHP Policy & Procedure to meet contract requirements.

Proposed Evidence/Documentation of Correction

MHP will update all contracted provider lobbies, posters, brochures, and MHP Policy & Procedures.

Ongoing Monitoring (if included)

MHP will monitor all contracted provider's lobby annually.

Person Responsible (job title)

Patients' Rights Advocate

Implementation Timeline: May 30, 2023

[6.1.15] Requirement

[The MHP must designate a Discrimination Grievance Coordinator who is responsible for ensuring compliance with federal and state nondiscrimination requirements and investigating Discrimination Grievances related to any action that would be prohibited by, or out of compliance with, federal or state nondiscrimination law. Welfare and Institution Code, section 14727(a)(4); Code of Federal Regulations, title 45, section 84.7; Code of Federal Regulations, title 34, section 106.8; Code of Federal Regulations, title 28, section 35.107; 42 United States Code, section 18116(a); California's Medicaid State Plan, Section 7, Attachments 7.2-A and 7.2-B; and MHP Contract, exhibit A, Attachment 12, section 4(A)(1).]

DHCS Finding

[The MHP did not furnish evidence to demonstrate compliance with the Welfare and Institution Code, section 14727(a)(4); Code of Federal Regulations, title 45, section 84.7; Code of Federal Regulations, title 34, section 106.8; Code of Federal Regulations, title 28, section 35.107; 42 United States Code, section 18116(a); California's Medicaid State Plan, Section 7, Attachments 7.2-A and 7.2-B; and MHP Contract, exhibit A, Attachment 12, section 4(A)(1).

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

- A-023 Beneficiary Problem Resolution (Grievance & Appeals)
- Beneficiary Resolution Information Material English & Spanish
- Grievance Samples
- Grievance Form English & Spanish
- Grievance Training Material
- MHP Grievance Log
- Non-Discrimination Information Material English & Spanish

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has designated a Discrimination Grievance Coordinator who is responsible for ensuring compliance with federal and state nondiscrimination requirements and investigating Discrimination Grievances related to any action that would be prohibited by, or out of compliance with, federal or state nondiscrimination law. Per the discussion during the review, the MHP stated that it would update its policy to meet this requirement. Post review, no additional evidence was provided.

DHCS deems the MHP out of compliance with the Welfare and Institution Code, section 14727(a)(4); Code of Federal Regulations, title 45, section 84.7; Code of Federal Regulations, title 34, section 106.8; Code of Federal Regulations, title 28, section 35.107; 42 United States Code, section 18116(a); California's Medicaid State Plan, Section 7, Attachments 7.2-A and 7.2-B; and MHP Contract, exhibit A, Attachment 12, section 4(A)(1).]

Corrective Action Description

MHP had begun updating the Grievance process posters, brochures and MHP Policy & Procedure in designating a Discrimination Grievance Coordinator to meet contract requirements.

Proposed Evidence/Documentation of Correction

MHP will update MHP Policy & Procedures.

Ongoing Monitoring (if included)

Patient Rights Advocate completes a site visit annual to ensure required postings are present and completes a quarterly and annual review of all grievances as part of the MHP's Quality Improvement and Assessment Performance (QAPI) Work Plan.

Person Responsible (job title)

Patients' Rights Advocate

Implementation Timeline: May 30, 2023

[6.1.16] Requirement

[The MHP shall adopt procedures to ensure the prompt and equitable resolution of discrimination-related complaints. The MHP shall not require a beneficiary to file a Discrimination Grievance with the MHP before filing the complaint directly with the DHCS Office of Civil Rights and the U.S. Health and Human Services Office for Civil Rights. Welfare and Institution Code, section 14727(a)(4); Code of Federal Regulations, title 45, section 84.7; Code of Federal Regulations, title 34, section 106.8; Code of Federal Regulations, title 28, section 35.107; 42 United States Code, section 18116(a); California's Medicaid State Plan, Section 7, Attachments 7.2-A and 7.2-B; and MHP Contract, exhibit A, Attachment 12, section 4(A)(2).]

DHCS Finding

[The MHP did not furnish evidence to demonstrate compliance with the Welfare and Institution Code, section 14727(a)(4); Code of Federal Regulations, title 45, section 84.7; Code of Federal Regulations, title 34, section 106.8; Code of Federal Regulations, title 28, section 35.107; 42 United States Code, section 18116(a); California's Medicaid State Plan, Section 7, Attachments 7.2-A and 7.2-B; and MHP Contract, exhibit A, Attachment 12, section 4(A)(2).]

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

- A-023 Beneficiary Problem Resolution (Grievance & Appeals)
- Beneficiary Resolution Information Material English & Spanish
- Grievance Samples
- Non-Discrimination Information Material English & Spanish
- Grievance Form English & Spanish
- Grievance Training Material
- Non-Discrimination Information Material English & Spanish
- MHP Grievance Log

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has adopted procedures to ensure the prompt and equitable resolution of discrimination-related complaints. Per the discussion during the review, the MHP stated it would update its policy to include this requirement. Post review, no additional evidence was provided.

DHCS deems the MHP out of compliance with the Welfare and Institution Code, section 14727(a)(4); Code of Federal Regulations, title 45, section 84.7; Code of Federal Regulations, title 34, section 106.8; Code of Federal Regulations, title 28, section

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35.107; 42 United States Code, section 18116(a); California's Medicaid State Plan, Section 7, Attachments 7.2-A and 7.2-B; and MHP Contract, exhibit A, Attachment 12, section 4(A)(2).]

Corrective Action Description

MHP will update the A-023 Beneficiary Problem Resolution (Grievance & Appeals) Policy & Procedure in adopting the procedures to ensure the prompt and equitable resolution of discrimination-related complaints to meet contract requirements.

Proposed Evidence/Documentation of Correction

MHP will update all contracted providers lobby posters, brochures, and A-023 Beneficiary Problem Resolution Policy & Procedures

Ongoing Monitoring (if included)

Annual site review of all beneficiary protection postings

Person Responsible (job title)

Patients' Rights Advocate

Implementation Timeline: June 1, 2024

[6.1.17] Requirement

[Within ten calendar days of mailing a Discrimination Grievance resolution letter to a beneficiary, the MHP must submit the following information regarding the complaint to the DHCS Office of Civil Rights:

- a) The original complaint.
- b) The provider's or other accused party's response to the complaint.
- c) Contact information for the personnel primarily responsible for investigating and responding to the complaint on behalf of the MHP.
- d) Contact information for the beneficiary filing the complaint, and for the provider or other accused party that is the subject of the complaint.
- e) All correspondence with the beneficiary regarding the complaint, including, but not limited to, the Discrimination Grievance acknowledgment letter and resolution letter sent to the beneficiary.
- f) The results of the MHPs investigation, copies of any corrective action taken, and any other information that is relevant to the allegation(s) of discrimination. MHP Contract, exhibit A, Attachment 12, section 4(A)(3) and California Medicaid State Plan, section 7, attachments 7.2-A and 7.2-B.]

DHCS Finding

[The MHP did not furnish evidence to demonstrate compliance with MHP Contract, exhibit A, Attachment 12, section 4(A)(3) and California Medicaid State Plan, section 7, attachments 7.2-A and 7.2-B.

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

- A-023 Beneficiary Problem Resolution (Grievance & Appeals)
- Beneficiary Resolution Information Material English & Spanish
- Grievance Samples
- Non-Discrimination Information Material English & Spanish
- Grievance Form English & Spanish
- Grievance Training Material
- MHP Grievance Log

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP submits required information regarding a complaint to the DHCS Office of Civil Rights within ten calendar days of mailing a Discrimination Grievance resolution letter to a beneficiary. Per the discussion during the review, the MHP stated it would update its policy to include this requirement. Post review, no additional evidence was provided.

DHCS deems the MHP out of compliance with MHP Contract, exhibit A, Attachment 12, section 4(A)(3) and California Medicaid State Plan, section 7, attachments 7.2-A and 7.2-B.]

Corrective Action Description

MHP will update the A-023 Beneficiary Problem Resolution (Grievance & Appeals) Policy & Procedure on the required information regarding discrimination complaint to the DHCS Office of Civil Rights within ten calendar days of mailing a Discrimination Grievance resolution letter to a beneficiary to meet contract requirements

Proposed Evidence/Documentation of Correction

MHP will update all contracted providers lobby posters, brochures, and A-023 Beneficiary Problem Resolution Policy & Procedures

Ongoing Monitoring (if included)

Annual site review of all beneficiary protection postings

Person Responsible (job title)

Patients' Rights Advocate

Implementation Timeline: June 1, 2024

[6.2.1] Requirement

[The MHP must maintain a grievance and appeal log and record grievances, appeals, and expedited appeals in the log within one working day of the date of receipt of the grievance, appeal, or expedited appeal. Code of Federal Regulations, title 42, section

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438, subdivision 416(a); California Code of Regulations, title 9, section 1850, subdivision 205(d)(1); and MHP Contract, exhibit A, attachment 12, section 2(A).]

DHCS Finding

[The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 438, subdivision 416(a); California Code of Regulations, title 9, section 1850, subdivision 205(d)(1); and MHP Contract, exhibit A, attachment 12, section 2(A).

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

- A-023 Beneficiary Problem Resolution (Grievance & Appeals)
- MHP Grievance Log FY 2022-2019
- MHP Internal Grievance Log
- Appeals- SFH Log
- Appeals with written request

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP maintains a grievance and appeal log and records grievances within one (1) working day of the date of receipt of the grievance. Of the seven grievances and appeals reviewed by DHCS, zero (0) were logged within the required timeframe. Per the discussion during the review, the MHP stated it would update its process to meet this requirement. Post review, the MHP resubmitted a modified grievance and appeal log that it will implement moving forward.

DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 438, subdivision 416(a), California Code of Regulations, title 9, section 1850, subdivision 205(d)(1), and MHP Contract, exhibit A, attachment 12, section 2(A).

Repeat deficiency Yes]

Corrective Action Description

KCBH P&P A-023 Beneficiary Problem Resolution (Grievance and Appeals) will be revised to include the requirement that grievances must be logged within one (1) working day of receipt of the grievance.

The Grievance log and Appeal log have already been updated to include the date the grievance/appeal is logged. Please see column D of the Grievance log and column C of the Appeal_SF H log. The Quality Assurance Clinician (appeals) and Patient's Rights Advocate (grievances) will continue to log grievances/appeals within one working day.

Proposed Evidence/Documentation of Correction

- Revised P&P A-023 Beneficiary Problem Resolution (Grievance and Appeals)
- The Grievance log and Appeal log have already been updated to include the date the grievance/appeal is logged. Please see column D of the Grievance log and column C of the Appeal_SF H log.

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Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Amy Brisky, LMFT (Appeals), Kings County Quality Assurance Clinician

Hilda Garcia (Grievances), Patient's Rights Advocate

Implementation Timeline: June 1, 2024

[6.3.2] Requirement

[The MHP must resolve each grievance as expeditiously as the beneficiary's health condition requires not to exceed 90 calendar days from the day the Contractor receives the grievance. Code of Federal Regulations, title 42, section 438, subdivision 408(a)-(b)(1) and MHP Contract, exhibit A, attachment 12, section 3(C).]

DHCS Finding

[The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 438, subdivision 408(a)-(b)(1) and MHP Contract, exhibit A, attachment 12, section 3(C).]

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

- A-023 Beneficiary Problem Resolution
- Grievance Samples
- Grievance Sample Form English
- Grievance Sample Form Spanish
- MHP Internal Grievance ABGAR Log FY18-19, 19-20, 20-21

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP resolves each grievance as expeditiously as the beneficiary's health condition requires not to exceed 90 calendar days from the day the Contractor receives the grievance. Of the seven (7) grievances reviewed by DHCS, one (1) was not resolved within the timeframe. Per the discussion during the review, the MHP stated it would review its policy and address this requirement. Post review, the MHP stated this requirement would be addressed through a corrective action plan.

In addition, DHCS reviews grievances, appeals, and expedited appeal samples to verify compliance with standards.

DHCS deems the MHP in partial compliance with Code of Federal Regulations, title 42, section 438, subdivision 408(a)-(b)(1) and MHP Contract, exhibit A, attachment 12, section 3(C).

Repeat deficiency Yes]

Corrective Action Description

MHP will ensure the A-023 Beneficiary Problem Resolution Policy and Procedure includes the resolution of each grievance as expeditiously as the beneficiary's health condition requires not to exceed 90 calendar days from the day the contractor receives the grievance.

Proposed Evidence/Documentation of Correction

The MHP Internal Grievance Log FY 2022-2025 reflecting when each grievance received and the date of resolution.

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Patients' Rights Advocate

Implementation Timeline: June 1, 2024

[6.3.3] Requirement

[The MHP must provide written notification to the beneficiary or the appropriate representative of the resolution of a grievance and documentation of the notification or efforts to notify the beneficiary, if he or she could not be contacted. California Code of Regulations, title 9, section 1850, subdivision 206(c) and MHP Contract, exhibit A, attachment 12, section 3(E).]

DHCS Finding

[The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1850, subdivision 206(c) and MHP Contract, exhibit A, attachment 12, section 3(E).

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

- A-023 Beneficiary Problem Resolution
- Grievance Samples
- Grievance Sample Form English
- Grievance Sample Form Spanish
- MHP Internal Grievance ABGAR Log FY18-19, 19-20, 20-21

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides a written notification to the beneficiary or the appropriate representative of the resolution of a grievance and documentation of the notification or efforts to notify the beneficiary, if he or she could not be contacted. Of the 14 grievances and appeals reviewed by DHCS, one (1) appeal did not have evidence of a notification. Per the discussion during the review, the MHP stated it would research the appeal in question. Post review, the MHP stated this requirement would be

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addressed through a corrective action plan. In addition, DHCS reviews grievances, appeals, and expedited appeal samples to verify compliance with standards.

DHCS deems the MHP in partial compliance with California Code of Regulations, title 9, section 1850, subdivision 206(c) and MHP Contract, exhibit A, attachment 12, section 3(E).

Repeat deficiency Yes]

Corrective Action Description

MHP will ensure the A-023 Beneficiary Problem Resolution Policy and Procedure includes written notification to the beneficiary or the appropriate representative of the resolution of a grievance and documentation of the notification or efforts to notify the beneficiary, if he or she could not be contacted.

Proposed Evidence/Documentation of Correction

The MHP Internal Grievance Log FY 2022-2025 reflecting when each written resolution notification was sent, or if unable to be contacted, document in the log the efforts made.

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Patients' Rights Advocate

Implementation Timeline: June 1, 2024

[7.1.1] Requirement

[The MHP must have a Compliance program designed to detect and prevent fraud, waste and abuse. Code of Federal Regulations, title 42, section 438, subdivision 608(a)(1) and section 455, section 1(a)(1); and MHP Contract Exhibit A, Attachment 13, section 3(B).]

DHCS Finding

[The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 438, subdivision 608(a)(1) and section 455, section 1(a)(1); and MHP Contract Exhibit A, Attachment 13, section 3(B).

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

- County of Kings HIPAA Policies and Board Resolution 19-045

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a compliance program designed to detect and prevent fraud, waste, and abuse. Per the discussion during the review, the MHP stated it is in the process of establishing its compliance program as it had previously relied on a

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contractor for these services. It is currently developing these policies and putting appropriate mechanisms in place moving forward.

DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 438, subdivision 608 (a)(1) and section 455, section 1(a)(1); and MHP Contract Exhibit A, Attachment 13, section 3(B).

Repeat deficiency Yes]

Corrective Action Description

The MHP and County Counsel are currently training key staff through Compliance Officer trainings, to then be able to develop a Compliance Plan with for the Mental Health and Substance Use Disorder programs which will include applicable policies and procedures and required activities and trainings. The Compliance Plan will address the process in which fraud, waste, and abuse is prevented and detected. It is anticipated the Compliance Training will be completed by December 31, 2023 and the Compliance Plan work to be completed through the 2024 calendar year, resulting in a viable draft by December 31, 2024 for implementation throughout January 2025-June 2025.

Proposed Evidence/Documentation of Correction

Compliance Plan outlining Compliance Program of the Department

Ongoing Monitoring (if included)

Regular meetings of the Kings County Title 42/Compliance Committee (Regulatory Compliance Committee) beginning January 2024 for purposes of the creation and implementation of the Compliance Plan and ongoing monitoring of activities post-plan implementation.

Person Responsible (job title)

Quality Assurance Manager

Implementation Timeline: January 2025

[7.1.2] Requirement

[The MHP Compliance program must include written policies, procedures, and standards of conduct that articulate the organization's commitment to comply with all applicable requirements and standards under the contract, and all applicable Federal and State requirements. MHP contract, exhibit A, attached 13, and Code of Federal Regulations, title 42, section 438, subdivision 608(a)(1)(i).]

DHCS Finding

[The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attached 13, and Code of Federal Regulations, title 42, section 438, subdivision 608(a)(1)(i).

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

- County of Kings HIPAA Policies and Board Resolution 19-045

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a compliance program that include written policies, procedures, and standards of conduct that articulate the organization's commitment to comply with all applicable requirements and standards under the contract, and all applicable Federal and State requirements. Per the discussion during the review, the MHP stated it is in the process of establishing its compliance program as it had previously relied on a contractor for these services. It is currently developing these policies and putting appropriate mechanisms in place moving forward.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attached 13, and Code of Federal Regulations, title 42, section 438, subdivision 608(a)(1)(i).

Repeat deficiency Yes]

Corrective Action Description

The MHP and County Counsel are currently training key staff through Compliance Officer trainings, to then be able to develop a Compliance Plan with for the Mental Health and Substance Use Disorder programs which will include applicable policies and procedures and required activities and trainings. It is anticipated the Compliance Training will be completed by December 31, 2023 and the Compliance Plan work to be completed through the 2024 calendar year, resulting in a viable draft by December 31, 2024 for implementation throughout January 2025-June 2025.

Proposed Evidence/Documentation of Correction

Compliance Plan outlining Compliance Program of the Department

Ongoing Monitoring (if included)

Regular meetings of the Kings County Title 42/Compliance Committee (Regulatory Compliance Committee) beginning January 2024 for purposes of the creation and implementation of the Compliance Plan and ongoing monitoring of activities post-plan implementation.

Person Responsible (job title)

Quality Assurance Manager

Implementation Timeline: January 2025

[7.1.4] Requirement

[The MHP must have established and implemented procedures and a system with dedicated staff for routine internal monitoring and auditing of compliance risks, prompt response to compliance issues as they are raised, investigation of potential compliance problems as identified in the course of self-evaluation and audits, correction of such problems promptly and thoroughly (or coordination of suspected criminal acts with law enforcement agencies) to reduce the potential for recurrence, and ongoing compliance with the requirements under the contract. MHP contract, exhibit A, attached 13, section

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3(B)(7) and Code of Federal Regulations, title 42, section 438, subdivision 608(a)(1)(vii).]

DHCS Finding

[The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attached 13, section 3(B)(7) and Code of Federal Regulations, title 42, section 438, subdivision 608(a)(1)(vii).

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

- County of Kings HIPAA Policies and Board Resolution 19-045

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP established and implemented procedures and a system with dedicated staff for routine internal monitoring and auditing of compliance risks, prompt response to compliance issues as they are raised, investigation of potential compliance problems as identified in the course of self-evaluation and audits, correction of such problems promptly and thoroughly to reduce the potential for recurrence, and ongoing compliance with the requirements under the contract. Per the discussion during the review, the MHP stated it is in the process of establishing its compliance program as it had previously relied on a contractor for these services. It is currently developing these policies and putting appropriate mechanisms in place moving forward.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attached 13, section 3(B)(7) and Code of Federal Regulations, title 42, section 438, subdivision 608(a)(1)(vii).

Repeat deficiency Yes]

Corrective Action Description

The MHP and County Counsel are currently training key staff through Compliance Officer trainings, to then be able to develop a Compliance Plan with for the Mental Health and Substance Use Disorder programs which will include applicable policies and procedures and required activities and trainings. These activities will include dedicated staff and ongoing monitoring such as the quarterly Service Verification Process by the Business Application Specialist, the monthly Utilization Review process by the Quality Assurance Clinician, annual Compliance Trainings via the County Learning Management System, the Fraud and Breach Investigation and Reporting by the Quality Assurance Manager through the Title 42/Compliance Committee, etc. It is anticipated the Compliance Training will be completed by December 31, 2023 and the Compliance Plan work to be completed through the 2024 calendar year, resulting in a viable draft by December 31, 2024 for implementation throughout January 2025-June 2025.

Proposed Evidence/Documentation of Correction

Compliance Plan

Ongoing Monitoring (if included)

Regular meetings of the Kings County Title 42/Compliance Committee (Regulatory Compliance Committee) beginning January 2024 for purposes of the creation and implementation of the Compliance Plan and ongoing monitoring of activities post-plan implementation.

Person Responsible (job title)

Quality Assurance Manager

Implementation Timeline: January 2025

[7.2.1] Requirement

[The MHP must ensure the MHP, or any subcontractor, to the extent that the subcontractor is delegated responsibility by the MHP for coverage of services and payment of claims under the MHP Contract, shall implement and maintain arrangements or procedures designed to detect and prevent fraud, waste and abuse that include prompt reporting to DHCS as listed below:

1. Any potential fraud, waste, or abuse.
2. All overpayments identified or recovered, specifying the overpayments due to potential fraud.
3. Information about a change in a network provider's circumstances that may affect the network provider's eligibility to participate in the managed care program, including the termination of the provider agreement with the MHP.

MHP contract, exhibit A, attachment 13, Code of Federal Regulations, title 42, section 438, subdivision 608(a)(4), (a)(7), (a)(2); and MHSUDS IN No. 19-034.]

DHCS Finding

[The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 13, Code of Federal Regulations, title 42, section 438, subdivision 608(a)(4), (a)(7), (a)(2); and MHSUDS IN No. 19-034.

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

- A-0XX Utilization Management and Utilization Review DRAFT
- Utilization Review Tool
- 21 22 UR Chart Review Results
- Example of Fraud Report and Correction sent to DHCS

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures the MHP, or any subcontractor, to the extent that the subcontractor is delegated responsibility by the MHP for coverage of services and payment of claims under the MHP Contract, shall implement and maintain arrangements or procedures designed to detect and prevent fraud, waste and abuse that include prompt reporting to DHCS. Per the discussion during the review, the MHP

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stated it is in the process of establishing its compliance program. The MHP submitted a draft policy addressing this requirement that it plans to implement moving forward once the compliance program is operationalized.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 13,, Code of Federal Regulations, title 42, section 438, subdivision 608(a)(4) , (a)(7), (a)(2); and MHSUDS IN No. 19-034.

Repeat deficiency Yes]

Corrective Action Description

The MHP and County Counsel are currently training key staff through Compliance Officer trainings, to then be able to develop a Compliance Plan with for the Mental Health and Substance Use Disorder programs which will include applicable policies and procedures and required activities and trainings. The Compliance Plan will address the process in which fraud, waste, and abuse is prevented and detected, and the prompt reporting to DHCS in the event of fraud, waste, and abuse. It is anticipated the Compliance Training will be completed by December 31, 2023 and the Compliance Plan work to be completed through the 2024 calendar year, resulting in a viable draft by December 31, 2024 for implementation throughout January 2025-June 2025.

Proposed Evidence/Documentation of Correction

Compliance Plan

Ongoing Monitoring (if included)

Regular meetings of the Kings County Title 42/Compliance Committee (Regulatory Compliance Committee) beginning January 2024 for purposes of the creation and implementation of the Compliance Plan and ongoing monitoring of activities post-plan implementation.

Person Responsible (job title)

Quality Assurance Manager

Implementation Timeline: January 2025

[7.2.2] Requirement

[If the MHP identifies an issue or receives notification of a complaint concerning an incident of potential fraud, waste or abuse, in addition to notifying DHCS, the MHP must conduct an internal investigation to determine the validity of the issue/complaint, and develop and implement corrective action, if needed. MHP contract, exhibit A, attachment 13.]

DHCS Finding

[The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 13.

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

- County of Kings HIPAA Policies and Board Resolution 19-045
- A-0XX Utilization Management and Utilization Review DRAFT
- Utilization Review Tool
- 21 22 UR Chart Review Results
- Example of Fraud Report and Correction sent to DHCS

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP identifies an issue or receives notification of a complaint concerning an incident of potential fraud, waste or abuse; or the MHP conducts an internal investigation to determine the validity of the issue/complaint, and develops and implements corrective action if needed. Per the discussion during the review, the MHP stated it is in the process of establishing its compliance program. The MHP submitted a draft policy addressing this requirement that it plans to implement moving forward once the compliance program is operationalized.

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

Corrective Action Description

The MHP and County Counsel are currently training key staff through Compliance Officer trainings, to then be able to develop a Compliance Plan with for the Mental Health and Substance Use Disorder programs which will include applicable policies and procedures and required activities and trainings. The Compliance Plan will address the process in which fraud, waste, and abuse is prevented and detected, to include the reporting and investigation. It is anticipated the Compliance Training will be completed by December 31, 2023 and the Compliance Plan work to be completed through the 2024 calendar year, resulting in a viable draft by December 31, 2024 for implementation throughout January 2025-June 2025.

Proposed Evidence/Documentation of Correction

Compliance Plan

Ongoing Monitoring (if included)

Regular meetings of the Kings County Title 42/Compliance Committee (Regulatory Compliance Committee) beginning January 2024 for purposes of the creation and implementation of the Compliance Plan and ongoing monitoring of activities post-plan implementation.

Person Responsible (job title)

Quality Assurance Manager

Implementation Timeline: January 2025

[7.2.3] Requirement

[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. MHP contract, exhibit A, attachment 13, and Code of Federal Regulations, title 42, section 438, subdivision 608(a)(6).]

DHCS Finding

[The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 13, and Code of Federal Regulations, title 42, section 438, subdivision 608(a)(6).]

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

- A-0XX Utilization Management and Utilization Review DRAFT
- Utilization Review Tool
- 21 22 UR Chart Review Results
- Example of Fraud Report and Correction sent to DHCS

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP implements and maintains 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. Per the discussion during the review, the MHP stated it is in the process of establishing its compliance program. The MHP submitted a draft policy addressing this requirement that it plans to implement moving forward once the compliance program is operationalized.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 13, and Code of Federal Regulations, title 42, section 438, subdivision 608(a)(6).

Repeat deficiency Yes.]

Corrective Action Description

The MHP and County Counsel are currently training key staff through Compliance Officer trainings, to then be able to develop a Compliance Plan with for the Mental Health and Substance Use Disorder programs which will include 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 Compliance Plan will address the. It is anticipated the Compliance Training will be completed by December 31, 2023 and the Compliance Plan work to be completed through the 2024 calendar year, resulting in a viable draft by December 31, 2024 for implementation throughout January 2025-June 2025.

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Proposed Evidence/Documentation of Correction

Compliance Plan

Ongoing Monitoring (if included)

Regular meetings of the Kings County Title 42/Compliance Committee (Regulatory Compliance Committee) beginning January 2024 for purposes of the creation and implementation of the Compliance Plan and ongoing monitoring of activities post-plan implementation.

Person Responsible (job title)

Quality Assurance Manager

Implementation Timeline: January 2025

[7.2.4] Requirement

[The MHP must implement and maintain arrangements or procedures that include provision for the MHP's suspension of payments to a network provider for which there is a credible allegation of fraud. MHP contract, exhibit A, attachment 13 and Code of Federal Regulations, title 42, section 438, subdivision 608(a)(8).]

DHCS Finding

[The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 13 and Code of Federal Regulations, title 42, section 438, subdivision 608(a)(8).

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

- A-0XX Utilization Management and Utilization Review DRAFT
- Utilization Review Tool
- 21 22 UR Chart Review Results
- Example of Fraud Report and Correction sent to DHCS

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP implements and maintains arrangements or procedures that include provision for the MHP's suspension of payments to a network provider for which there is a credible allegation of fraud. Per the discussion during the review, the MHP state it is in the process of establishing its compliance program. The MHP submitted a draft policy addressing this requirement that it plans to implement moving forward once the compliance program is operationalized.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 13 and Code of Federal Regulations, title 42, section 438, subdivision 608(a)(8).

Repeat deficiency Yes]

Corrective Action Description

The MHP and County Counsel are currently training key staff through Compliance Officer trainings, to then be able to develop a Compliance Plan with for the Mental Health and Substance Use Disorder programs which will include procedures that include provision for the MHP's suspension of payments to a network provider for which there is a credible allegation of fraud. The Compliance Plan will address the. It is anticipated the Compliance Training will be completed by December 31, 2023 and the Compliance Plan work to be completed through the 2024 calendar year, resulting in a viable draft by December 31, 2024 for implementation throughout January 2025-June 2025.

Proposed Evidence/Documentation of Correction

Compliance Plan

Ongoing Monitoring (if included)

Regular meetings of the Kings County Title 42/Compliance Committee (Regulatory Compliance Committee) beginning January 2024 for purposes of the creation and implementation of the Compliance Plan and ongoing monitoring of activities post-plan implementation.

Person Responsible (job title)

Quality Assurance Manager

Implementation Timeline: January 2025

[7.3.1] Requirement

[The MHP and/or any subcontractor, to the extent that the subcontractor is delegated responsibility by the MHP for coverage of services and payment of claims under the MHP Contract, shall implement and maintain arrangements or procedures designed to detect and prevent fraud, waste and abuse that include provisions to verify, by sampling or other methods, whether services that have been represented to have been delivered by network providers were received by beneficiaries and the application of such verification processes on a regular basis. Code of Federal Regulations, title 42, section 438, subdivision 608(a)(5) and MHP Contract Exhibit A, Attachment 13, section 5.]

DHCS Finding

[The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 438, subdivision 608(a)(5) and MHP Contract Exhibit A, Attachment 13, section 5.

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

- A-0XX Service Verification
- Service Verification Letter

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While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP and/or any subcontractor, implements and maintains arrangements or procedures designed to detect and prevent fraud, waste and abuse that include provisions to verify, by sampling or other methods, whether services delivered are received by beneficiaries. Per the discussion during the review, the MHP is in the process of establishing its compliance program. The MHP submitted a draft policy addressing this requirement that it plans to implement moving forward once the compliance program is operationalized.

DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 438, subdivision. 608(a)(5) and MHP Contract Exhibit A, Attachment 13, section 5.

Repeat deficiency Yes]

Corrective Action Description

The MHP will complete the finalization of the Services Verification Policy and Procedure and associated beneficiary letter submitted during the January 2023 SMHS Review.

Proposed Evidence/Documentation of Correction

Services Verification Policy and Procedure and associated beneficiary letter

Ongoing Monitoring (if included)

Quarterly Service Verifications process will be completed, and logs maintained, with completion and results reported quarterly at the Title 42/Compliance Committee (Regulatory Compliance Committee).

Person Responsible (job title)

MHP Business Application Specialist

Implementation Timeline: December 31, 2023

[7.4.1] Requirement

[The MHP must ensure disclosures include:

- a) The name and address of any person (individual or corporation) with an ownership or control interest in the network provider.
- b) The address for corporate entities shall include, as applicable, a primary business address, every business location, and a P.O. Box address;
- c) Date of birth and Social Security Number (in the case of an individual);
- d) Other tax identification number (in the case of a corporation with an ownership or control interest in the managed care entity or in any subcontractor in which the managed care entity has a 5 percent or more interest);
- e) Whether the person (individual or corporation) with an ownership or control interest in the MHP's network provider is related to another person with ownership or control interest in the same or any other network provider of the MHP as a spouse, parent, child, or sibling; or whether the person (individual or the managed care entity has a 5

percent or more interest is related to another person with ownership or control interest in the managed care entity as a spouse, parent, child, or sibling; f) The name of any other disclosing entity in which the MHP or subcontracting network provider has an ownership or control interest; and

- f) The name, address, date of birth, and Social Security Number of any managing employee of the managed care entity.
- g) The MHP shall provide DHCS with all disclosures before entering into a network provider contract with the provider and annually thereafter and upon request from DHCS during the re-validation of enrollment process under 42 Code of Federal Regulations part 455.104.

Code of Federal Regulations, title 42, section 455, subdivision 104(b) and MHP Contract Exhibit A, Attachment 13, section 6(A)(2)-(3).]

DHCS Finding

[The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 455, subdivision 104(b) and MHP Contract Exhibit A, Attachment 13, section 6(A)(2)-(3).

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

- Provider Disclosure Elements Draft
- MHP Management Disclosures

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures disclosures contain information regarding ownership or control interest in the MHP's network provider and their relationship with others with controlling interest; or that the MHP discloses this information to DHCS and annually thereafter during the re-validation of enrollment process. Per the discussion during the review, the MHP stated it would update its provider disclosure policy to meet this requirement moving forward.

DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 455, subdivision 104(b) and MHP Contract Exhibit A, Attachment 13, section 6(A)(2)-(3).

Repeat deficiency Yes]

Corrective Action Description

The MHP will ensure that the drafted Provider Disclosure Elements Drafts and MHP Management Disclosures will be utilized and required by a provider disclosure policy.

Proposed Evidence/Documentation of Correction

The outcome of this corrective action place is a completed Provider Disclosure Policy and the utilization of the provider disclosure elements and management disclosure

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forms. This policy will additionally include an annual review and reporting of these findings to DHCS.

Ongoing Monitoring (if included)

Monitoring for compliance with the Provider Disclosure Policy will be completed through Contracts Unit annual contract kick off meeting to ensure that disclosures are requested from providers as well as management staff and will ensure that reporting to DHCS is completed during the contract renewal period annually.

Person Responsible (job title)

Contracts Program Manager

Implementation Timeline: July 1, 2024

[7.4.2] Requirement

[The MHP must submit the following disclosures to DHCS regarding the MHP's management:

1. 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.
2. 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. For this purpose, the word "agent" has the meaning described in 42 Code of Federal Regulations part 455.101.

Code of Federal Regulations, title 42, section 455, subdivision, 106(a)(1),(2) and MHP Contract Exhibit A, Attachment 13, section 6(C)(1)(a)-(b).]

DHCS Finding

[The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 455, subdivision, 106(a)(1),(2) and MHP Contract Exhibit A, Attachment 13, section 6(C)(1)(a)-(b).

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

- Provider Disclosure Elements Draft
- MHP Management Disclosures

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP submits disclosures to DHCS regarding the MHP's management. Per the discussion during the review, the MHP stated it would update its provider disclosure policy moving forward to meet this requirement.

DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 455, subdivision, 106(a)(1),(2), and MHP Contract Exhibit A, Attachment 13, section 6(C)(1)(a)-(b).

Repeat deficiency Yes]

Corrective Action Description

The MHP will develop a policy and adopt through the policy committee a process for ensuring that MHP Management Disclosure forms are collected from staff annually and that they are forwarded to the Contracts team for review and reporting to DHCS.

Proposed Evidence/Documentation of Correction

The outcome of this corrective action plan is a completed policy and procedure for the Mental Health Plan Management disclosure collection and reporting to DHCS.

Ongoing Monitoring (if included)

Monitoring for compliance will be completed annually by the Contracts team through the contract renewal period for reporting and the collection of the compliance will be tracked likely in conjunction with annual personnel training.

Person Responsible (job title)

Contracts Program Manager

Implementation Timeline: July 1, 2024

[7.5.1] Requirement

[The MHP must have a process, at the time of hiring/contracting, to confirm the identity and exclusion status of all providers (employees, network providers, subcontractors, person's with ownership or control interest, managing employee/agent of the MHP). This includes checking the:

- a) Social Security Administration's Death Master File.
- b) National Plan and Provider Enumeration System (NPPES)
- c) Office of the Inspector General List of Excluded Providers and Entities (LEIE)
- d) System of Award Management (SAM)
- e) Department's Medi-Cal Suspended and Ineligible List (S&I List)

Code of Federal Regulations, title 42, section 438, subdivision 602(b)(d) and section 455, subdivision 436 and MHP Contact Exhibit A, Attachment 13.]

DHCS Finding

[The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 438, subdivision 602(b)(d) and section 455, subdivision 436 and MHP Contact Exhibit A, Attachment 13.

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

- A 0XX Staff Credentialing and Provider Verification DRAFT
- Nov 2022 Provider Credentialing

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a process, at the time of hiring or contracting, to confirm the identity and exclusion status of all providers. Per the discussion during the review,

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the MHP stated it is currently developing a policy that will be implemented moving forward once the compliance program is established.

DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 438, subdivision 602(b)(d), section 455, subdivision 436 and MHP Contact Exhibit A, Attachment 13.

Repeat deficiency Yes]

Corrective Action Description

The MHP is contracting with the CalMHSA Joint Powers Authority for purposes of the ongoing completion of the provider credentialing/recredentialing process which includes the monthly verifications, in compliance with Code of Federal Regulations, title 42, section 438, subdivision 602(b)(d), section 455, subdivision 436 and MHP Contact Exhibit A, Attachment 13. CalMHSA has offered this service to all counties through California to assist counties especially small and rural counties this assistance. The MHP is awaiting the Participation Agreement.

Proposed Evidence/Documentation of Correction

Participation Agreement with CalMHSA for this service, the policies and procedures by the vendor related to this services, and the ongoing credentialing/recredentialing and monthly verification checks logs/reports showing completion.

Ongoing Monitoring (if included)

Ongoing credentialing/recredentialing and monthly verification checks logs/reports.

Person Responsible (job title)

Business Application Specialist

Implementation Timeline: December 31, 2023

[7.5.2] Requirement

[The MHP must have a process to confirm monthly that no providers are included in the following:

- a) OIG List of Excluded Individuals/Entities (LEIE).
- b) System of Award Management (SAM) Excluded Parties List System (EPLS).
- c) DHCS Medi-Cal List of Suspended or Ineligible Providers (S&I List).

Code of Federal Regulations, title 42, section 455, subdivision 436.]

DHCS Finding

[The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 455, subdivision 436.

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

- A 0XX Staff Credentialing and Provider Verification DRAFT

- Nov 2022 Provider Credentialing

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a process to confirm monthly that no providers are included on the LEIE, EPLS, or the S&I List. Per the discussion during the review, the MHP stated it is currently developing a policy that will be implemented moving forward once the compliance program is established.

DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 455, subdivision 436.

Repeat deficiency Yes]

Corrective Action Description

The MHP is contracting with the CalMHSA Joint Powers Authority for purposes of the ongoing completion of the provider credentialing/recredentialing process which includes the monthly verifications, in compliance with Code of Federal Regulations, title 42, section 438, subdivision 602(b)(d), section 455, subdivision 436 and MHP Contact Exhibit A, Attachment 13. CalMHSA has offered this service to all counties through California to assist counties especially small and rural counties this assistance. The MHP is awaiting the Participation Agreement.

Proposed Evidence/Documentation of Correction

Participation Agreement with CalMHSA for this service, the policies and procedures by the vendor related to this services, and the ongoing credentialing/recredentialing and monthly verification checks logs/reports showing completion.

Ongoing Monitoring (if included)

Ongoing credentialing/recredentialing and monthly verification checks logs/reports.

Person Responsible (job title)

Business Application Specialist

Implementation Timeline: December 31, 2023

[7.5.3] Requirement

[The MHP promptly notifies DHCS if the MHP finds a party that is excluded. Code of Federal Regulations, title 42, section 438, subdivision 602(d).]

DHCS Finding

[The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 438, subdivision 602(d).]

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

- A 0XX Staff Credentialing and Provider Verification DRAFT

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The MHP did not submit evidence to demonstrate compliance that it has a process to promptly notify DHCS if the MHP finds a party that is excluded. Per the discussion during the review, the MHP stated it is currently developing a policy that will be implemented moving forward once the compliance program is established.

DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 438, subdivision 602(d).

Repeat deficiency Yes]

Corrective Action Description

The MHP will complete the finalization of the Staff Credentialing and Provider Verification Policy and Procedure which will include the prompt notification to DHCS if the MHP finds a party that excluded within the monthly verifications by CalMHSA.

Proposed Evidence/Documentation of Correction

Staff Credentialing and Provider Verification Policy and Procedure

Ongoing Monitoring (if included)

A quarterly provider verifications report will be completed and submitted to the Title 42/Compliance Committee (Regulatory Compliance Committee) for ongoing monitoring.

Person Responsible (job title)

Business Application Specialist

Implementation Timeline: December 31, 2023

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