

Madera County Behavioral Health Services
Fiscal Year (FY) 21/22 Specialty Mental Health Triennial Review
Corrective Action Plan
Systems Review

Requirement

Network Adequacy and Availability of Services Review

DHCS Finding 1.1.3

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

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

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

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

- 1.1.3 Policy & Procedure Timely Access MHP 27.00
- 1.1.3 Timeliness Compliance Initial Contact to First Accepted FY 20-21
- 1.1.3 Timeliness Compliance Psychiatry Timeliness FY 20-21
- 1.1.3 Access to Services
- 1.1.3 Service Request Log
- 1.1.3 Initial Contact to First Offered FY 20-21-CORRECTED
- 1.1.3 NOABDs

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP implements Department standards for timely access to care and services, taking into account the urgency of need for services. Per the discussion during the review, the MHP stated it had experienced challenges with its service request data and is currently working with its vendor to address and improve its service request

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tracking. Post review, the MHP provided an updated service request log, however it was not evident appointments were offered for urgent service requests and one (1) of the 51 psychiatric service requests occurred outside of Department timeliness standards.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i)

Corrective Action Description

Madera County Department of Behavioral Health Services (MCDBHS) has developed a dynamic form in the Electronic Health Record (EHR) named Access to Services. The dynamic form was designed with key staff through a collaborative process. The end result provided a tool for tracking of both urgent service requests as well as psychiatric service requests. The dynamic form completion process triggers actions at several phases by designated staff as well as ongoing daily monitoring by MHP team members.

Proposed Evidence/Documentation of Correction

Access to Services Sample Template

Access to Services Dynamic Report and/or Analysis

Ongoing Monitoring (if included)

Daily monitoring of Access to Services entries

Weekly export of Access to Services data for analysis

Person Responsible (job title)

Kimberlee Hernandez, Supervising Administrative Analyst II

Implementation Timeline: 10/31/2022

Requirement

Network Adequacy and Availability of Services Review

DHCS Finding 1.2.2

The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must have an affirmative responsibility to determine if children and youth meet medical necessity criteria need ICC and IHBS.

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

- 1.2.2 BHS CFT-ICC-IHBS Training Completion Log
- 1.2.2 BHS CFT-ICC-IHBS Training
- 1.2.2 ICC.IHBS Screening Tool
- 1.2.2 List of ICC Beneficiaries FY20.21
- 1.2.2 List of IHBS Beneficiaries FY20.21
- 1.2.2 List of TFC Beneficiaries
- 1.2.2 Policy & Procedure ICC.IHBS Determination CLN 09.00
- 1.2.2 Referral Forms

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 the need for ICC and IHBS. Per the discussion during the review, the MHP stated that all youth provider sites screen for ICC and IHBS via a standardized assessment. During the chart review, three (3) of the five (5) youth charts reviewed did not include evidence of assessment for ICC or IHBS. The MHP was provided the opportunity to submit additional evidence for these youth charts post review, however, no additional evidence was provided.

DHCS deems the MHP out of compliance with the Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

Corrective Action Description

MHP will update Policy CLN 09.00 so that it specifies the timelines in which a client is to be screened for ICC and IHBS (At intake, annually and when clinically indicated). The ICC/IHBS training will be updated to include updated and specific timelines. Treatment providers to be assigned to complete updated training.

Proposed Evidence/Documentation of Correction

Copy of updated Policy CLN 09.00
Copy of revised ICC/IHBS training

Ongoing Monitoring (if included)

Monthly Chart Review Process

Person Responsible (job title)

Eva H. García Weikel, Division Manager

Implementation Timeline: 12/31/2022

Requirement

Network Adequacy and Availability of Services Review

DHCS Finding 1.2.7

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

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

- 1.2.7 List of TFC Beneficiaries
- 1.2.7 Policy & Procedure TFC Provision CLN 09.00

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides TFC services to all children and youth who meet medical necessity criteria for TFC. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it is actively working with stakeholders to develop this service, however, it has been unable to establish a provider.

DHCS deems the MHP out of compliance with the Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care Services (TFC) for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

Corrective Action Description

MHP will update Policy CLN 09.00 so that it specifies the timelines in which a client is to be screened for ICC and IHBS (At intake, annually and when clinically indicated). The ICC/IHBS training will be updated to include updated and specific timelines. Treatment providers to be assigned to complete updated training.

Proposed Evidence/Documentation of Correction

Copy of updated Policy CLN 09.00
Copy of revised ICC/IHBS training

Ongoing Monitoring (if included)

Monthly Chart Review Process

Person Responsible (job title)

Eva H. García Weikel, Division Manager

Implementation Timeline: 12/31/2022

Requirement

Network Adequacy and Availability of Services Review

DHCS Finding 1.2.7

The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must have an affirmative responsibility to determine if children and youth who meet medical necessity criteria need TFC.

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

- 1.2.8 List of TFC Beneficiaries
- 1.2.8 Policy & Procedure TFC Responsibility CLN 09.00

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. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it does not have a screening tool in place to assess for the need for TFC and acknowledged the need to develop a TFC assessment.

DHCS deems the MHP out of compliance with the Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

Corrective Action Description

MHP will update Policy CLN 09.00 so that it specifies the timelines in which a client is to be screened for ICC and IHBS (At intake, annually and when clinically indicated). The ICC/IHBS training will be updated to include updated and specific timelines. Treatment providers to be assigned to complete updated training.

Proposed Evidence/Documentation of Correction

Copy of updated Policy CLN 09.00
Copy of revised ICC/IHBS training

Ongoing Monitoring (if included)

Monthly Chart Review Process

Person Responsible (job title)

Eva H. García Weikel, Division Manager

Implementation Timeline: 12/31/2022

Requirement

Network Adequacy and Availability of Services Review

DHCS Finding 1.4.4

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 8. The MHP must certify, or use another MHP's certification documents to certify, the organizational providers that subcontract with the MHP to provide SMHS, in accordance with California Code of Regulations, title 9, section 1810, subsection 435.

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

- 1.4.4 Cert and Recert Tracker
- 1.4.4 Cert Form DHCS 1737 Instructions
- 1.4.4 Cert Form DHCS 1737_092014
- 1.4.4 Cert Sample H1 and H2 STRTP Permanent License 1.23.20
- 1.4.4 Cert Sample House 3 STRTP License 5-1-19
- 1.4.4 Cert Sample PIMS 20AZ VTR 10535 RD 35
- 1.4.4 Cert Sample PIMS for House 3 10641 Rd 35 20A2
- 1.4.4 Cert Sample RE #987472 RE 20A2 - Valley Teen Ranch (Recert)
- 1.4.4 Cert Sample Recert 2021 Valley Teen Ranch 20A2 Madera
- 1.4.4 Cert Sample Recert 2021 Valley Teen Ranch 20AZ Madera
- 1.4.4 Cert Sample Valley Teen Ranch 20AZ Fire Clearance
- 1.4.4 Cert Sample Valley Teen Ranch 20A2 Fire Clearance
- 1.4.4 Cert Sample Valley Teen Ranch Certification 20A2 Madera
- 1.4.4 Cert Sample Valley Teen Ranch Re-Cert Protocol House 1 & 2 21 1028
- 1.4.4 Cert Sample Valley Teen Ranch Re-Cert Protocol House 3 21 1028
- 1.4.4 Cert Sample Valley Teen Second location Pims
- 1.4.4 Cert Sample VTR license 20AZ
- 1.4.4 Cert Sample VTR Approved Mental Health Program Statement 2020
- 1.4.4 Cert Sample VTR Head of Service
- 1.4.4 Cert Sample VTR Standard Operating Procedures
- 1.4.4 Evidence of Onsite Cert VTR
- 1.4.4 Policy & Procedure Certify Org Provider MHP 38.00
- 1.4.4 Sample Completed Cert Form DHCS_1735 Lily approved

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- 1.4.4 Sample Completed Cert Sample 21 1025 VTR PFU
- 1.4.4 Site Certification Protocol
- 1.4.4 BHS Efforts to Re-Cert Merced Crisis Residential
- 1.4.4 Email with Merced Crisis Residential

LIST ANY INTERNAL DOCUMENTS REVIEWED.

- Provider Monitoring Report

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 contract with the MHP to provide SMHS. Of the MHP's 14 providers, one (1) provider's certification was overdue. Per the discussion during the review, the MHP stated it is in the process of gathering the needed documentation to recertify the expired provider. Post review, the MHP submitted additional evidence demonstrating the communication with the provider, however the provider certification was not renewed.

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

Corrective Action Description

Although the process was delayed, MCDDBHS was able to recertify provider site on 05/20/2022 with a back date of 02/25/2022.

Proposed Evidence/Documentation of Correction

DHCS 1735 Recertification for Provider 2005

Ongoing Monitoring (if included)

Certification and Recertification Tracker

Person Responsible (job title)

Kimberlee Hernandez, Supervising Administrative Analyst II

Implementation Timeline: 05/20/2022

Requirement

Care Coordination and Continuity of Care

DHCS Finding 3.1.1

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

1. Clearly defines its structure and elements,
2. Assigns responsibility to appropriate individuals, and
3. Adopts or establishes quantitative measures to assess performance and identify and prioritize areas for improvement.

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

- 3.1.1 Policy & Procedure QMP 30.00
- 3.1.1 Policy & Procedure QMP 33.00
- 3.1.2 QAPI FY21.22 Current
- 3.1.2 QI Work Plan FY20.21 Prior

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a written description of the Quality Assessment and Performance Improvement (QAPI) program that adopts or establishes quantitative measures to assess performance and identify and prioritize areas for improvement. Per the discussion during the review, the MHP stated it uses quantitative measures in the evaluation of the QAPI but acknowledged the QAPI Work Plan does not specify the measurements used to analyze all QAPI performance areas.

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

Corrective Action Description

Quality Assessment and Improvement Plan (QAPI) FY22.23 and thereafter will clearly define its structure and elements, assign responsibility to appropriate individuals and establish quantitative measures to assess performance and identify and prioritize areas of improvement.

Proposed Evidence/Documentation of Correction

QAPI FY22.23

Ongoing Monitoring (if included)

QIC Minutes

Person Responsible (job title)

Kimberlee Hernandez, Supervising Administrative Analyst II

Implementation Timeline: 10/31/2022

Requirement

Care Coordination and Continuity of Care

DHCS Finding 3.2.2

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5. The MHP must ensure the Quality Assessment and Performance Improvement (QAPI) Work Plan includes evidence of the monitoring activities including, but not limited to, review of beneficiary grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals, and clinical records review.

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

- 3.2.2 Policy & Procedure QMP 33.00
- 3.2.2 QAPI FY21.22 Current
- 3.2.2 QI Work Plan FY20.21 Prior
- 3.2.2 QIC Minutes 20 1202
- 3.2.2 QIC Minutes 21 0106
- 3.2.2 QIC Minutes 21 0203
- 3.2.2 QIC Minutes 21 0303
- 3.2.2 QIC Minutes 21 0407
- 3.2.2 QIC Minutes 21 0505
- 3.2.2 QIC Minutes 21 1005
- 3.2.2 QIC Minutes 21 1005
- 3.2.2 QIC Minutes 21 1201

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP incorporates the review of beneficiary grievances, appeals, expedited appeals, fair hearings, expedited fair hearings and provider appeals into the QAPI Work Plan. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP acknowledged the need to incorporate these items in the current QAPI Work Plan and will work to improve this process moving forward.

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

Corrective Action Description

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The Quality Assessment and Performance Improvement (QAPI) Work Plan will include evidence of review of beneficiary grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, and provider appeals.

Quality Manager will report data to management no less than on a quarterly basis and to QIC no less than bi-annually.

Proposed Evidence/Documentation of Correction

QAPI FY22.23

Ongoing Monitoring (if included)

QIC Reports

Person Responsible (job title)

Kimberlee Hernandez, Supervising Administrative Analyst II

Implementation Timeline: 10/31/2022

Requirement

Care Coordination and Continuity of Care

DHCS Finding 3.2.5

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5. 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.

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

- 3.2.5 Accessibility Results
- 3.2.5 Accessibility Tool QMP 29.A1
- 3.2.5 Policy & Procedure QMP 33.00
- 3.2.5 QAPI FY21.22 Current
- 3.2.5 QI Work Plan FY20.21 Prior
- 3.2.5 QIC Minutes 20 1202
- 3.2.5 QIC Minutes 21 0106
- 3.2.5 QIC Minutes 21 0203
- 3.2.5 QIC Minutes 21 0303
- 3.2.5 QIC Minutes 21 0407
- 3.2.5 QIC Minutes 21 0505
- 3.2.5 QIC Minutes 21 1005
- 3.2.5 QIC Minutes 21 1103
- 3.2.5 Test Call Contract
- 3.2.5 Test Call Procedures QMP 29.00

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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. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP is actively working to address and improve accessibility to services within the MHP, however, it acknowledged the need to outline these efforts in the QAPI Work Plan moving forward.

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

Corrective Action Description

QAPI FY22.23 will include a description of mechanisms the MHP has implemented to assess the accessibility of services within its service delivery area in the accessibility of services section.

Proposed Evidence/Documentation of Correction

QAPI FY22.23

Ongoing Monitoring (if included)

Access to Services data monitoring

Person Responsible (job title)

Kimberlee Hernandez, Supervising Administrative Analyst II

Implementation Timeline: 10/31/2022

Requirement

Care Coordination and Continuity of Care

DHCS Finding 3.2.6

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5. 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 submitted the following documentation as evidence of compliance with this requirement:

- 3.2.6 Cultural Awareness Plan
- 3.2.6 Policy & Procedure QMP 33.00
- 3.2.6 QAPI FY21.22 Current
- 3.2.6 QI Work Plan FY20.21 Prior
- 3.2.6 QIC Minutes 20 1202
- 3.2.6 QIC Minutes 21 0106
- 3.2.6 QIC Minutes 21 0203
- 3.2.6 QIC Minutes 21 0303
- 3.2.6 QIC Minutes 21 0407
- 3.2.6 QIC Minutes 21 0505
- 3.2.6 QIC Minutes 21 1005
- 3.2.6 QIC Minutes 21 1103

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 linguistic competence. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it has worked to address this requirement but acknowledged the need to include this requirement in the QAPI Work Plan moving forward.

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

Corrective Action Description

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QAPI FY22.23 will include evidence of compliance with the requirements for linguistic competence.

Proposed Evidence/Documentation of Correction

QAPI FY22.23

Ongoing Monitoring (if included)

QAPI FY22.23 Progress Updates

QIC Meeting Minutes

Person Responsible (job title)

Kimberlee Hernandez, Supervising Administrative Analyst II

Implementation Timeline: 10/31/2022

Requirement

Care Coordination and Continuity of Care

DHCS Finding 3.3.2

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5. The Quality Improvement Committee shall include the below requirements:

1. Recommend policy decisions.
2. Review and evaluate the results of QI activities, including performance improvement projects (PIPs).
3. Institute needed QI actions.
4. Ensure follow-up of QI processes.
5. Document QI committee meeting minutes regarding decisions and actions taken.

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

- 3.3.2 Evidence of Planning PIPs FY19-21
- 3.3.2 Policy & Procedure QMP 08.00
- 3.3.2 QIC Agenda 20 1202
- 3.3.2 QIC Agenda 21 0106
- 3.3.2 QIC Agenda 21 0203
- 3.3.2 QIC Agenda 21 0303
- 3.3.2 QIC Agenda 21 0407
- 3.3.2 QIC Agenda 21 0505
- 3.3.2 QIC Agenda 21 1005
- 3.3.2 QIC Agenda 21 1103
- 3.3.2 QIC Agenda 21 1201
- 3.3.2 QIC Minutes 20 1202
- 3.3.2 QIC Minutes 21 0203
- 3.3.2 QIC Minutes 21 0303
- 3.3.2 QIC Minutes 21 0407
- 3.3.2 QIC Minutes 21 0505

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- 3.3.2 QIC Minutes 21 1005
- 3.3.2 QIC Minutes 21 1103
- 3.3.2 QIC Minutes 21 1201
- 3.3.2 Follow up of QI processes 20 0902 QMM Agenda
- 3.3.2 Follow up of QI processes 20 0902 QMM Minutes
- 3.3.2 Follow up of QI processes 20 1202 QMM Agenda
- 3.3.2 Follow up of QI processes 20 1202 QMM Minutes
- 3.3.2 Follow Up of QI processes Utilization Management - Chart Review
- 3.3.2 Follow Up of QI processes Utilization Management - Chart Review
- 3.3.2 Review and Evaluate QI Activities, including PIPs & actions taken 20 0701 QMM Minutes
- 3.3.2 Review and Evaluate QI Activities, including PIPs 20 0701 QMM Agenda

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP's Quality Improvement Committee (QIC) institutes needed QI actions, ensures follow-up of QI processes, or documents QI committee meeting minutes regarding decisions and actions taken. Per the discussion during the review, the MHP acknowledged that while it documents QIC activities via meeting minutes it does not identify these elements on a regular basis. Post review, the MHP submitted additional meeting agendas and minutes, however, the MHP was unable to demonstrate consistent adherence to the requirement for QIC meetings.

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

Corrective Action Description

MCDBH's QIC will come into compliance with:

1. Recommend policy decisions.
2. Review and evaluate the results of QI activities, including performance improvement projects (PIPs).
3. Institute needed QI actions.
4. Ensure follow-up of QI processes.
5. Document QI committee meeting minutes regarding decisions and actions taken.

Proposed Evidence/Documentation of Correction

QIC meeting minutes

Ongoing Monitoring (if included)

Person Responsible (job title)

Kimberlee Hernandez, Supervising Administrative Analyst II

Implementation Timeline: 10/31/2022

Requirement

Care Coordination and Continuity of Care

DHCS Finding 3.3.3

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5. The MHP must ensure the MHP Quality Assessment and Performance Improvement program includes active participation by the MHP's practitioners and providers, as well as beneficiaries and family members, in the planning, design and execution of the Quality Improvement program.

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

- 3.3.3 Evidence of Planning PIPs FY19-21
- 3.3.3 QIC Agenda 20 1202
- 3.3.3 QIC Agenda 21 0106
- 3.3.3 QIC Agenda 21 0203
- 3.3.3 QIC Agenda 21 0303
- 3.3.3 QIC Agenda 21 0407
- 3.3.3 QIC Agenda 21 0505
- 3.3.3 QIC Agenda 21 1005
- 3.3.3 QIC Agenda 21 1103
- 3.3.3 QIC Agenda 21 1201
- 3.3.3 QIC Minutes 20 1202
- 3.3.3 QIC Minutes 21 0203
- 3.3.3 QIC Minutes 21 0303
- 3.3.3 QIC Minutes 21 0407
- 3.3.3 QIC Minutes 21 0505
- 3.3.3 QIC Minutes 21 1005
- 3.3.3 QIC Minutes 21 1103
- 3.3.3 QIC Minutes 21 1201

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP's QAPI program includes active participation from beneficiaries and beneficiary family members, in the planning, design and execution of

the Quality Improvement program. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it has experienced difficulty getting participation from beneficiaries and beneficiary family members and is in the process of relaunching this program to improve participation.

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

Corrective Action Description

MCDBHS will take a different approach by creating an informational brochure in English and Spanish describing the QIC's purpose, functions, and importance and how to join. The brochure will be shared with community partners, available in agency lobbies and website. The goal is to inform those interested and encourage beneficiaries and family members to join the QIC.

Proposed Evidence/Documentation of Correction

Quality Improvement Committee Brochure

Ongoing Monitoring (if included)

QAPI FY22.23 Progress Updates

QIC Meeting Minutes

Person Responsible (job title)

Kimberlee Hernandez, Supervising Administrative Analyst II

Implementation Timeline: 10/31/2022

Requirement

Access and Information Requirements

DHCS Finding 4.3.2

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

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

The seven (7) test calls are summarized below.

TEST CALL #1

Test call was placed on Tuesday, December 7, 2021, at 1:16 p.m. The call was answered after one (1) ring via a live operator. The caller requested information about accessing mental health services in the county for his/her son that has been disruptive at school and at home. The operator informed the caller that the child would need to go through a screening process and then an appointment would be made for an assessment. The operator informed the caller that all the screeners were busy and to call back at 1:35 p.m. The operator asked the caller for personal identifying information, which the caller provided. The caller thanked the operator and ended the call.

The caller was provided information about how to access SMHS, including SHMS required to assess whether medical necessity criteria are met.

FINDING

The call is deemed in compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #2

Test call was placed on Wednesday, November 10, 2021, at 1:29 p.m. The call was answered after one (1) ring via a live operator. The caller requested information about

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accessing mental health services in the county for his/her son that has been disruptive at school and at home. The operator asked the caller for personal identifying information, which the caller provided. The operator informed the caller that he/she would be transferring the call to someone who could help. No other information was provided to the caller. The caller ended the call prior to being transferred.

The caller was not provided information about how to access SMHS, including SHMS required to assess whether medical necessity criteria are met.

FINDING

The call is deemed out of compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #3

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Test call was placed on Thursday, December 9, 2021, at 5:34 p.m. The call was answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP's threshold language, and to call 911 if experiencing an emergency. After hearing several options, the caller was connected to a live operator. The caller asked for assistance with what he/she described as feeling overwhelmed and sad for the past several weeks. The operator asked the caller questions including assessing the need for urgent and crisis services. The operator provided information regarding how to access services, including the intake and assessment process, medical necessity, levels of care, and types of services available. The operator explained how to access services via the Madera Counseling Center, provided the location and hours of operation, as well as what to expect when initiating his/her service request. The operator asked the caller if he/she would prefer to have someone call him/her back for an assessment, which the caller declined. The operator provided information on crisis services and reminded the caller that the 24/7 access line was available for all crisis needs.

The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

FINDING

The call is deemed in compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #4

Test call was placed on Thursday, December 2, 2021, at 3:19 p.m. The call was answered after one (1) ring via a live operator. The caller asked the operator for information about mental health services in the county and explained he/she had been

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providing care for an elderly parent and had been feeling overwhelmed, isolated, and hopeless. The operator asked the caller for his/her insurance type, the caller stated Medi-Cal. The operator explained that the caller could receive mental health services through the county upon completing an assessment. The operator explained the walk-in process and provided clinic locations and hours of operation. The operator offered to set up a phone appointment for an assessment, which the caller declined.

The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was not provided information about services needed to treat a beneficiary's urgent condition.

FINDING

The call is deemed in partial compliance with the regulatory requirements with California Co TEST CALL #5

Test call was placed on Wednesday, November 3, 2021, at 7:19 a.m. The call was answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP's threshold language, and to call 911 if experiencing an emergency. After hearing several options, the caller was connected to a live operator. The caller requested information about obtaining a refill for anxiety medication and stated he/she had not yet established a care provider in the county. The operator informed the caller that he/she would need to call back after 8:00 a.m. to set up services in the county.

The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

FINDING

The call is deemed in partial compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #6

Test call was placed on Thursday, December 9, 2021, at 8:47 a.m. The call was answered after one (1) ring via a live operator. The caller told the operator he/she wanted to file a complaint against a therapist. The operator explained that the caller could go to the clinic and file a complaint. The operator stated the forms are located in the lobby of the clinic. The caller asked if the grievance could be filed over the phone, to which the operator responded in the negative. The caller thanked the operator and ended the call.

The caller was provided information about how to use the beneficiary problem resolution and fair hearing process.

FINDING

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The call is deemed in compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #7

Test call was placed on Monday, December 13, 2021, at 7:56 a.m. The call was answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP's threshold language, and to call 911 if experiencing an emergency. After hearing several options, the caller selected the option to hear instructions to file a grievance. After selecting this option, the caller heard a recorded message that included information regarding the problem resolution and State Fair Hearing process, as well as instruction for filing a grievance and where grievance forms are located. de of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

The caller was provided information about how to use the beneficiary problem resolution and fair hearing process.

FINDING

The call is deemed in compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

SUMMARY OF TEST CALL FINDINGS

Protocol Question	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
4.3.2.1	N/A	N/A	IN	N/A	IN	N/A	N/A	100%
4.3.2.2	IN	OOC	IN	IN	OOC	N/A	N/A	60%
4.3.2.3	N/A	N/A	IN	OOC	IN	N/A	N/A	67%
4.3.2.4	N/A	N/A	N/A	N/A	N/A	IN	IN	100%

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

Call log will be monitored by confirming test calls were logged within 1 week from test call occurrence. Corrective actions will follow in the form of training and data sharing with staff within same week for any calls found out-of-compliance. In addition, quarterly trainings regarding the type of information staff must be able to provide to callers to include but not limited to, how to access SMHS, how to use the beneficiary problem

resolution and fair hearing processes, and information about services needed to treat an urgent condition.

Proposed Evidence/Documentation of Correction

Test call monitoring reports and corrective actions taken

Quarterly training material (agenda, PPT, other)

Ongoing Monitoring (if included)

Test call monitoring and corrective actions within 1 week from test call

Person Responsible (job title)

Kimberlee Hernandez, Supervising Administrative Analyst II

Implementation Timeline: 10/31/2022

Requirement

Access and Information Requirements

DHCS Finding 4.3.4

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

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

- 4.3.2 Call log Stats
- 4.3.2 11.03 - 11.10.21 After Hours
- 4.3.2 12.02 - 12.09.21 After Hours
- 4.3.4 DHCS Test Call Worksheet Q2
- 4.3.4 DHCS Test Call Worksheet Q3
- 4.3.4 DHCS Test Call Worksheet Q4
- 4.3.4 Policy & Procedure QMP 29.00
- 4.3.4 Written Log

While the MHP submitted evidence to demonstrate compliance with this requirement, three (3) of five (5) required DHCS test calls were not logged on the MHP's written log of initial requests. The table below summarizes DHCS' findings pertaining to its test calls:

Test Call #	Date of Call	Time of Call	Log Results		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
1	12/7/2021	1:16 p.m.	OOC	OOC	OOC
2	11/10/2021	1:29 p.m.	OOC	OOC	OOC
3	12/9/2021	5:34 p.m.	IN	IN	IN
4	12/2/2021	3:19 p.m.	OOC	OOC	OOC
5	11/3/2021	7:19 a.m.	OOC	IN	IN
Compliance Percentage			20%	40%	40%

Note: Only calls requesting information about SMHS, including services needed to treat a beneficiary's urgent condition, are required to be logged.

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

MCDBHS' evidence item 4.3.4 Written Log listed in the above DHCS Findings 4.3.4 section contained the manner in which the request was made, however, in an oversight, the column (G) was not highlighted as per DHCS' instructions prior to submission. We will continue to log this requirement along with others to ensure compliance. Actions as noted in DHCS' Findings 4.3.2 above will also take place to ensure calls are logged as required.

Proposed Evidence/Documentation of Correction

Written log

Test call monitoring reports and corrective actions taken

Quarterly training material (agenda, PPT, other)

Ongoing Monitoring (if included)

Test call monitoring and corrective actions within 1 week from test call

Person Responsible (job title)

Kimberlee Hernandez, Supervising Administrative Analyst II

Implementation Timeline: 10/31/2022

Requirement

Coverage and Authorization of Services

DHCS Finding 5.4.1

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 400. The MHP must provide beneficiaries with a Notice of Adverse Beneficiary Determination under the circumstances listed below:

1. The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of covered benefit.
2. The reduction, suspension or termination of a previously authorized service.
3. The denial, in whole or in part, of a payment for service.
4. The failure to provide services in a timely manner.
5. The failure to act within timeframes provided in 42 C.F.R. § 438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.
6. The denial of a beneficiary's request to dispute financial liability, including cost sharing and other beneficiary financial liabilities.

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

- 1.1.3 Policy & Procedure Timely Access MHP 27.00
- 1.1.3 Timeliness Compliance Initial Contact to First Accepted FY 20-21
- 1.1.3 Timeliness Compliance Psychiatry Timeliness FY 20-21
- 1.1.3 Access to Services
- 1.1.3 Service Request Log
- 1.1.3 Initial Contact to First Offered FY 20-21-CORRECTED
- 1.1.3 NOABDs
- 5.4.1 NOABD Samples – TAR
- 5.4.1 NOABD Tracking Mechanism
- 5.4.1 Policy & Procedure MHP 21.00

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides Notice of Adverse Beneficiary Determination (NOABDs) to beneficiaries for failure to provide services in a timely manner. Of the 51 psychiatric service request reviewed, the MHP failed to provide a NOABD for timeliness for the one (1) psychiatric appointment that failed to meet Department timeliness standards. Per the discussion during the review, the MHP stated it would provide additional evidence of NOABDs for failure to provide psychiatry and urgent care appointments in a timely manner. Post review, no additional NOABDs were received to demonstrate compliance with the requirement.

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The MHP provided an updated service request log, however it was not evident appointments were offered for urgent service requests and one (1) of the 51 psychiatric service requests occurred outside of Department timeliness standards.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 400.

Corrective Action Description

MCDBHS has developed a dynamic form in EHR named Access to Services. The dynamic form will allow for tracking and monitoring of both urgent service requests as well as psychiatric service requests timeliness data. This data will be used to ensure any requests for services not meeting the timeliness requirements are followed with the appropriate NOABD as required.

Proposed Evidence/Documentation of Correction

Access to Services Sample Template
Access to Services Dynamic Report and/or Analysis
Any applicable NOABD

Ongoing Monitoring (if included)

Daily monitoring of Access to Services entries
Weekly export of Access to Services data for analysis

Person Responsible (job title)

Kimberlee Hernandez, Supervising Administrative Analyst II

Implementation Timeline: 10/31/2022

Requirement

Beneficiary Rights and Protections

DHCS Finding 6.1.5

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 12, Federal Code of Regulations, title 42, section 438, subdivision 406(b)(1), and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-010E. 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
 - 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.

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

- 6.1.5 Appeal Log
- 6.1.5 Appeal Sample (1)
- 6.1.5 Appeal Sample
- 6.1.5 Appeal Sample2
- 6.1.5 Grievance Acknowledgement Letter Spanish
- 6.1.5 Grievance Acknowledgement Letter
- 6.1.5 Grievance Log
- 6.1.5 Grievance Sample
- 6.1.5 Grievance Sample2
- 6.1.5 Policy & Procedure QMP 02.00
- 6.1.1-6.1.9 Beneficiary Protection Training
- 6.1.5 Triennial Post Review

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides beneficiary acknowledgement letters within five (5) calendar days of receipt of a grievance. Per the discussion during the review, the MHP stated it would investigate the one (1) beneficiary grievance that did not meet the timeliness standard. Post review, the MHP stated that the error was a result of a staffing change which has since been corrected.

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In addition, DHCS reviewed grievances, appeals, and expedited appeals samples to verify compliance with this requirement. The sample verification findings are as detailed below:

	# OF SAMPLE REVIEWED	ACKNOWLEDGMENT		COMPLIANCE PERCENTAGE
		# IN	# OOC	
GRIEVANCES	15	14	1	93%

DHCS deems the MHP in partial compliance with the MHP contract, exhibit A, attachment 12, Federal Code of Regulations, title 42, section 438, subdivision 406(b)(1), and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-010E.

Repeat deficiency Yes

Corrective Action Description

MCDBHS' compliance coordinator will provide training to another staff member to cover beneficiary problem resolution and fair hearing processes as needed to ensure requests and required notifications and documentation occur in a timely manner as per requirements.

Proposed Evidence/Documentation of Correction

FY21.22 Grievance and Appeal Log showing met timeliness

Ongoing Monitoring (if included)

Process is monitored daily

Person Responsible (job title)

Kimberlee Hernandez, Supervising Administrative Analyst II

Implementation Timeline: March 2022

Requirement

Beneficiary Rights and Protections

DHCS Finding 6.1.5

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No.18-010E. The MHP must use a written Notice of Grievance Resolution to notify beneficiary of the results of a grievance resolution which shall contain a clear and concise explanation of the Plan's decision.

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

- 6.3.5 Grievance Log Template
- 6.3.5 Grievance Sample1
- 6.3.5 Grievance Sample2
- 6.3.5 MHP 21.A27 Notice of Grievance Resolution (NGR)
- 6.3.5 MHP 21.A28 Notice of Grievance Resolution (NGR) Spanish
- 6.3.5 Policy & Procedure QMP 02.00
- 6.2 Access Sample1 FY19.20
- 6.2 Access Sample1 FY20.21
- 6.2 Access Sample2 FY19.20
- 6.2 Access Sample2 FY20.21
- 6.2 Quality of Care Sample1 FY19.20
- 6.2 Quality of Care Sample1 FY20.21
- 6.2 Quality of Care Sample2 FY19.20
- 6.2 Quality of Care Sample2 FY20.21
- 6.2 Quality of Care Sample3 FY19.20
- 6.2 Quality of Care Sample3 FY20.21
- 6.2 Quality of Care Sample4 FY20.21
- 6.2 Quality of Care Sample5 FY20.21
- 6.2 Quality of Care Sample6 FY20.21
- 6.2 Quality of Care Sample7 FY20.21
- 6.2 Quality of Care Sample8 FY20.21

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides Notice of Grievance Resolutions that include a summary of the grievance, steps taken to resolve the grievance, explanation of how the grievance was resolved, and reason for the decision, as required in MHSUDS IN 18-010E. Per the discussion during the review, the MHP acknowledged these elements are

not consistently included in the Notice of Grievance Resolution and would address grievance process moving forward.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice, No.18-010E.

Corrective Action Description

Although MCDBHS' NGR template instructions do contain the elements required per BHIN 18-010E, it is evident it is not being utilized appropriately to include a narrative for each of the required components. Training material will be prepared and shared with those who draft NGRs to ensure compliance with requirements are part of each NGR.

Proposed Evidence/Documentation of Correction

Training Material and Evidence of Completion

Ongoing Monitoring (if included)

Quarterly monitoring to ensure NGRs contain all required elements will be conducted

Person Responsible (job title)

Kimberlee Hernandez, Supervising Administrative Analyst II

Implementation Timeline: 10/31/2022