



**Mono County Mental Health Plan
Fiscal Year (FY) 20/21 Specialty Mental Health
Triennial Review
Corrective Action Plan**

Network Adequacy and Availability of Services - Question 1.4.3

Requirement

The MHP shall give practitioners or groups of practitioners who apply to be MHP contract providers and with whom the MHP decides not to contract written notice of the reason for a decision not to contract. (42 C.F.R. § 438.12(a)(1).)

DHCS Finding

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 12(a) (1). The MHP must comply with the following:

- The MHP shall give practitioners or groups of practitioners who apply to be MHP contract providers and with whom the MHP decides not to contract written notice of the reason for a decision not to contract.

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

- No evidence provided

The MHP did not submit any evidence to demonstrate compliance with this requirement. Per the discussion during the review, the MHP stated it does not have a mechanism to inform practitioners or groups of practitioners who apply to be MHP contract providers and with whom the MHP decides not to contract written notice of the reason for a decision not to contract.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 12(a)(1).

Corrective Action Description

If a practitioner or a group of practitioners applies to be a MCBH network contract provider and MCBH determines not to contract with the applicant, MCBH will provide written notice to the affected provider within 15 days of refusal indicating the reasons for its decision not to contract. The written notice to the provider or a group of providers will include:

- ❖ Date of decision not to contract.
- ❖ Date written notice was provided.
- ❖ Reason for a decision not to contract.

Proposed Evidence

The proposed evidence of the correction will include:

- ❖ A Policy & Procedure that details the communication of decision not to contract.
- ❖ A template of the written notice.

Ongoing Monitoring

A review of the log of practitioner applications will take place on a monthly basis to ensure that written notice is provided when a decision not to contract with a practitioner or groups of practitioners.

Person Responsible

The MCBH Quality Assurance Coordinator will perform a monthly review of the practitioner application log.

Implementation Timeline

- ❖ June 30, 2022 – Due date for policy & procedure development
- ❖ June 30, 2022 – Due date for written notice template

Quality Assurance and Performance Improvement – Question 3.1.8

Requirement

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5. The MHP must implement mechanisms to monitor the safety and effectiveness of medication practices meeting the below listed requirements:

1. Under the supervision of a person licensed to prescribe or dispense medication.
2. Performed at least annually.
3. Inclusive of medications prescribed to adults and youth.

DHCS Finding

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5. The MHP must implement mechanisms to monitor the safety and effectiveness of medication practices meeting the below listed requirements:

1. Under the supervision of a person licensed to prescribe or dispense medication.
2. Performed at least annually.
3. Inclusive of medications prescribed to adults and youth.

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted by the MHP that the MHP has implemented mechanisms to monitor the safety and effectiveness of medication practices. Per the discussion during the review, the MHP stated it has developed a draft policy and procedure that is currently not in use. The MHP stated that due to staffing challenges, it has not been able to implement the medication monitoring practices.

Corrective Action Description

MCBH has developed and implemented a new policy and procedure to monitor the safety and effectiveness of medication practices approved by the newly appointed Public Health Officer and Behavioral Health Director. Ten percent of clients, adults and youth, open to medications will reviewed on an annual basis.

Proposed Evidence/Documentation of Correction

The proposed evidence of the correction includes:

- ❖ P&P 22-003
- ❖ Medication Monitoring Worksheet
- ❖ Medication Monitoring Report

Ongoing Monitoring

An annual evaluation of the medication monitoring process will be conducted and analyzed for performance improvement process. Results of the evaluation will be recorded in the medication monitoring report. Record of charts reviewed will be transcribed in the medication monitoring log.

Person Responsible

The Quality Assurance Coordinator will be responsible for the ongoing monitoring of safety and effectiveness of medication practices. In direct communication with the county Public Health Officer, the QA Coordinator will oversee the implementation of required medication monitoring.

Implementation Timeline

- ❖ P&P 22-003 completed since last review and included as an attachment.
- ❖ Medication Monitoring Worksheet completed and included as an attachment.
- ❖ June 30, 2022 – Due date for completion of review of ten percent of clients open to medication

Question 3.2.6

Requirement

The QAPI work plan includes evidence of compliance with the requirements for cultural competence and linguistic competence. (MHP Contract, Ex. A, Att. 5)

DHCS Finding

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.

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted by the MHP that the MHP ensures the QAPI Work Plan is compliant with the requirements for cultural and linguistic competence. Per the discussion during the review, the MHP stated it does not track cultural competency training for telehealth service providers. Post review, the MHP submitted a cultural competency training roster for telehealth service providers; however, the roster was dated after the triennial review, and it is not evident that trainings were monitored during the review period.

Corrective Action Description

To ensure compliance with the QAPI Work Plan requirement for cultural and linguistic competence, MCBH will provide the training and track the attendance of all staff, including telehealth service providers. A training of cultural competency was conducted and attended by the telehealth service providers after the last triennial review. MCBH will continue including contracted providers in future cultural competence trainings. MCBH will continue training all future staff providing translation services with linguistic competence curriculum.

Proposed Evidence/Documentation of Correction

Proposed evidence includes:

- ❖ Linguistic Training PDF Slides
- ❖ Complete Cultural Competency Training roster including contracted providers

- ❖ Linguistic Training roster

Ongoing Monitoring

The requirements for cultural competence and linguistic competence in the Quality Assurance and Performance Improvement Work Plan, including attendance by contracted providers will be monitored annually and recorded in the respective rosters.

Person Responsible

The Quality Assurance Coordinator will monitor the attendance of Cultural and Linguistic Trainings by staff and ensure the provision of said trainings to all required contracted providers.

Implementation Timeline

Corrective actions implemented and requirements corrected since the last review includes:

- ❖ Cultural Competency Training and attendance roster of all active contracted providers included as an attachment.
- ❖ Linguistic Competency Training and attendance of all bilingual staff rendering translation services included as an attachment.

Access and Information – Question 4.1.1

Requirement

The MHP shall make a good faith effort to give written notice of termination of a contracted provider, within 15 calendar days after receipt or issuance of the termination notice, to each beneficiary seen on a regular basis by the terminated provider. (42 C.F.R. § 438.10(f)(1).

DHCS Finding

The MHP did not submit any evidence to demonstrate compliance with this requirement. Per the discussion during the review, the MHP stated it does not have a process to notify beneficiaries within 15 days after receipt or issuance of a provider's termination notice. The MHP stated a process will be developed to meet compliance with this requirement.

Corrective Action Description

Henceforth, when MCBH terminates a contracted provider, MCBH will make a good faith effort to give written notice of termination of a contracted provider to each beneficiary who was being seen on a regular basis by that provider within 15 calendar days after receipt or issuance of the termination notice. A new policy & procedure will be developed to define the process. A log will be developed to record compliance.

Proposed Evidence/Documentation of Compliance

- ❖ A policy & procedure to provide a written notice of termination of a contracted provider to each beneficiary who was seen on a regular basis by the terminated provider.
- ❖ A letter template to be issued to beneficiaries of the terminated provider.
- ❖ A log to record:
 - Each termination of contracted provider.
 - The beneficiary recipient of the notice of termination.
 - Timeline indicating the date of termination and issuance of notice.

Ongoing Monitoring

Ongoing monitoring of requirement will be performed on a monthly basis to ensure the communication of contracted provider termination amongst staff, the issuance of notice to beneficiaries, and the recording of the issuance.

Person Responsible

The MCBH Quality Assurance Coordinator will discuss contract statuses of providers during the monthly meetings with the Clinical Supervisor and ensure the provision of termination notices to affected beneficiaries.

Implementation Timeline

- ❖ June 30, 2022 – Due date for the new policy & procedure defining the requirement and process of issuing notices of termination to affected beneficiaries of terminated providers.
- ❖ June 30, 2022 – Due date for letter template to be issued to affected beneficiaries.
- ❖ June 30, 2022 – Due date for log of terminated providers.

Question 4.2.1

Requirement

The MHP shall provide all written materials for potential beneficiaries and beneficiaries in a font size no smaller than 12-point. (42 C.F.R. 438.10(d)(6)(ii).)

DHCS Finding

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(d)(6)(ii). While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted by the MHP that the MHP provides all written materials for potential beneficiaries and beneficiaries in 12-point font or larger.

Per the discussion during the review, the MHP stated it will update all written materials to meet the 12-point font requirement.

Corrective Action Description

Since the last Triennial Review, MCBH has updated all written materials for potential beneficiaries and active beneficiaries to ensure a font size no smaller than 12-point. Henceforth, all new written materials will be provided with the same requirement. In-service will be provided to Fiscal, Programs, and Clinical staff regarding the provision of future written materials intended for beneficiaries in the prescribed font size.

Proposed Evidence/Documentation of Correction

The proposed evidence of the correction will include:

- ❖ Grievance Report and Appeal Request
- ❖ Provider Directory External (English & Spanish)

Ongoing Monitoring

All new written materials developed for potential beneficiaries and beneficiaries will be monitored as needed to ensure no font size smaller than 12-point is used.

Person Responsible

The MCBH Quality Assurance Coordinator will oversee the forming of new written materials and monitor font sizes to ensure the prescribed font size is utilized.

Implementation Timeline

Since the last Triennial Review, MCBH has updated all written materials for potential beneficiaries and beneficiaries in a font size no smaller than 12-point. Documentation of correction included as attachments.

Question 4.3.2

Requirement

Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number:

- 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.
- (CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1).

DHCS Finding

In all 7 test calls, the call was answered after one (1) ring via recorded message. The recorded message stated the caller had reached Mono County Behavioral Health and to dial 911 for emergencies. The recording instructed the caller to leave a message with personally identifying information for a counselor to return his/her call. The message repeated in Spanish. The caller did not leave a voicemail and ended the call.

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

Corrective Action Description

Demonstrate compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1) by providing, via 24/7 toll-free number in all languages spoken by beneficiaries in the county, required information by having a

trained staff member available to answer all phone calls. Also, provide as an emergency back-up, via recorded message:

- ❖ Language capability in all languages spoken by beneficiaries of the county.
- ❖ Information about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met.
- ❖ Information about services needed to treat a beneficiary's urgent condition.
- ❖ Information to beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

The 24/7 Access line and the Front Office line will be separated to ensure that priority is given to the 24/7 Access line and answered by a live person.

MCBH will conduct in-house test calls to the Access line and monitor to see if every call is logged and if required beneficiary information is provided. Test calls will also assess whether they are answered by a live person versus a recording. Subsequent trainings will be assessed based on the results of the test calls.

Proposed Evidence/Documentation of Correction

The proposed evidence will include:

- ❖ A newly developed P&P for the 24/7 Access line that delineates the workflow of live staff to answer all incoming calls and the provision of all required information in languages spoken by beneficiaries in Mono County.
- ❖ The log of MCBH's own test calls that reflect the procedural change.

Ongoing Monitoring

MCBH will conduct in-house test calls on a monthly basis and record results into the log. Subsequent trainings will be assessed based on the results of the test calls.

Person Responsible

The monthly in-house test calls will be conducted by the Fiscal Technical Specialist, and the results will be reviewed by the Quality Assurance Coordinator. If subsequent training is required, it will be conducted by the Quality Assurance Coordinator.

Implementation Timeline

- ❖ June 30, 2022 – Due date for the new P&P for the 24/7 Access line management.

- ❖ May 1, 2022 – Due date for modification of recorded message to include information about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met.
- ❖ Existing in-house test calls to continue as new policy is adopted.

Question 4.3.4

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.

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

- Service Request Log Specified Dates

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, five (5) of five (5) required DHCS test calls were not logged on the MHP's written log of initial request.

Corrective Action Description

A qualified staff member will be assigned to receive all calls on the 24/7 toll-free access line. The staff member will be tasked with recording each initial request for specialty mental health services into a written log that includes:

- ❖ Name of beneficiary
- ❖ Date of the request
- ❖ Initial disposition of request

Proposed Evidence/Documentation of Correction

Proposed evidence will include a complete Service Request Log Specified Dates in compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(f).

Ongoing Monitoring

Ongoing monitoring of the Service Request Log for initial requests for SMHS will be performed on a monthly basis. The findings from the monthly review will be discussed during the monthly Quality Improvement Committee meetings.

Person Responsible

The Quality Assurance Coordinator will be responsible for the monitoring of the Service Request Log to ensure all initial requests for SMHS is recorded.

Implementation Timeline

Since the previous Triennial Review, the procedure of a live qualified staff member answering the 24/7 Access line has been implemented to answer and record all incoming calls and to subsequently enter calls into MCBH's written log.

Question 4.4.5

Requirement

The MHP must plan for annual cultural competence training necessary to ensure the provision of culturally competent services including the below requirements:

1. There is a plan for cultural competency training for the administrative and management staff of the MHP.
2. There is a plan for cultural competency training for persons providing SMHS employed by or contracting with the MHP.
3. There is a process that ensures that interpreters are trained and monitored for language competence.

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures staff and contract providers are trained in cultural competency or ensures interpreters are trained in language competency. Per the discussion during the review, the MHP stated it does not monitor or provide contracting telehealth service providers cultural competence training or provide interpreters formal training. Post review, the MHP submitted a cultural competency training roster that included the telehealth service providers and a purchase order for interpreter training. The training and the purchase order were dated after the triennial review. It is not evident that these requirements were monitored during the review period.

Corrective Action Description

MCBH will ensure compliance with California Code of Regulations, title 9, section 1810, subdivision 410(c)(4), by providing annual cultural competence training to administrative, management staff, and all persons providing specialty mental health services, including contracting telehealth service providers. MCBH will ensure linguistic competency of bilingual staff providing translator services to beneficiaries.

Proposed Evidence/Documentation of Correction

Proposed evidence for the correction will include:

- ❖ Roster of Mono Cultural Competence Trainings including the attendance of all contract telehealth service providers.
- ❖ Linguistic Training roster
- ❖ Linguistic Training Slide Deck

Ongoing Monitoring

Henceforth, the attendance of all required staff, including contracted providers, of the annual cultural competence training will be ensured. The complete attendance of all bilingual staff tasked with providing translation services at the language competency trainings will be ensured. The review of the attendance logs at said trainings will be monitored to verify compliance with the requirements.

Person Responsible

The MCBH Quality Assurance Coordinator will monitor the attendance rosters of the cultural competence and linguistic competence trainings and ensure that all required staff, including contracted providers, are provided instructions.

Implementation Timeline

Since the previous Triennial Review, all contracted providers have attended the required cultural competence training, and all bilingual staff members providing translation services have completed the required linguistic training. Please refer to evidence submitted for question 3.2.6.

Question 4.4.6

Requirement

The MHP must have evidence of the implementation of training programs to improve the cultural competence skills of staff and contract providers.

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted by the MHP that the MHP implemented training programs to improve cultural competence skills for contract providers. Per the discussion during the review, the MHP stated it does not monitor or provide contracting telehealth service providers training for cultural competency. Post review, the MHP submitted a cultural competency training roster that included the telehealth service providers; however, the training was completed after the triennial review, and it is not evident that the training was monitored during the review period. This training roster should be submitted as part of the CAP.

Corrective Action Description

MCBH will monitor and provide training programs to improve the cultural competence skills of staff and contract providers. Since the most recent review, MCBH has included the mandatory attendance of contracting telehealth service providers to the training for cultural competence and will ensure the attendance of contract providers in future trainings.

Proposed Evidence/Documentation of Correction

The proposed evidence to be included:

- ❖ Roster of Mono Cultural Competence Trainings including the attendance of all contract telehealth service providers.
- ❖ Linguistic Training roster
- ❖ Linguistic Training Slide Deck

Ongoing Monitoring

MCBH will monitor the attendance roster of each cultural competence training at the time trainings are provided to ensure the attendance of all staff members, including the attendance of contracted service providers.

Person Responsible

The MCBH Quality Assurance Coordinator will review the attendance log at the conclusion of cultural competence trainings to verify all required staff, including contracted providers, were in attendance.

Implementation Timeline

Since the Triennial Review, a cultural competency training was provided to all required staff, including contracted providers. An attendance roster of the training has been included with this submission.

Coverage and Authorization of Services - Question 5.6.1

Requirement

The MHP maintains policies and procedures ensuring an appropriate process for the management of Forms JV 220, JV 220(A), JV 221, JV 222, and JV 223 and that related requirements are met. (Judicial Council Forms, JV 219)

DHCS Findings

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation that the MHP has policies and procedures for the management of judiciary forms. Per the discussion during the review, the MHP stated it does not have a policy and procedure for this requirement. Post review, the MHP submitted a policy and procedure for prescribing psychotropic medications to dependents of the court; however, the policy was dated after the triennial review period. This policy and procedure should be submitted as part of the CAP.

Corrective Action Description

MCBH will demonstrate compliance with Judicial Council Forms JV219, JV220, JV220(A), JV221, JV222, and JV223 and related requirements with a policy and procedure for prescribing medications to dependents of the court.

Proposed Evidence/Documentation of Correction

As proof of correction, MCBH will submit the MHP's policy and procedure 21-023.

Ongoing Monitoring

With the guidance provided in P&P 21-023, MCBH will continue to manage Forms JV 220, JV 220(A), JV 221, JV 222, and JV 223.

Person Responsible

The MCBH Quality Assurance Coordinator will monitor the management of Forms JV 220, JV 220(A), JV 221, JV 222, and JV 223 with the guidance of P&P 21-023.

Implementation Timeline

Since the Triennial Review, MCBH has implemented P&P 21-023 for the prescription of psychotropic medications to dependents of the court. The said policy and procedure is submitted with the corrective action plan as evidence of the change.

Beneficiary Rights and Protections – Question 6.1.5

Requirements

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.

DHCS Findings

While the MHP submitted evidence to demonstrate compliance with this requirement, the evidence submitted included an acknowledgment letter to a beneficiary that did not include the telephone number of the contact representative. Post review, the MHP submitted an acknowledgement letter template including the telephone number of the contact representative; however, it was not evident this template was used during the triennial review period.

Corrective Action Description

MCBH will acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations in writing. The Grievance Acknowledgment letter will include:

- ❖ Date of receipt

- ❖ Name of representative to contact
- ❖ Telephone number of contact representative
- ❖ Address of contractor

Proposed Evidence/Documentation of Correction

MCBH will submit a completed log of each grievance, appeal, and request for expedited appeal of adverse benefit determinations. The log of beneficiary grievances and appeals will be submitted along with the Grievance Acknowledgment letter template that includes the telephone number of contact representative.

Ongoing Monitoring

Ongoing monitoring of the MCBH's acknowledgment practices for receipts of each grievance, appeal, and request for expedited appeal of adverse benefit determinations will be performed by review of the stated log.

Person Responsible

The MCBH Quality Assurance Coordinator will ensure that the revised Grievance Acknowledgment letter template includes the telephone number of the contract representative.

Implementation Timeline

Included with the Triennial CAP, the revised Grievance Acknowledgment letter template will be submitted as documentation of correction.

Question 6.3.2

Requirement

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. (42 C.F.R. § 438.408(a)-(b)(1).

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation that the MHP ensures all grievances are resolved as expeditiously as the beneficiary's health condition required, not to exceed 90 calendar

days from the day the contractor received the grievance. Specifically, one (1) of two (2) grievances were not resolved within the 90-calendar day timeframe.

Corrective Action Description

- ❖ The MCBH Quality Assurance Coordinator will be assigned to complete the grievance and appeal log including ensuring that the disposition date field must contain an entry not greater than 90 days from the received date for a grievance and not greater than 30 days from the received date of an appeal.
- ❖ A back up person will be instructed to ensure the grievance or appeal is resolved within these time frames.
- ❖ The grievance or appeal will be resolved as expeditiously as the beneficiary's health condition requires (not to exceed 30 days for an appeal and 90 days for a grievance) per P&P 21-003.

Proposed Evidence/Documentation of Correction

In addition to the previously submitted documents verifying compliance with the requirement, MCBH will submit:

- ❖ The grievance and appeal log

Ongoing Monitoring

Ongoing monitoring of grievance resolutions and ensuring that each grievance is resolved in less than 90 calendar days from the receipt of a grievance and no greater than 30 days from the receipt of an appeal will be discussed at each monthly Quality Improvement Committee meeting.

Person Responsible

The MCBH Quality Assurance Coordinator will direct discussions related to open grievances and the timely resolution of said grievances at each Quality Improvement Committee meeting with the leadership of the Behavioral Department.

Implementation Timeline

The grievance and appeal log will be submitted along with the corrective action plan as proposed evidence of correction, that all grievance resolutions were handled expeditiously, not exceeding 90 calendar days from the receipt of the grievance. The topic of pending grievances and appeals will be included monthly during the Quality Improvement Committee meetings starting in March 2022.

Program Integrity – Question 7.4.1

Requirement

The MHP must ensure collection of disclosures of ownership, control, and relationship information for persons who have an ownership or control interest in the MHP, if applicable, and ensures its subcontractors and network providers submit disclosures to the MHP regarding the network provider's (disclosing entities) ownership and control.

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted by the MHP that the subcontractors and network providers submit disclosures to the MHP regarding the network provider's ownership and control. Per the discussion during the review, the MHP stated it does not have a process to track disclosure forms for the contracted telehealth service providers.

Corrective Action Description

- ❖ MCBH will request that providers within our telehealth contractor North American Mental Health Services (NAMHS) complete and submit Form 700 disclosures within a reasonable specified time period.
- ❖ MCBH will add NAMHS providers to our existing disclosure log that tracks completion of Form 700 disclosures.
- ❖ MCBH will update P&P 21-011, Auditing and Monitoring to include the required disclosures to the MHP regarding the network provider's ownership and control.

Proposed Evidence/Documentation of Correction

- ❖ Completed Form 700 samples from NAMHS providers
- ❖ Disclosure log that includes disclosures of ownership control, and relationship information from NAMHS providers.
- ❖ Updated P&P 21-011, Auditing and Monitoring to include the required disclosures to the MHP regarding the network provider's ownership and control

Ongoing Monitoring

Upon knowledge of the contracting of new providers, a completed Form 700 will be required of the provider, and an entry of the disclosure submission will be made in the disclosure log.

Person Responsible

The MCBH Quality Assurance Coordinator will monitor the contracting of new providers and ensure compliance with the disclosure requirements for ownership and control interest in the MHP and network provider's disclosing entities.

Implementation Timeline

- ❖ August 30, 2022 – Due date for the revised P&P
- ❖ August 30, 2022 – Due date for the attainment of Form 700 disclosures from subcontractors and network providers.
- ❖ August, 2022 – Due date for adding NAMHS providers to existing disclosure log

Question 7.4.2

Requirement

As a condition of enrollment, the MHP must require providers to consent to criminal background checks including fingerprinting when required to do so by DHCS or by the level of screening based on risk of fraud, waste, or abuse as determined for that category of provider.

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted by the MHP that as a condition of enrollment, it requires providers to consent to criminal background checks including fingerprinting subcontractors and network providers. Per the discussion during the review, the MHP stated it has a process in place for MHP employees but does not track this information for contracted telehealth service providers.

Corrective Action Description

- ❖ Since the contracted telehealth provider NAMHS is already an enrolled provider, we will not be able to submit any information that they were required to consent to criminal background checks as a condition of enrollment.
- ❖ MCBH will begin to enforce this requirement for any new network providers.

- ❖ MCBH will update P&P 21-011, Auditing and Monitoring to include the required consent to criminal background checks including fingerprinting when required, as a condition of network provider enrollment.

Proposed Evidence/Documentation of Correction

- ❖ A revised P&P 21-011, Auditing and Monitoring that includes the required consent to criminal background checks including fingerprinting when required, as a condition of network provider enrollment.

Ongoing Monitoring

Upon knowledge of the contracting of new providers, MCBH will require providers to consent to criminal background checks including fingerprinting when required to do so by DHCS or by the level of screening based on risk of fraud, waste, or abuse.

Person Responsible

The MCBH Quality Assurance Coordinator will monitor the contracting of new providers and ensure compliance with the requirement of providers to consent to criminal background checks.

Implementation Timeline

- ❖ Effective immediately, as a condition of enrollment, all new providers must consent to criminal background checks.
- ❖ August 30, 2022 – Due date for the revision of P&P 21-011 to reflect the policy change.

Question 7.4.3

Requirement

The MHP must require providers, or any person with a 5% or more direct or indirect ownership interest in the provider, to submit fingerprints when applicable. The MHP shall ensure that its subcontractors and network providers submit the disclosures below to the MHP regarding the network providers' (disclosing entities') ownership and control. The MHP's network providers must be required to submit updated disclosures to the MHP upon submitting the provider application, before entering or renewing the network providers' contracts, within 35 days after any change in the subcontractor/network

provider's ownership, annually and upon request during the re-validation of enrollment process under 42 Code of Federal Regulations part 455.104.

DHCS Finding

This requirement was not included in any evidence provided by the MHP. Per discussion during the review, the MHP stated it has not requested updated ownership and control disclosures after any change in the subcontractor or network provider's ownership. The evidence, including policies and procedures, as well as other documentation, was deficient in meeting the requirements.

Corrective Action Description

- ❖ MCBH will request ownership and control information about persons with 5% or more direct or indirect ownership interest in our network provider NAMHS.
- ❖ MCBH will request updated ownership and control disclosures after any change in the subcontractor or network provider's ownership.
- ❖ MCBH will update P&P 21-011, Auditing and Monitoring to include the required disclosure of ownership information and requirement to submit fingerprints when applicable.

Proposed Evidence/Documentation of Correction

- ❖ Updated P&P 21-011, Auditing and Monitoring to include the required disclosure of ownership information.
- ❖ Updated Disclosure Log that includes disclosure of 5% or more ownership interest.
- ❖ Sample letter to network provider requesting disclosure of information about any individual or entity with 5% or more ownership interest.
- ❖ Response from NAMHS providing ownership and control information.

Ongoing Monitoring

Before the end of each fiscal year, upon submitting the provider application, before entering or renewing the network providers' contracts, and within 35 days after any change in the subcontractor/network provider's ownership, MCBH will require subcontractors and network providers to submit disclosures regarding ownership and control.

Person Responsible

The MCBH Quality Assurance Coordinator will monitor the timeliness of the annual submission of ownership and control disclosure by subcontractor/network providers. The QA Coordinator will also monitor for network provider contract renewals to ensure the implementation of the corrective action.

Implementation Timeline

- ❖ August 30, 2022 – Due date for the P&P revision
- ❖ August 30, 2022 – Due date to include disclosure of 5% or more ownership interest in the Disclosure Log
- ❖ August 30, 2022 – Due date to develop sample letter to network provider requesting disclosure
- ❖ August 30, 2022 – Due date to collect all responses from NAMHS

Question 7.4.4

Requirement

The MHP's network providers must be required to submit update disclosures. Disclosures must include all aspects listed below:

1. The name and address of any person (individual or corporation) with an ownership or control interest in the network provider,
2. The address for corporate entities shall include, as applicable, a primary business address, every business location, and a P.O. Box address,
3. Date of birth and Social Security Number (in the case of an individual),
4. 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),
5. Whether the person (individual or corporation) with an ownership or control interest in the contractor's network provider is related to another person with ownership or control interest in the same or any other network provider of the contractor as a spouse, parent, child, or sibling; or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which 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;
6. The name of any other disclosing entity in which the contractor or subcontracting network provider has an ownership or control interest; and
7. The name, address, date of birth, and Social Security Number of any managing employee of the managed care entity.

8. The MHP shall provide DHCS with all disclosures before entering a network provider contract with the provider and annually thereafter and upon request from DHCS during the re-validation of enrollment process.

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides DHCS with disclosures before entering a network provider contract with a provider and annually thereafter. Per the discussion during the review, the MHP stated it does not have a process to submit disclosure forms for the contracted telehealth service providers to DHCS.

Corrective Action Description

- ❖ MCBH will request that providers within our telehealth contractor NAMHS complete and submit Form 700 disclosures within a reasonably specified time period.
- ❖ MCBH will add NAMHS providers to our existing disclosure log that tracks completion of Form 700 disclosures.
- ❖ MCBH will update P&P 21-011, Auditing and Monitoring to include the required disclosures to the MHP regarding the network provider's ownership and control.

Proposed Evidence/Documentation of Correction

- ❖ Completed Form 700 samples from NAMHS providers.
- ❖ Disclosure log that includes disclosures of ownership, control, and relationship information from NAMHS providers.
- ❖ Updated P&P 21-011, Auditing and Monitoring to include the required disclosures to the MHP regarding the network provider's ownership and control.
- ❖ Sample letter to network provider requesting disclosure of information about any individual or entity with 5% or more ownership interest.
- ❖ Response from NAMHS providing ownership and control information.

Ongoing Monitoring

Prior to entering a network provider contract with a new provider and annually thereafter, MCBH will require and monitor the submission of Form 700 disclosures from NAMHS providers.

Person Responsible

The MCBH Quality Assurance Coordinator will monitor the timeliness of the annual submission of Form 700 disclosures and require completed disclosures when entering a network provider contract with a new provider.

Implementation Timeline

- ❖ August 30, 2022 – Due date for revised P&P 21-011 reflecting the policy change.
- ❖ August 30, 2022 – Due date for collection of Form 700 disclosures from NAMHS providers.
- ❖ August 30, 2022 – Due date to include disclosures of all previously stated aspects of required ownership and control interest and relationships with others who have ownership and control interests in the disclosure log.
- ❖ August 30, 2022 – Due date for the development of letter template requesting disclosure of information from network providers about any individual or entity with 5% or more ownership interest.

Question 7.4.5

Requirement

The MHP must submit disclosures and updated disclosures to the Department of Health and Human Services including information regarding certain business transactions within 35 days, upon request. The MHP must ensure the ownership of any subcontractor with whom the MHP has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request, significant business transactions between the MHP and any wholly owned supplier, or between the MHP and any subcontractor, during the 5-year period ending on the date of the request, and the MHP must obligate network providers to submit the same disclosures regarding network providers as noted under subsection 1(a) and (b) within 35 days upon request.

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted that the MHP provides disclosures for subcontractors and network providers to the Department of Health and Human Services, including information regarding certain business transactions within 35 days. Per the discussion during the review, the MHP stated it does not have a process to submit disclosures for the contracted telehealth service providers.

Corrective Action Description

- ❖ MCBH will request that providers within our telehealth contractor NAMHS complete and submit Form 700 disclosures within a reasonably specified time period.
- ❖ MCBH will add NAMHS providers to our existing disclosure log that tracks completion of Form 700 disclosures.
- ❖ MCBH will update P&P 21-011, Auditing and Monitoring to include the required disclosures to the MHP regarding the network provider's ownership and control.

Proposed Evidence/Documentation of Correction

- ❖ Completed Form 700 samples from NAMHS providers,
- ❖ Disclosure log that includes disclosures of ownership, control, and relationship information from NAMHS providers.
- ❖ Updated P&P 21-011, Auditing and Monitoring to include the required disclosures to the MHP regarding the network provider's ownership and control.

Ongoing Monitoring

MCBH will monitor the required transactional history of its network providers and subcontractors with whom MCBH has had any significant business transactions and submit disclosures to the Department of Health and Human Services within 35 days of request.

Person Responsible

The MCBH Quality Assurance Coordinator will submit disclosures to the Department of Health and Human Services regarding certain business transactions within 35 days, upon request and provide disclosures for subcontractors and network providers.

Implementation Timeline

- ❖ August 30, 2022 - Due date for revision of P&P 21-011
- ❖ August 30, 2022 - Due date for collection of Form 700 disclosures from NAMHS providers
- ❖ August 30, 2022 - Due date for adding NAMHS providers to existing disclosure log and modifying log to include required disclosures

Question 7.4.6

Requirement

The MHP must demonstrate compliance with Federal Code of Regulations, title 42, section 455, subdivision 101 and 106(a)(1), (2). The MHP must submit disclosure to DHCS of 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, and identity of any person who is an agent of the MHP who has been convicted of a crime related to federal health care programs.

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted that the MHP provides disclosure to DHCS of the identity of subcontractors and network providers convicted of a crime related to federal health care programs. Per the discussion during the review, the MHP stated it does not have a process to submit disclosures to DHCS for its contracted telehealth service providers.

Corrective Action Description

- ❖ MCBH will begin tracking for telehealth service providers who have been convicted of a crime related to federal health care programs.
- ❖ MCBH will provide disclosure to DHCS of the identity of telehealth service providers convicted of a crime related to federal health care programs.
- ❖ MCBH will update P&P 21-011, Auditing and Monitoring, to include telehealth service providers in the submission of disclosures to DHCS regarding convictions of crimes related to federal health care programs.

Proposed Evidence/Documentation of Evidence

- ❖ Updated P&P 21-011, Auditing and Monitoring, to include telehealth service providers in the submission of disclosures to DHCS regarding convictions of crimes related to federal health care programs.

Ongoing Monitoring

MCBH will monitor every person who is a managing employee of MCBH, including telehealth service providers, and submit disclosure and identity of those convicted of a crime related to federal health care programs.

Person Responsible

The MCBH Quality Assurance Coordinator will submit disclosure and identity of any person who is a managing employee of the MHP, including telehealth service providers, who has been convicted of a crime related to federal health care programs.

Implementation Timeline

- ❖ August 30, 2022 - Due date for updating P&P 21-011, Auditing and Monitoring, to reflect the new procedure of including telehealth service providers in the disclosure submission to DHCS of any person who has been convicted of a crime related to federal health care programs.
- ❖ August 30, 2022 - Due date for verifying current contracted telehealth service providers are absent of any convictions of crimes related to federal health care programs, and to submit disclosure to DHCS if any persons with said convictions are found.

Question 7.6.2

Requirement

The MHP must verify all ordering, rendering, and referring providers have a current National Provider Identification number.

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted that the MHP verifies contracted telehealth service providers' current National Provider Identification numbers. Per the discussion during the review, the MHP stated it does not verify this information for its contract telehealth service providers.

Corrective Action Description

- ❖ MCBH will begin verifying the NPI numbers for ordering, rendering, and referring NAMHS providers.
- ❖ MCBH will verify the NPI numbers for ordering, rendering, and referring providers of a new network providers.

- ❖ MCBH will update P&P 21-011, Auditing and Monitoring, to include the requirement to verify the NPI numbers for all ordering, rendering, and referring providers.

Proposed Evidence/Documentation of Correction

- ❖ NPI Look Up for NAMHS providers
- ❖ Updated P&P 21-011, Auditing and Monitoring to include the requirement to verify the NPI numbers for employees of contracted network providers.

Ongoing Monitoring

MCBH verify the NPI numbers of all ordering, rendering, and referring NAMHS providers and validate active statuses on an annual basis.

Person Responsible

The MCBH Quality Assurance Coordinator will verify the National Provider Identification numbers of all contracted telehealth service providers and ensure current NPI numbers.

Implementation Timeline

- ❖ August 30, 2022 - Due date for NPI Look Up for NAMHS providers
- ❖ August 30, 2022 - Due date for updating of P&P 21-011