Orange County Mental Health Plan

Fiscal Year 2022/2023 Specialty Mental Health Triennial Review

Corrective Action Plan

System Review

Requirement

The MHP shall require subcontracted providers to have hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which the provider offers services to non-Medi-Cal beneficiaries. If the provider only serves Medi-Cal beneficiaries, the MHP shall require that hours of operation are comparable to the hours the provider makes available for Medi-Cal services that are not covered by the MHP, or another MHP. (42 C.F.R. § 438.206(c)(1)(ii); MHP Contract, Ex. A, Att. 8, sec. (4)(A)(3).)

DHCS Finding [1.1.4]

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

Corrective Action Description

Requirement language and verbiage will be added to standard contractual Boilerplate Language to be in accordance with Code of Federal Regulations, title 42, section 438, subdivision 206(c)(1)(ii) and the MHP contract, exhibit A, attachment 8, section (4)(A)(3).

Language and verbiage will be included specifically under the Licenses and Laws Provision commencing with July 1, 2024 contracts.

Subsequent to this Triennial Review, HCA Contract Services updated the Paragraph Library on December 11, 2023 to include the required contractual verbiage.

Proposed Evidence/Documentation of Correction

The MHP will submit the updated standard contractual Boilerplate document by July 1, 2024 upon approval of this CAP.

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Juan Corral, Procurement and Contract Services Division Manager

Implementation Timeline:

July 1, 2024

Requirement

The MHP is responsible to convene a CFT for children and youth who are receiving ICC, IHBS, or TFC, but who are not involved in the child welfare or juvenile probation systems.

DHCS Finding [1.2.5]

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.

Corrective Action Description

Subsequent to the Triennial Review, the MHP updated training documents to reflect the requirement that CFT meetings must be held for all youth receiving ICC, IHBS, or TFC services, regardless of whether the youth is involved in child welfare or juvenile probation systems. The MHP notified all providers through a monthly Quality Improvement Coordinators' meeting and newsletter that CFT meetings are required for all youth receiving ICC, IHBS, or TFC services, regardless of whether the youth is involved in child welfare or juvenile probation systems.

The MHP will update the Pathways to Well Being Intensive Services Therapeutic Foster Care policy and procedure to clarify the requirement.

Proposed Evidence/Documentation of Correction

The MHP will provide copies of the update PWB/IS Quick Review training document, the November 2023 QRTips newsletter, and the updated Pathways to Well Being Intensive Services Therapeutic Foster Care policy and procedure upon approval of this CAP.

Ongoing Monitoring (if included)

The MHP's Quality Management Services will incorporate this requirement into the chart review protocol to ensure that CFT meetings are provided for children and youth who are receiving ICC, IHBS, or TFC, but who are not involved in the child welfare or juvenile probation systems. The MHP will require programs to submit an attestation affirming that the updated PWB/IS Quick Review training and the Pathways to Well

Being Intensive Services Therapeutic Foster Care policy and procedure were reviewed with all providers.

Person Responsible (job title)

Alice Kim, Health Services Manager

Implementation Timeline:

Six months from CAP approval date.

Requirement

The MHP must provide TFC services to all children and youth who meet beneficiary access criteria for SMHS as medically necessary.

DHCS Finding [1.2.7]

The MHP did not furnish evidence to demonstrate compliance with the BHIN No. 21-073 and Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

Corrective Action Description

The MHP will continue to communicate with Orange County Social Services Agency (SSA) and Foster Family Agencies (FFA) in support of recruiting Intensive Services Foster Care (ISFC) homes. Due to SSA's ongoing challenges with recruiting and maintaining ISFC homes in Orange County, the MHP is unable to implement TFC services in Orange County at this time. The MHP intends to work with SSA and FFA to implement TFC services that comply with BHIN No. 21-073 and Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), Therapeutic Foster Care Services (TFC) for Medi-Cal Beneficiaries, 3rd Edition, January 2018, and HCA's Pathways to Well Being Intensive Services Therapeutic Foster Care P&P.

Proposed Evidence/Documentation of Correction

Upon approval of this CAP, the MHP will submit meeting minutes from the quarterly meetings between the MHP and SSA evidencing the ongoing discussion of SSA's progress in recruiting ISFC homes. Once SSA and FFA secure a residential site where the MHP can provide TFC services, the MHP will present claims data as evidence that TFC services are provided to all children and youth who meet beneficiary access criteria for SMHS.

Ongoing Monitoring (if included)

QMS will review the SSA/MHP meeting minutes on a quarterly basis until an ISFC home is recruited. When the MHP is able to provide TFC services, QMS will monitor compliance with this requirement via monthly meetings with the provider's contract monitor, quarterly charge data reviews and annual chart reviews.

Person Responsible (job title)

Alice Kim, Health Services Manager

Implementation Timeline:

Submission of meeting minutes to occur within three months of CAP approval. Evidence that the MHP provides TFC services to all children and youth who meet beneficiary access criteria for SMHS as medically necessary to occur within three months of the effective date of a contract with a ISFC home.

Requirement

The MHP must have an affirmative responsibility to determine if children and youth who meet beneficiary access criteria for SMHS need TFC per BHIN No. 21-073 and Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

DHCS Finding [1.2.8]

It is not evident that the MHP assesses all children and youth to determine if they meet medical necessity criteria for TFC.

Corrective Action Description

The MHP will finalize and implement the PWB/IS assessment form to incorporate TFC eligibility requirements.

Proposed Evidence/Documentation of Correction

The MHP will submit de-identified copies of completed assessment forms as evidence of assuming the affirmative responsibility in determining if children and youth meet eligibility requirements for TFC.

Ongoing Monitoring (if included)

The MHP providers will submit quarterly updates to QMS describing adherence to the requirement to assess beneficiaries for TFC eligibility.

Person Responsible (job title)

Alice Kim, Health Services Manager

Implementation Timeline: [Date(s)]

Within three months of CAP approval.

Requirement

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

DHCS Finding [4.2.2]

TEST CALL #1
Test call was placed on Tuesday, February 14, 2023, at 7:11 a.m. The call was answered via a phone tree directing the caller to select a language option, which included the MHP's threshold language. After selecting the option for English, a recorded greeting provided instructions to dial 911 in an emergency. Once the caller was transferred to a live operator, he/she requested information about accessing mental health services in the county concerning his/her child's mental health and disruptive behavior in school. The operator asked for the child's personally identifying information, which the caller provided. The operator explained that the caller had reached the after-hours line and to call back during regular business hours for information.
The caller was not provided information about how to access SMHS, including SMHS 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). 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).

Corrective Action Description

Since the time of the review, the 24/7 Access Line's Quality Auditor met with the Clinical Case Manager who answered this call and reviewed all components of appropriate call handling and documentation. The 24/7 Access Line call staff was retrained on Orange County's Mental Health Plan's Access Line requirements in January 2023 and again in March 2023.

In addition, the ASO's quality management program audited 100% of Orange County calls from September 2022 through June 2023.

The 24/7 Access Line script will be reviewed and revised to ensure compliance with the DHCS requirements pertaining to the after hours team providing access information in real time and not requesting that the beneficiary call back during regular business hours. Individual ad hoc trainings will occur throughout the year with the 24/7 Access Line call center team.

Proposed Evidence/Documentation of Correction

Evidence of confirmation of training attendance, results of internal audits of all Orange County calls from September 2022 through June 2023 and a copy of an updated 24/7 Access Line script will be submitted upon CAP approval.

Ongoing Monitoring (if included)

The MHP will continue to monitor through quarterly test calls, with a focus on after-hour calls, and provide the results to the ASO. Based on findings, the MHP will require the ASO to develop and implement corrective action plans, as needed.

Person Responsible (job title)

Rebekah Radomski, Service Chief II

Implementation Timeline:

June 2023 through June 2024

Requirement

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

DHCS Finding [5.2.5]

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP conducts concurrent review of treatment authorizations following the first day of admission to a facility through discharge. Per the discussion during the review, the MHP stated that it has a draft policy for outpatient concurrent review and that this is an area that it is working to implement. Post review, the MHP submitted a draft policy and concurrent review forms; however, it is not evident that concurrent review occurred during the triennial review period for outpatient specialty mental health services. DHCS deems the MHP out of compliance with BHIN 22-016

Corrective Action Description

Since the review, the MHP finalized and approved the Authorization of Medi-Cal Beneficiaries for Crisis Residential Treatment Services and Concurrent Review Procedures policy effective June 1, 2023.

The MHP trained program monitors on the policies & procedures, the referral form, and the re-authorization form. The process was implemented on July 1, 2023.

Proposed Evidence/Documentation of Correction

The MHP will submit the approved P&P along with samples of de-identified requests for authorization forms and re-authorization forms upon approval of this CAP.

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Letty Luna-Pinto, Service Chief II

Implementation Timeline:

July 1, 2023

Requirement

The MHP will work with a hospital treating provider to develop a plan of care for a beneficiary if there is a disagreement with a modification or denial of an authorization as required per BHIN 22-017; Welfare and Institution Code 14197.1; Health and Safety Code 1367.01(e) & (h)(3-4); Code of Federal Regulations, title 42, section 431, subdivision 213(c); section 438, subdivision 404, section 438, subdivision 210(b)(3) & (c), section 431, subdivision 213(c); and MHSUDS IN 18-010E.

DHCS Finding [5.2.9]

It is not evident that the MHP will work with a hospital treating provider to develop a plan of care for a beneficiary if there is a disagreement with a modification or denial of an authorization as required per the regulation. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it was not aware of this occurring and it is working to establish a process to meet this requirement.

Corrective Action Description

Upon CAP approval, the MHP will update the HCA Medical Necessity and Concurrent Review Inpatient policy to include the provision that if the MHP denies a hospital's authorization request, the MHP must work with the treating provider to develop a plan of care.

The MHP will ensure that the ASO is trained on and adheres to the requirements described in the updated policy upon CAP approval.

Proposed Evidence/Documentation of Correction

The MHP will submit a copy of the updated HCA Medical Necessity and Concurrent Review Inpatient policy and provide samples of documentation of the MHP working with treatment providers to develop a plan of care when the MHP has denied an authorization request.

Ongoing Monitoring (if included)

The MHP will monitor inpatient denials and review a sampling of ASO utilization review notes to ensure a plan of care discussion has occurred.

Person Responsible (job title)

Rebekah Radomski, Service Chief II

Implementation Timeline:

Within six months of CAP approval.

Requirement

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

1. If the MHP refers a beneficiary to a facility for CRTS or ARTS, the referral may serve as the initial authorization as long as the MHP specifies the parameters (e.g., number of days authorized) of the authorization.

2. The MHP must then re-authorize medically necessary CRTS and ARTS services, as appropriate, concurrently with the beneficiary's stay and based on beneficiary's continued need for services.

DHCS Finding [5.2.11]

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP utilizes referral and/or concurrent review and authorization for all CRTS and ARTS and does not require prior authorization for these services. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that it has a draft policy for outpatient concurrent review and this is an area that it is working to implement. Post review, the MHP submitted a draft policy and concurrent review forms; however, it is not evident that concurrent review occurred during the triennial review period for outpatient specialty mental health services. DHCS deems the MHP out of compliance with BHIN 22-016.

Corrective Action Description

Since the review, the MHP finalized and approved the Authorization of Medi-Cal Beneficiaries for Crisis Residential Treatment Services and Concurrent Review Procedures policy effective June 1, 2023.

The MHP trained program monitors on the policies & procedures, the referral form, and the re-authorization form. The process was implemented on July 1, 2023.

Proposed Evidence/Documentation of Correction

The MHP will submit the approved P&P along with de-identified, completed referral forms and re-authorization forms upon approval of this CAP.

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Letty Luna-Pinto, Service Chief II

Implementation Timeline:

July 1, 2023

Requirement

The MHP may extend the timeframe for making an authorization decision for up to 14 additional calendar days if the following conditions are met: 1. The beneficiary, or the provider, requests an extension; or, 2. The MHP justifies (to the State upon request), and documents, a need for additional information and how the extension is in the beneficiary's interest.

DHCS Finding [5.2.12]

The MHP did not furnish evidence to demonstrate compliance with BHIN 22-016. While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP extends the timeframe for making an authorization decision for up to 14 additional days under the required conditions. This requirement was not included in any evidence provided by the MHP.

Corrective Action Description

Upon approval of this CAP, the MHP will update the Service Authorization Request (SAR) P&P to reflect that the MHP may extend the timeframe for making an authorization decision for up to 14 additional calendar days if required conditions are met.

Proposed Evidence/Documentation of Correction

Upon approval of this CAP, the MHP will submit the approved SAR P&P to include the provision that the MHP may extend the timeframe for making an authorization decision for up to 14 additional calendar days if required conditions are met.

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Alice Kim, Health Services Manager

Implementation Timeline:

Within six months from date of approved CAP.

Requirement

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

a. MHPs may not require prior authorization for the following services/service activities:
   i. Crisis Intervention;
   ii. Crisis Stabilization;
   iii. Mental Health Services, including initial assessment;
   iv. Targeted Case Management;
   v. Intensive Care Coordination; and,
   vi. Peer Support Services
   vii. Medication Support Services

b. Prior authorization or MHP referral is required for the following services:
   i. Intensive Home-Based Services
   ii. Day Treatment Intensive
   iii. Day Rehabilitation
   iv. Therapeutic Behavioral Services
   v. Therapeutic Foster Care

DHCS Finding [5.2.13]

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP established and implemented policies regarding prior authorization and/or MHP referral requirements for outpatient SMHS. This requirement was not included in any evidence provided by the MHP.

Corrective Action Description

Upon CAP approval, the MHP will develop a policy regarding prior authorization and/or MHP referral requirements for outpatient SMHS.

Proposed Evidence/Documentation of Correction

The MHP will submit a policy describing prior authorization and/or MHP referral requirements for outpatient SMHS.

Ongoing Monitoring (if included)

N/A.

Person Responsible (job title)

John Crump, Health Services Administrator

Implementation Timeline:

Within six months of CAP approval.

Requirement

The MHPs must review and make a decision regarding a provider's request for prior authorization as expeditiously as the beneficiary's mental health condition requires, and not to exceed five (5) business days from the MHP's receipt of the information reasonably necessary and requested by the MHP to make the determination.

DHCS Finding [5.2.14]

It is not evident that the MHP reviews and makes a decision regarding a provider's request for prior authorization as expeditiously as the beneficiary's mental health conditions requires, not to exceed five (5) business days from the MHP's receipt of the information.

Of the 10 Service Authorization Requests (SAR) reviewed by DHCS, two (2) were not authorized within the timeframe.

Corrective Action Description

The MHP will update the SAR P&P to include the provision that the MHP reviews and makes a decision regarding a provider's request for prior authorization as expeditiously as the beneficiary's mental health conditions requires, not to exceed five (5) business days from the MHP's receipt of the information.

Proposed Evidence/Documentation of Correction

The MHP will submit the approved SAR P&P upon approval of this CAP.

Ongoing Monitoring (if included)

N/A.

Person Responsible (job title)

Alice Kim, Health Services Manager

Implementation Timeline:

Within six months of CAP approval.

Requirement

The MHP must have only one level of appeal for beneficiaries. (MHP Contract, Ex. A, Att. 12, sec. 1(B)(2); 42 C.F.R. § 438.402(b); 42 C.F.R. § 438.228(a).)

DHCS Finding [6.1.4]

It is not evident that the MHP has only one level of appeal for beneficiaries. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it would review its policy and provide this information post review. Post review, the MHP submitted a compliant policy that it will implement moving forward.

Corrective Action Description

Since the time of the review, the MHP revised its policy effective March 27, 2023.

Proposed Evidence/Documentation of Correction

The MHP revised its policy and provided this information to DHCS post review.

Ongoing Monitoring (if included)

N/A.

Person Responsible (job title)

Annette Tran, Health Services Administrator

Implementation Timeline:

May 2023

Requirement

The MHP must submit the following information regarding the complaint to the DHCS Office of Civil Rights within ten calendar days of mailing a Discrimination Grievance resolution letter to a beneficiary, per California Medicaid State Plan, Section 7, Attachments 7.2-A and 7.2-B):

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

DHCS Finding [6.1.17]

It is not evident that the MHP submits the required information to the DHCS Office of Civil Rights. Of the five (5) discrimination grievances reviewed by DHCS, it was not evident that the required information was sent to the DHCS Office of Civil Rights. Per the discussion during the review, the MHP acknowledged that this process had not occurred and that it is including this requirement in its trainings. Post review, the MHP submitted a compliant policy that it will implement moving forward.

Corrective Action Description

Since the time of the review, the MHP revised its policy effective May 2023. The MHP trained providers during the MHP QIC meetings and included this updated information in the monthly QRTips newsletter. The QRTips newsletter is disseminated to MHP providers on a monthly basis and is posted on the HCA website.

Proposed Evidence/Documentation of Correction

The MHP submitted the revised policy to DHCS. The MHP to submit the QRTips newsletter upon CAP approval.

Ongoing Monitoring (if included)

N/A.

Person Responsible (job title)

Annette Tran, Health Services Administrator

Implementation Timeline:

May 2023

Requirement

The MHP must allow the beneficiary, their representative, or the legal representative of a deceased beneficiary's estate, to be included as parties to the appeal. (42 CFR § 438.406(b)(6); MHP Contract, Ex. A, Att. 12, sec. 5(A)(7).).

DHCS Finding [6.4.7]

It is not evident that the MHP allows the beneficiary, his or her representative, or the legal representative of a deceased beneficiary's estate, to be included as parties to the appeal. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it would review its policy and provide this information post review. Post review, the MHP submitted a compliant policy that it will implement moving forward.

Corrective Action Description

Since the time of the review, the MHP revised its policy effective March 27, 2023 and trained MHP staff responsible for addressing appeals.

Proposed Evidence/Documentation of Correction

The MHP submitted the revised policy to DHCS. Upon CAP approval, the MHP will submit evidence of training.

Ongoing Monitoring (if included)

N/A.

Person Responsible (job title)

Annette Tran, Health Services Administrator

Implementation Timeline:

April 2023

Chart Review

Requirement

The MHP must provide Child and Family Team (CFT) meetings to reassess the strengths and needs of the beneficiary at least every 90 days for the purpose of determining if ICC services should be modified.

DHCS Finding [8.7.2]

Medical record for beneficiaries receiving ICC services did not contain evidence that the MHP had reassessed the strengths and needs of the beneficiary, at least every 90 days, for the purpose of determining if ICC services should be modified.

Corrective Action Description

The MHP to update the training material and provide training on the use of the PWB/IS 90-Day Review Form upon CAP approval.

Proposed Evidence/Documentation of Correction

The MHP to submit updated training material and the PWB/IS Quick Review Form.

Ongoing Monitoring (if included)

The MHP will monitor adherence to this requirement via periodic, targeted chart reviews.

Person Responsible (job title)

Alice Kim, Health Services Manager

Implementation Timeline:

Three months upon CAP approval.