

Siskiyou County Behavioral Health
Fiscal Year 21/22 Specialty Mental Health Triennial Review
Corrective Action Plan

System Review

1. Requirement

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.

DHCS Finding 1.2.7

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.

Corrective Action Description

Over a period of approximately 11 months between May of 2020 and April of 2021, MHP staff met with representatives from CWS, Probation and the Children's First, the one foster family agency located in Siskiyou County. During this period, various options were explored, however, at that time, none of the RFA families recruited by CWS or the Children's First foster families were appropriate or capable of providing TFC. The MHP recently confirmed with CWS that it remains the case that there are no families willing or able to provide TFC currently in Siskiyou County. CWS has agreed to reconvene meetings with the parties listed above, and to work with the MHP and Children's First to develop a recruitment and training plan for TFC families. The first meeting will be scheduled by 11/30/22.

Proposed Evidence/Documentation of Correction

Ongoing Monitoring (if included)

Monitoring of progress will be conducted by Tracie Lima, LCSW, Clinical Director who will attend scheduled meetings.

Person Responsible (job title)

Clinical Director of Behavioral Health

Implementation Timeline: First meeting scheduled by 11/30/22 with the goal of identifying and training at a minimum one TFC family by 9/1/23.

2. Requirement

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.

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. This requirement was not included in any evidence provided by the MHP.

Corrective Action Description

MHP will add TFC medical necessity criteria to its' current assessment form.

Proposed Evidence/Documentation of Correction

1.2.8 FSP-ICC-IHBS-TFC Eligibility Assessment-HARDCOPY-Revised 2022-10-12

Ongoing Monitoring (if included)

Monitoring will be conducted through the MHP's chart monitoring process to ensure clinicians are completing the TFC assessment for all children and youth.

Person Responsible (job title)

Quality Assurance Manager

Implementation Timeline: 11/30/2022

3. Requirement

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.

DHCS Finding 1.4.4

It is not evident that the MHP certifies, or uses another MHP's certification documents to certify, the organizational providers that subcontract with the MHP to provide SMHS. Of the 14 active MHP providers, two (2) had overdue certifications.

Corrective Action Description

The two outstanding providers have been certified. The MHP has implemented a new tracking system to ensure certifications are completed timely in the future. The county

Siskiyou County Behavioral Health
FY 21-22 Specialty Mental Health Triennial Review – Corrective Action Plan

will continue to certify all organizational providers timely. Compliance Officer has reached out to the DMH Certification asking for assistance with running an overdue report that would include last MC Cert dates as opposed to the current report that lists only MC start dates. This would make it easier to schedule follow-up dates.

Proposed Evidence/Documentation of Correction

1.4.4. DHCS_Recert_ Approval letter

1.4.4.. DHCS_ReCert_Approval Letter 7.12.22

Ongoing Monitoring (if included)

Compliance Officer will monitor certifications of all MHP providers via a calendar system.

Person Responsible (job title)

Compliance Officer

Implementation Timeline: 10/1/2022

4. Requirement

California Code of Regulations, title 9, section 1810, subdivision 415(a). The MHP must make clinical consultation and training, including consultation and training on medications, available to a beneficiary's health care provider for beneficiaries whose mental illness is not being treated by the MHP or for beneficiaries who are receiving treatment from another health care provider in addition to receiving SMHS from the MHP.

DHCS Finding 2.3.1

It is not evident that the MHP makes clinical consultation and training, including consultation and training on medications, available to a beneficiary's health care provider for beneficiaries whose mental illness is not being treated by the MHP. Per the discussion during the review, the MHP stated that it provided consultations on medications during the triennial review period, but that no trainings were conducted.

Corrective Action Description

The MHP is currently in discussion with contracted psychiatric providers and with Partnership Health Plan to discuss development of a training plan, including training on medications, for primary care providers in Siskiyou County.

Proposed Evidence/Documentation of Correction

2.3.1 Prescriber training Request

2.3.1 Prescriber Training Request-Partnership

Ongoing Monitoring (if included)

The MHP will monitor the Consultation/Training Log

Person Responsible (job title)

Deputy Director

Implementation Timeline: Will provide first training by 1/31/2023.

5. Requirement

California Code of Regulations, title 9, section 1810, subdivision 370(a)(1). The MHP must ensure the MOU addresses the referral protocol between the MHP and MCP address the below listed requirements:

1. How the MHP will provide a referral to the MCP when the MHP determines that the beneficiary's mental illness would be responsive to physical health care based treatment.
2. How the MCP will provide a referral to the MHP when the MCP determines SMHS covered by the MHP may be required.

DHCS Finding 2.4.1

It is not evident the MOU between the MHP and MCP addresses how the MCP will provide a referral to the MHP when the MCP determines SMHS covered by the MHP may be required.

Corrective Action Description

Per the discussion during the review, the MHP stated that it was aware the MOU with its MCP did not include the required referral protocol and that the MHP was currently working with the MCP to revise the MOU to include this requirement.

Per DHCS' email dated 10/10/2022, the template and guidance regarding the new MCP/MHP MOU will be issued in late 2022/early 2023 and the MHP will follow this guidance and use the template provided by DHCS in developing a new MOU with the MCP.

Proposed Evidence/Documentation of Correction

2.4.1-2.4.2 Update on MOU Requirements Guidance

Ongoing Monitoring (if included)

The MHP will implement the new MOU and will monitor requirements to ensure MOU remains in compliance.

Person Responsible (job title)

MHP Director

Implementation Timeline: Late 2022/early 2023, upon receipt of the new guidance and MOU template.

6. Requirement

California Code of Regulations, title 9, subdivision 370(a)(5). The MHP must have a process for resolving disputes between the MHP and the MCP that includes a means for beneficiaries to receive medically necessary services, including SMHS and prescription drugs, while the dispute is being resolved. Also, when the dispute involves an MCP continuing to provide services to a beneficiary the MCP believes requires SMHS from the MHP, the MHP shall identify and provide the MCP with the name and telephone number of a psychiatrist or other qualified LMHP available to provide clinical consultation, including consultation on medications to the MCP provider responsible for the beneficiary's care.

DHCS Finding 2.4.2

It is not evident that the MHP has a process for resolving disputes between the MHP and the MCP that includes a means for beneficiaries to receive medically necessary services, including SMHS and prescription drugs, while disputes are being resolved. This requirement was not included in any evidence provided by the MHP.

Corrective Action Description

The MHP is currently working with the MCP to revise the MOU to include the dispute resolution requirement.

The MHP will follow guidance issued by DHCS and utilize the new MOU template to ensure the process for resolving disputes between the MHP and MCP includes provisions whereby beneficiaries continue to receive medically necessary services while disputes are being resolved is included.

Proposed Evidence/Documentation of Correction

2.4.1-2.4.2 Update on MOU Requirements Guidance

Ongoing Monitoring (if included)

The MHP will update MOU and monitor to ensure revisions are made as requirements change.

Person Responsible (job title)

MHP Director

Implementation Timeline: Late 2022/early 2023

7. Requirement

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

DHCS Finding 4.2.1

It is not evident that the MHP provides all written materials for potential beneficiaries and beneficiaries in a font size no smaller than 12 point. The MHP's Spanish beneficiary handbook included incorrect font size.

Corrective Action Description

Post review, the MHP provided an updated Spanish Beneficiary Handbook that had the correct font size that it will continue to use this version in the future.

Proposed Evidence/Documentation of Correction

Provided post review

Ongoing Monitoring (if included)

Compliance Officer will monitor compliance with this requirement annually when updating/reviewing MHP printed materials.

Person Responsible (job title)

Compliance Officer

Implementation Timeline: At time of Triennial Review.

8. Requirement

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.

DHCS Finding 4.3.2

TEST CALL #1 Test call was placed on Thursday, April 28, 2022, at 7:51 a.m. The call was immediately placed on hold. The caller waited on hold for approximately five (5) minutes before

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

TEST CALL #4 The caller was not provided information about services needed to treat a beneficiary's urgent condition.

TEST CALL #5 The caller waited on hold for approximately 14 minutes before ending the call. The caller was not provided information on 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.

Corrective Action Description

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

Proposed Evidence/Documentation of Correction

The MHP has reached out to Alameda Crisis Support with DHCS findings, Alameda Crisis Support provided a CAP to the MHP to address the deficiency. The county is also inquiring with other companies that currently provide after-hour services for SMHS for other counties.

Ongoing Monitoring (if included)

Latency reports and other data will be provided to the MHP to ensure Alameda Crisis Support is consistently meeting the requirements for the 24/7 crisis line.

Person Responsible (job title)

Compliance Officer

Implementation Timeline: 11/30/22

9. Requirement

California Code for Regulations, title 9, chapter 11, section 1810, subdivision 405(f). The MHP must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing. The written log(s) must contain name of the beneficiary, date of the request, and initial disposition of the request.

DHCS Finding 4.3.4

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

Training took place on 10-6-2022 with county staff that is responsible for answering and logging the 24/7 crisis/access line. Test calls from DHCS were reviewed as a training opportunity. A handout with the requirements was reviewed as a team for a better understanding of the requirements.

Proposed Evidence/Documentation of Correction

4.3.4_6.1.5_6.2.1_6.3.2_6.4.3 HA training materials

Ongoing Monitoring (if included)

Going forward staff will log the grievance/appeal timely. The supervisor will review the call log weekly to assure appropriate calls are being logged.

Person Responsible (job title)

Compliance Officer

Implementation Timeline: 10/6/22

10. Requirement

Federal Code of Regulations, title 42, section 438, subdivision 210(a)(3)(i). The MHP must not arbitrarily deny or reduce the amount, duration, or scope of medically necessary covered SMHS solely because of diagnosis, type of illness, or condition of the beneficiary.

DHCS Finding 5.1.6

It is not evident that the MHP does not arbitrarily deny or reduce the amount, duration, or scope of medically necessary covered SMHS solely because of diagnosis, type of illness, or condition of the beneficiary.

Corrective Action Description

Siskiyou County Behavioral Health
FY 21-22 Specialty Mental Health Triennial Review – Corrective Action Plan

Post review, the MHP submitted a compliant draft policy that it will implement moving forward. MHP finalized the draft policy and has implemented it. Further, the practice of the MHP was in alignment with this requirement, so no additional training or monitoring will be required.

Proposed Evidence/Documentation of Correction

5.1.6 CLIN 310 Authorization of SMHS & Concurrent Review

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Quality Assurance Manager

Implementation Timeline: 8/10/22

11. Requirement

The written acknowledgement to the beneficiary must be postmarked within five (5) calendar days of receipt of the grievance.

DHCS Finding 6.1.5

It is not evident that the MHP provides written acknowledgement to the beneficiary that is postmarked within five (5) calendar days of receipt of the grievance.

Corrective Action Description

Training took place on 10-6-2022 with county staff that is responsible for answering and logging the 24/7 crisis/access line. Test calls from DHCS were reviewed as a training opportunity. A handout with the requirements was reviewed as a team for a better understanding of the requirements.

Proposed Evidence/Documentation of Correction

4.3.4_6.1.5_6.2.1_6.3.2_6.4.3 HA training materials

Ongoing Monitoring (if included)

Grievance and appeals will be stamped clearly for the date of receipt. QA manager will also monitor stamped dates during the QA process.

Person Responsible (job title)

Compliance Officer

Implementation Timeline: 10/6/22

12. Requirement

Federal Code of Regulations, title 42, section 438, subdivision 416 and California Code of Regulations, title 9, section 1850, subdivision 205. The MHP must maintain a grievance and appeal log and record grievances, appeals, and expedited appeals in the log within one working day of the date of receipt of the grievance, appeal, or expedited appeal.

DHCS Finding 6.2.1

It is not evident that the MHP maintains a grievance and appeal log and records grievances, appeals, and expedited appeals in the log within one (1) working day of the date of receipt of the grievance, appeal, or expedited appeal. Of the grievances and appeals reviewed by DHCS, it was not clear that one (1) grievance and one (1) appeal were logged within one working day of receipt.

Corrective Action Description

Training took place on 10-6-2022 with county staff that is responsible for answering and logging 24/7 crisis/access line test calls from DHCS were reviewed as a training opportunity. A handout with the requirements was reviewed as a team for a better understanding of the requirements.

Proposed Evidence/Documentation of Correction

4.3.4_6.1.5_6.2.1_6.3.2_6.4.3 HA training materials

Ongoing Monitoring (if included)

Going forward staff will log the grievance/appeal timely. The supervisor will review the call log weekly to assure appropriate calls are being logged.

Person Responsible (job title)

Compliance Officer

Implementation Timeline: 10/6/22

13. Requirement

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

DHCS Finding 6.3.2

It is not evident that the MHP resolves each grievance as expeditiously as the beneficiary's health condition requires not to exceed 90 calendar days from the day the

Contractor receives the grievance. Of the grievances reviewed by DHCS, it was not evident that one (1) grievance was resolved within the 90 day timeframe.

Corrective Action Description

Training took place on 10-6-2022 with county staff that is responsible for answering and logging the 24/7 crisis/access line. Tests calls from DHCS were reviewed as a training opportunity. A handout with the requirements was reviewed as a team for a better understanding of the requirements

Proposed Evidence/Documentation of Correction

4.3.4_6.1.5_6.2.1_6.3.2_6.4.3 HA training materials

Ongoing Monitoring (if included)

The log will be monitored for accuracy and time this will be the responsibility of the Compliance Officer or their designee at the time. During QA monitoring the QA Manager will check for the accuracy of this requirement.

Person Responsible (job title)

Compliance Officer

Implementation Timeline: 10/6/22

14. Requirement

Federal Code of Regulations, title 42, section 438, subdivision 408(a); 408(b)(2). The MHP must resolve each appeal and provide notice, as expeditiously as the beneficiary's health condition requires, within 30 calendar days from the day the MHP receives the appeal.

DHCS Finding 6.4.3

It is not evident that the MHP resolves each appeal and provides notice, as expeditiously as the beneficiary's health condition requires, within 30 calendar days from the day the MHP receives the appeal. It was not clear that the one (1) appeal reviewed by DHCS was resolved within the 30-calendar day timeframe.

Corrective Action Description

Training took place on 10-6-2022 with county staff that is responsible for answering and logging the 24/7 crisis/access line. Tests calls from DHCS were reviewed as a training opportunity. A handout with the requirements was reviewed as a team for a better understanding of the requirements.

Proposed Evidence/Documentation of Correction

Siskiyou County Behavioral Health
FY 21-22 Specialty Mental Health Triennial Review – Corrective Action Plan

4.3.4_6.1.5_6.2.1_6.3.2_6.4.3 HA training materials

Ongoing Monitoring (if included)

The log will be monitored for accuracy and time this will be the responsibility of the Compliance Officer or their designee at the time. During QA monitoring the QA Manager will check for the accuracy of this requirement.

Person Responsible (job title)

Compliance Officer

Implementation Timeline: 10/6/22