

Solano County Mental Health Services
Fiscal Year 2020/2021 Specialty Mental Health Triennial Review
Corrective Action Plan

System Review

Requirement

The MHP must meet, and require its providers to meet, Department standards for timely access to care and services, taking into account the urgency of need for services.

Triennial review will focus on timeliness of all urgent appointments and physician appointments. 1. Urgent care appointments for services that do not require prior authorization: within 48 hours of the request for appointment 2. Emergent care appointments for services that require prior authorization: within 96 hours of the request for appointment

DHCS Finding Question 1.1.3

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

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP implemented Department standards for timely access to care, taking into account the urgency of need for services. Per the discussion during the Solano County Mental Health Plan FY 2020/2021 Medi-Cal SMHS Triennial Review Systems Review Findings Report 5 | Page review, the MHP stated that all requests were tracked and monitored for urgency and timeliness standards. The evidence submitted was deficient in demonstrating that all requests for psychiatry appointments met required timeliness standards. DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i).

Corrective Action Description

Our timeliness and authorization logs are being updated to include a tracking mechanism for urgent and routine appointments. We will train our Access and MHP staff to clearly mark those options.

Proposed Evidence/Documentation of Correction

- Report 333 Service Timeliness and CSI Assessment form

Ongoing Monitoring (if included)

Reporting in Solano's E.H.R. will need to focus not only on point of Access to first assessment, but also on treatment appointments, including psychiatry appointments.

Solano County Mental Health Services
FY 20/21 Specialty Mental Health Triennial Review – Corrective Action Plan

Report 333 will provide the information to provide improved timeliness tracking and monitoring throughout the health plan.

Person Responsible (job title)

Solano Access, DoIT, and Quality Improvement Teams

Implementation Timeline: September 30, 2022

Requirement

The MHP must provide TFC services to all children and youth who meet medical necessity criteria for TFC.

DHCS Finding Question 1.2.7

The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

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

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

Repeat deficiency Yes

Corrective Action Description

As of February 2, 2022, Solano MHP finalized and the Solano County Board of Supervisors approved the contract with Pacific Clinics to provide TFC. Pacific Clinics and Solano MHP are working closely to ensure that TFC services will be offered to clients as soon as possible. Until TFC services can be fully implemented, clients who need intensive in-home support services and are at risk of hospitalization and/or congregate care are offered intensive mental health and foster placement services, including in-home support services through IHBS, Therapeutic Behavioral Services, rehabilitation and collateral SMHS, Wraparound, Full-Service Partnership, and ISFC services.

Proposed Evidence/Documentation of Correction

Please see the TFC contract with Pacific Clinics.

Ongoing Monitoring (if included)

Contract Manager and MH Administrator will be in consistent contact with TFC provider as the program develops and TFC homes are identified.

Person Responsible (job title)

Contract Manager and MH Administrator

Implementation Timeline: The contract is effective as of February 1, 2022. Pacific Clinics is actively working towards identify TFC homes and the official referral to these services will occur once fully established.

Requirement

The MHP must have an affirmative responsibility to determine if children and youth who meet medical necessity criteria need TFC.

DHCS Finding Question 1.2.8

The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP assesses children and youth to determine if they meet medical necessity criteria for TFC. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP has developed a draft TFC assessment tool but it does not routinely screen children and youth for the need for TFC services.

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

Corrective Action Description

Staff routinely complete the Pathways to Well-Being Survey Assessment for their clients to determine eligibility for ICC and IHBS. Solano MHP has updated the Pathways to Well-Being Survey Assessment to include screening criteria for TFC. This updated

version of the Pathways to Well-Being Survey Assessment has been disseminated to all County and Contractor programs who complete this process.

Proposed Evidence/Documentation of Correction

When completed by the implementation timeline, Solano will provide the updated Pathways to Well-Being Survey Assessment as well as the emails sent to staff to alert them to start using this updated version to screen for TFC.

Ongoing Monitoring (if included)

These Pathways to Well-Being Survey Assessments are routinely collected from all programs. Staff that receive and monitor these submissions will continuously spot check to confirm that each program is completing this additional section to screen for TFC.

Person Responsible (job title)

Continuum of Care Reform Implementation Team

Implementation Timeline: Communication will go out to identified youth programs by July 1, 2022.

Requirement

The MHP must disseminate practice guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries

DHCS Finding Question 3.5.2

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

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted that the MHP disseminates the practice guidelines, upon request, to beneficiaries and potential beneficiaries. Per the discussion during the review, the MHP stated it has a process in place to disseminate guidelines to beneficiaries and would provide additional evidence of this process. The evidence provided was deficient in meeting the requirement.

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

Corrective Action Description

Solano MHP has Practice Guidelines posted on the public website. Solano MHP creates and issues Quality Improvement Information Notices (QI INs) on a monthly basis that are sent to both County and Contractor programs. These QI INs are posted on the same public website.

The January 2022 QI IN included a section informing staff of where to locate the Practice Guidelines and encouraged staff to provide the link to the Guidelines to clients.

Proposed Evidence/Documentation of Correction

Here is the link to the Practice Guidelines provided in the IN and available on the public website: [Clinical Practice Guidelines \(solanocounty.com\)](https://www.solanocounty.com/clinical-practice-guidelines)

Here is the link to the QI IN communicating to all MHP staff:
[QIIN2201FINAL202201.pdf \(solanocounty.com\)](#)

Here is the excerpt from the QI IN informing staff to provide the Practice Guidelines to clients:

22-01(E) CLINICAL PRACTICE GUIDELINES AVAILABLE TO STAFF AND CLIENTS (COUNTY & CONTRACTOR):

Solano Clinical Practice Guidelines is a compilation of national standard evidence-based practices (EBPs) and best practices across the children's, youth, and adult system of care. These guidelines are not intended to be mandatory, exhaustive, or definitive and it is recommended that professional judgment is used when determining the most appropriate treatment intervention that is discussed in collaboration with a

Solano County QI IN 22-01, January 1, 2022

Page 1 of 2

client/caregiver and accounts for the client's unique characteristics, culture, and preferences. These guidelines are to be available to both staff and clients – please provide the link below to clients:

- [The Clinical Practice Guidelines are available on SolanoCounty.com](https://www.solanocounty.com/clinical-practice-guidelines)

Ongoing Monitoring (if included)

Solano QI will update Practice Guidelines as needed. QI will send periodic reminders to the system of their availability and encourage that they be provided to clients.

Person Responsible (job title)

Solano QI Supervisor and Manager

Implementation Timeline: Email was sent to the system alerting them to the availability of the QI IN on January 6, 2022 – email has been attached entitled “Monthly Solano MHP QI Information Notice - January 2022”.

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:

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.

DHCS Finding Question 4.3.2

TEST CALL #2 - Test call was placed on Wednesday, December 9, 2020, at 6:14 p.m.

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

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

Corrective Action Description

Solano County Access supervisor spoke with the Solano County QI Test Call Coordinator who manages the monthly test calls and communicates the results of the test calls to the Crisis Stabilization unit (CSU) who answers the Access Line After Hours (M-F 5pm-8:30am and on weekends and holidays). The QI Test Call Coordinator was sending the CSU quarterly reports with only brief descriptions of the results of the afterhours test calls. Moving forward, the QI Test Call Coordinator will send the CSU supervisor/director, monthly results and will provide them with a more detailed response of the test call with the specific areas of deficiencies- specifically on providing callers with how to access SMHS. This will enable the CSU management to quickly and directly work with staff in any deficient areas. Additionally, the CSU management was reminded to ensure that any new staff or any staff needing refreshers, be shown the 15min training video on afterhours Access Calls that was provided to them a few years ago. Also reviewed the afterhours Access call script provided to the CSU staff that will help guide the staff in how to respond to the Access calls. Additionally, the QI Test Call Coordinator will add details on her Test Call spread sheets to monitor the areas of deficiencies each month and take action if improvements are not seen.

Proposed Evidence/Documentation of Correction

Emails to the Solano County QI Test Call Coordinator and CSU management with details on the new process for monthly review of the afterhours test calls. The QI clinician will also start tracking specific areas of deficiencies on Test call log.

Ongoing Monitoring (if included)

Solano County QI Test Call Coordinator will review Test Call data on a quarterly basis to review areas of deficiencies and monitor if for improvement. If specific areas of deficiencies persist, they will have a meeting with the CSU management to address problems and offer training/solutions.

Person Responsible (job title)

Solano County QI Test Call Coordinator and Solano County Access Supervisor

Implementation Timeline: Solano County QI Test Call Coordinator will start monthly reviews starting April 2022.

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:

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.

DHCS Finding Question 4.3.2

TEST CALL #4 - Test call was placed on Friday, December 11, 2020, at 7:39 a.m.

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.

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

Corrective Action Description

Solano County Mental Health Services
FY 20/21 Specialty Mental Health Triennial Review – Corrective Action Plan

Solano County Access supervisor spoke with the Solano County QI Test Call Coordinator who manages the monthly test calls and communicates the results of the test calls to the Crisis Stabilization unit (CSU) who answers the Access Line After Hours (M-F 5pm-8:30am and on weekends and holidays). The QI Test Call Coordinator was sending the CSU quarterly reports with only brief descriptions of the results of the afterhours test calls. Moving forward, the QI Test Call Coordinator will send the CSU supervisor/director, monthly results and will provide them with a more detailed response of the test call with the specific areas of deficiencies- specifically on explaining to callers how to access SMHS. This will enable the CSU management to quickly and directly work with staff on any deficient areas. Additionally, the CSU management was reminded to ensure that any new staff or any staff needing refreshers, be shown the 15min training video on afterhours Access Calls that was provided to them a few years ago. Also reviewed the afterhours Access call script provided to the CSU staff that will help guide the staff in how to respond to the Access calls. Additionally, the QI Clinician will add details on her Test Call spread sheets to monitor the areas of deficiencies each month and take action if improvements are not seen.

Proposed Evidence/Documentation of Correction

Emails to the Solano County QI Test Call Coordinator and CSU management with details on the new process for monthly review of the afterhours test calls. The QI Test Call Coordinator will also start tracking specific areas of deficiencies on Test call log.

Ongoing Monitoring (if included)

Solano County QI Test Call Coordinator will review Test Call data on a quarterly basis to review areas of deficiencies and monitor if for improvement. If specific areas of deficiencies persist, they will have a meeting with the CSU management to address problems and offer training/solutions.

Person Responsible (job title)

Solano County QI Test Call Coordinator and Solano County Access Supervisor

Implementation Timeline: Solano County QI Test Call Coordinator will start monthly reviews starting April 2022.

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:

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 Question 4.3.2

TEST CALL #7 - Test call was placed on Friday, March 19, 2021, at 07:33 a.m.

The caller was not provided information about how to use the beneficiary problem resolution and fair hearing process.

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).

Corrective Action Description

Solano County Access supervisor spoke with the Solano County QI Test Call Coordinator who manages the monthly test calls and communicates the results of the test calls to the Crisis Stabilization unit (CSU) who answers the Access Line afterhours (M-F 5pm-8:30am and on weekends and holidays). The QI Test Call Coordinator was sending the CSU quarterly reports with only brief descriptions of the results of the afterhours test calls. Moving forward, the QI Test Call Coordinator will send the CSU supervisor/director, monthly results and will provide them with a more detailed response of the test call with the specific areas of deficiencies -specifically failure to inform callers with a complaint or grievance on how to use the beneficiary problem resolution and fair hearing process. This will enable the CSU management to quickly and directly work with staff in any deficient areas. Additionally, the CSU management was reminded to ensure that any new staff or any staff needing refreshers, be shown the 15min training video on afterhours Access Calls that was provided to them a few years ago. Also reviewed the afterhours Access call script provided to the CSU staff that will help guide the staff in how to respond to the Access calls. Additionally, the QI Test Call Coordinator will add details on her Test Call spread sheets to monitor the areas of deficiencies each month and take action if improvements are not seen.

Proposed Evidence/Documentation of Correction

Emails to the Solano County QI Test Call Coordinator and CSU management with details on the new process for monthly review of the afterhours test calls. The QI clinician will also start tracking specific areas of deficiencies on Test call log.

Ongoing Monitoring (if included)

Solano County QI Test Call Coordinator will review Test Call data on a quarterly basis to review areas of deficiencies and monitor if for improvement. If specific areas of deficiencies persist, they will have a meeting with the CSU management to address problems and offer training/solutions.

Person Responsible (job title)

Solano County QI Test Call Coordinator and Solano County Access Supervisor

Implementation Timeline: Solano County QI Test Call Coordinator will start monthly reviews starting April 2022.

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.

DHCS Finding Question 4.3.4

The MHP did not furnish evidence to demonstrate compliance with California Code for Regulations, title 9, chapter 11, section 1810, subdivision 405(f).

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

Test Call #	Date of Call	Time of Call	Log Results		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
1	10/28/2021	3:30 p.m.	IN	IN	IN
2	12/10/2020	6:14 p.m.	OOC	OOC	OCC
3	10/23/2020	2:35 p.m.	IN	IN	IN
4	12/11/2020	7:39 a.m.	OOC	OOC	OOC
5	11/2/2020	1:43 p.m.	OOC	OOC	OCC
Compliance Percentage			40%	40%	40%

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

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

Corrective Action Description

Solano County Access supervisor spoke with the Solano County QI Test Call Coordinator who manages the monthly test calls and communicates the results of the test calls to the Crisis Stabilization unit (CSU) who answers the Access Line afterhours (M-F 5pm-8:30am and on weekends and holidays). The QI Test Call Coordinator was sending the CSU quarterly reports with only brief descriptions of the results of the afterhours test calls. Moving forward, the QI Test Call Coordinator will send the CSU supervisor/director, monthly results and will provide them with a more detailed response of the test call with the specific areas of deficiencies- specifically the CSU not sending

Solano County Mental Health Services
FY 20/21 Specialty Mental Health Triennial Review – Corrective Action Plan

afterhours call referrals to the Access staff to log afterhours calls. This will enable the CSU management to quickly and directly work with staff in any deficient areas. Additionally, the CSU management was reminded to ensure that any new staff or any staff needing refreshers, be shown the 15 min training video on afterhours Access Calls that was provided to them a few years ago. Also reviewed the afterhours Access call script provided to the CSU staff that will help guide the staff in how to respond to the Access calls. Additionally, the QI Test Call Coordinator will add details on her Test Call spread sheets to monitor the areas of deficiencies each month and take action if improvements are not seen.

Proposed Evidence/Documentation of Correction

Emails to the Solano County QI Test Call Coordinator and CSU management with details on the new process for monthly review of the afterhours test calls. The QI Test Call Coordinator will also start tracking specific areas of deficiencies on Test call log.

Ongoing Monitoring (if included)

Solano County QI Test Call Coordinator will review Test Call data on a quarterly basis to review areas of deficiencies and monitor if for improvement. If specific areas of deficiencies persist, they will have a meeting with the CSU management to address problems and offer training/solutions.

Person Responsible (job title)

Solano County QI Test Call Coordinator and Solano County Access Supervisor

Implementation Timeline: Solano County QI Test Call Coordinator will start monthly reviews starting April 2022.

Requirement

The MHP must meet, and require its providers to meet, the DHCS standards for timely access to care and services for children and youth presumptively transferred to the MHP's responsibility.

DHCS Finding Question 5.3.5

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

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP meets DHCS standards for timely access to care and services for children/youth presumptively transferred to the MHP's responsibility. Of the 63 beneficiaries presumptively transferred to the MHP during the review period, nine (9) did not meet timeliness standards. Per the discussion during the review, the MHP stated

that the high volume of presumptive transfers, coordination with specialized providers, and staffing shortages can cause delays in service.

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

Repeat deficiency Yes

Corrective Action Description

Three (3) of the those reported were incorrectly reported that they did not meet timeliness. After further review of the data submitted, the Thanksgiving Holidays were not removed from the 10 business days. Next time timeliness data is submitted on presumptive transferred youth, we will ensure any holidays are considered in the calculations.

The other six (6) client appointments were out of timeliness. Solano QI will provider training/reminders to contract providers and Access clinicians of the timeliness standards to ensure adherence to these standards.

Proposed Evidence/Documentation of Correction

Access supervisor will review timeliness standards at the next Access clinician all staff meeting on April 7, 2022.

A letter from the Foster Care/Children's manager will be sent to the 0-5 year-old contractor program to review the timeliness standards.

Ongoing Monitoring (if included)

Monthly timeliness reports are currently provided to each program on a monthly basis by the Access supervisor. Our current timeliness standard for each program is 80% of the appointments must be within timeliness. We will request each program review the 20% who were not in timeliness to see if something else could have been done to ensure timeliness.

Person Responsible (job title)

Access supervisor

Implementation Timeline: June 30, 2022

Requirement

The MHP must provide beneficiaries with a Notice of Adverse Beneficiary Determination under the circumstances listed below:

1. The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of covered benefit.

2. The reduction, suspension or termination of a previously authorized service.
3. The denial, in whole or in part, of a payment for service.
4. The failure to provide services in a timely manner.
5. The failure to act within timeframes provided in 42 C.F.R. § 438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.
6. The denial of a beneficiary's request to dispute financial liability, including cost sharing and other beneficiary financial liabilities.

DHCS Finding Question 5.4.1

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 400.

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides NOABDs to beneficiaries for failure to provide services in a timely manner. Per the discussion during the review, the MHP stated it would provide evidence of NOABDs for failure to provide psychiatry appointments and urgent care appointments for services that do not require prior authorization within the required timeframes. This additional evidence was not provided.

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

Corrective Action Description

Solano is actively working on creating NOABD forms in Solano's E.H.R. for the purpose of enhancing the tracking and monitoring of NOABD issuance.

Proposed Evidence/Documentation of Correction

Evidence will include a new form developed in Avatar E.H.R. as well as associated letters that will print from fields completed in the Avatar NOABD form. Additionally, reporting will be developed to assist Solano in tracking and monitoring the various kinds of NOABD submissions, including those associated with psychiatry and urgent care appointments.

Ongoing Monitoring (if included)

Ongoing monitoring will be required for this triennial protocol item. The Avatar reports will enable the tracking and monitoring to occur.

Person Responsible (job title)

Solano Quality Improvement and Department of Information Technology.

Implementation Timeline: September 30, 2022

Requirement

The MHP must maintain a grievance and appeal log and record grievances, appeals, and expedited appeals in the log within one working day of the date of receipt of the grievance, appeal, or expedited appeal.

DHCS Finding Question 6.2.1

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 416 and California Code of Regulations, title 9, section 1850, subdivision 205.

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP maintains a grievance and appeal log and records grievances, appeals, and expedited appeals in the log within one working day of the date of receipt. Of the 29 grievances reviewed, one (1) was not logged within one (1) business day. Of the six (6) appeals reviewed, two (2) were not logged within one (1) business day. Per the discussion during the review, the MHP stated the untimely logging may be due to issues with the electronic tracking system or administrative error.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 416 and California Code of Regulations, title 9, section 1850, and subdivision 205.

Repeat deficiency Yes

Corrective Action Description

The QI unit will increase the amount of staff available to log all items as back up when needed. Previously this responsibility was assigned to the Problem Resolution Coordinator and one additional staff who acted as back up. We will now train additional QI team staff on the process of logging required forms in the appropriate timeframe. The QI unit will also review coverage of grievance and appeal logging in weekly staff meetings.

Proposed Evidence/Documentation of Correction

When completed by the implementation timeline, signed attestations from QI staff who have been trained on logging requirements as well as the process of inputting logging information into Symplr, Solano's electronic independent compliance and safety program, will be provided

Ongoing Monitoring (if included)

The QI unit will review the logging coverage schedule weekly in staff meetings to ensure that everything is entered timely.

Person Responsible (job title)

Problem Resolution Coordinator

Implementation Timeline: July 1, 2022

Requirement

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 Question 6.4.3

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(a); 408(b)(2).

While the MHP submitted evidence to demonstrate compliance with this requirement, 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. Of the six (6) appeals reviewed, one (1) was not resolved within 30 days. Per the discussion during the review, the MHP stated the out of compliance appeal may have been a result of adhering to an expired policy and the MHP has since updated its internal policies and procedures to the required timeline.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(a); 408(b)(2).

Corrective Action Description

Current Solano County policy has been updated to reflect 30 days when previously it was defined as 60. Additional staff will be trained as back up to Problem Resolution Coordinator.

Proposed Evidence/Documentation of Correction

Please see Solano Policy and Procedure ADM142 Beneficiary Problem Resolution – Appeals and Expedited Appeals.

Ongoing Monitoring (if included)

Solano's Problem Resolution Coordinator will continue to monitor timeliness of processing and closing appeals in a timely manner on an ongoing basis.

Solano County Mental Health Services
FY 20/21 Specialty Mental Health Triennial Review – Corrective Action Plan

Person Responsible (job title)

Problem Resolution Coordinator

Implementation Timeline: Complete

Chart Review

Requirement

Client Plans - FINDING 8.4.2b: Services claimed and documented on the beneficiary's progress notes were not sufficient and consistent in amount, duration or scope with those documented on the beneficiary's current Client Plan.

DHCS Finding 8.4.2b

Line number 5. Interventions documented on the Treatment Plans dated 8/1/2019 (Coverage Period: 8/20/2019 to 8/19/2020) and 3/3/2020 (Coverage Period: 2/19/2020 to 8/19/2020) included Individual Rehabilitation once to twice per week, Individual Therapy and Group Therapy once per week, Family Therapy once per month, Collateral and Case Management services once to twice per month, and Medication Management "as needed." However, Individual Rehabilitation, Group Therapy, Family Therapy, and Collateral services were not provided during the three-month review period and Case Management was provided only once.

The MHP provided the following statement in response, "Previously we would include services such as Group therapy, Family therapy and Medication management if there was a possibility for the client to participate. We have since changed those practices and now only put those onto the treatment plans when they are very close or actively working towards those services. So these services were included with the hopes and plan for the client to engage in them and to provide the option should the client be willing to engage."

Although it appears MHP has altered their approach to evaluating which intervention services to include in the beneficiary's individualized treatment plan, the services provided during this review period (1/1/2020 through 3/31/2020) were inconsistent with the frequencies proposed on both the 8/1/2019 and 3/3/2020 Client Plans.

Corrective Action Description

The explanation provided from the program audited for Line 5 explains that they have already updated their practice for Treatment Plans to be reflective of accurate/real time service provision. Solano QI currently trains to this in monthly documentation trainings and when supporting clinics with documentation on a regular basis.

Proposed Evidence/Documentation of Correction

Solano QI provides a monthly documentation training for new staff that clearly outlines to include services to be provided on the current Treatment Plan and to add additional

Solano County Mental Health Services FY 20/21 Specialty Mental Health Triennial Review – Corrective Action Plan

interventions with the addendum process as additional services are agreed upon. Slides from this training are provided below.

Interventions – Provider Will

Must be:

- o Focused and address the identified functional impairments as a result of the mental health diagnosis
- o Consistent with CSP goal and treatment objectives
- o Clear and **client specific**

Must include:

- o Detail of modality to be used and/or focus of the service
- o Specific frequency of how often the service will be provided
 - A range can be used, such as 1-2 times per week, 3-5 times per month
 - Do not use “as needed” or “ad hoc”
- o Duration of how long the services is anticipated to be needed
 - Typically 6-12 months

All services provided by all programs working with the client need to be included in this section of the CSP

CSP Addendums

A CSP Addendum is required whenever there is a change or correction needed on a client's CSP

- o Ancillary programs can now complete addendums. Collaboration with the PSC documented in a progress note is REQUIRED to determine who will complete the addendum and what information is to be added
- o **Addendums to add objectives or interventions are the same format as the CSP and will maintain the cycle end date of the current plan**
- o The Plan Type should be identified as “Addendum” and it should be clearly linked to the current plan
 - New CSP will allow this in Avatar
 - For program's using their own EHR, this may need to be written in the body of the CSP
- o Signature/collaboration with client/authorized representative is required for addendums to be effective for clinical or significant changes. This follows the same process as the original CSP

Solano QI will periodically review plans for the program audited to ensure that they are following their reported practice to only put those onto the treatment plans when they are very close or actively working towards those services. Solano QI will provide individual feedback as needed.

Ongoing Monitoring (if included)

Solano QI will continue to train to this point at monthly intervals as well as at annual documentation training, which will be provided after documentation redesign of CalAIM

Solano County Mental Health Services
FY 20/21 Specialty Mental Health Triennial Review – Corrective Action Plan

to account for any changes. If this is no longer applicable after CalAIM documentation redesign, we will adjust our training at that time. Solano QI will periodically review plans for the program audited to ensure that they are following their reported practice to only put those onto the treatment plans when they are very close or actively working towards those services. Solano QI will provide individual feedback as needed.

Person Responsible (job title)

Solano County QI Supervisor and Manager

Implementation Timeline: Currently occurring and at system wide documentation training following CalAIM redesign, which should occur within the next 6 months, if requirement is still applicable. Will immediately begin reviewing audited program's plans to ensure compliance through our bi-monthly Quality Review process.

Requirement

Client Plans - FINDING 8.4.3a: One or more client plan(s) was not updated at least annually and/or when there were significant changes in the beneficiary's condition.

DHCS FINDING 8.4.3a

Line numbers 6 and 7: There was a lapse between the prior and current Client Plans. However, this occurred outside of the audit review period. o Line number 6. Prior Client Plan expired on 2/6/2019; current Client Plan was completed on 11/8/2019. o Line number 7. Prior Client Plan expired on 9/12/2019; current Client Plan was completed on 9/26/2019.

Corrective Action Description

Solano QI provides a monthly documentation training for new staff that clearly outlines timeliness requirements of Treatment Plans. This is also a topic addressed on a regular basis, system wide, with our Quality Review process that occurs alternate weeks for County and Contractor programs. Solano QI will continue to reinforce the timeliness requirements outlined in our County policy in these manners.

Proposed Evidence/Documentation of Correction

Solano QI provides a monthly documentation training for new staff that clearly outlines timeliness requirements of Treatment Plans. A slide from this training is provided below.

Timeframes for Completing the Client Service Plan (CSP)

Initial	Annual	Addendum/Update
<ul style="list-style-type: none">- Within 10 business days from first face-to-face assessment/admission• A new “initial” plan is only completed when a client is closed to the MHP for more than 90 days	<ul style="list-style-type: none">- Can be worked on 2 months prior to the current plan end date/cycle end date of current authorization• Considered on time if completed before current plan expires	<ul style="list-style-type: none">- At any time when:<ul style="list-style-type: none">• A new treatment objective or intervention needs to be added• A case is transferred and the current plan does not cover new services to be provided

Ongoing Monitoring (if included)

Solano QI will continue to train to this point at monthly intervals as well as at annual documentation training, which will be provided after documentation redesign of CalAIM to account for any changes. QI will continue to address timeliness issues in weekly Quality Review.

Person Responsible (job title)

Solano County QI Supervisor and Manager

Implementation Timeline: Currently occurring and at system wide documentation training following CalAIM redesign, which should occur within the next 6 months, if requirement is still applicable.

Requirement

Client Plans - FINDING 8.4.4: Client Plans did not include all of the required elements identified in the MHP Contract.

DHCS Finding 8.4.4:

One or more proposed interventions did not include an expected frequency or frequency range that was specific enough. Line numbers 1, 2, 3, 4, 5, 6, 10, 13, 14, 16, and 18. For each of the preceding line numbers the expected frequency for medication support services was documented “as medically necessary,” “as needed,” or “Psychiatrist will provide medication management, frequency to be determined by medical necessity.”

The MHP responded during the virtual onsite review, that the frequency of medication support services was “out of our scope” of practice and more appropriate for the

Solano County Mental Health Services
FY 20/21 Specialty Mental Health Triennial Review – Corrective Action Plan

prescribing psychiatrist to set. However, MHP staff were given the opportunity to provide evidence that the treating psychiatrist documented an expected frequency in a separate plan or progress note but were unable to locate such documentation in the medical record.

Corrective Action Description

As of the Annual Review Protocol for SMHS FY2021-22, this is no longer a requirement. Solano MHP will follow guidance from current protocol.

Proposed Evidence/Documentation of Correction

From Annual Review Protocol for SMHS FY2021-22 that no longer includes the requirement of intervention to include frequency:

8.4.3	<p>The MHP shall ensure that Client Plans:</p> <ol style="list-style-type: none">1) Have specific, observable and/or specific quantifiable goals/treatment objectives related to the beneficiary's mental health needs and functional impairment as a result of the mental health diagnosis.2) Identify the proposed type(s) of interventions or modality.3) Have interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance.4) Have interventions are consistent with client plan goal(s)/treatment objective(s).5) Have interventions are consistent with the qualifying diagnoses. <p>(MHP Contract, Ex. A, Att. 9, Sec. 1(B)(1)).</p>
-------	---

Ongoing Monitoring (if included)

Does not apply.

Person Responsible (job title)

Does not apply.

Implementation Timeline: Does not apply.

Requirement

Progress Notes - FINDING 8.5.2: Progress notes did not include all required elements specified in the MHP Contract, and/or were not in accordance with the MHP's written documentation standards.

DHCS Finding 8.5.2:

Line numbers 5, 7, 8, 9, 10, 11, 12, 13, 16, 17, 18, 19, and 20. One or more progress note(s) was not completed within the MHP's written timeliness standard of 7 days after

Solano County Mental Health Services
FY 20/21 Specialty Mental Health Triennial Review – Corrective Action Plan

provision of service. Fifty-nine (17 percent) of all progress notes reviewed were completed late (83% compliance).

Corrective Action Description

All staff are trained on Solano County's timeliness standard for progress notes and this is also an audit item for our yearly audits. We are aware that this requirement will likely change with CalAIM documentation redesign.

Proposed Evidence/Documentation of Correction

Below is the item on our audit tool that currently monitors compliance for this requirement. If out of compliance in audits, programs are required to respond through the CAP process to address this.

TE24.	Were all progress notes completed within seven calendar days of the date of service? (Per policy CLI415 effective 4/18/19.)
-------	---

Ongoing Monitoring (if included)

We will continue to audit to this standard unless CalAIM documentation redesign changes this standard.

Person Responsible (job title)

Solano County QI Supervisor and Manager

Implementation Timeline: Currently occurring and will continue on an annual basis until CalAIM documentation redesign changes this standard.

Requirement

Progress Notes - FINDING 8.5.4: Progress notes were not documented according to the contractual requirements specified in the MHP Contract.

DHCS Finding 8.5.4

Line number 17: For Mental Health Services claimed, the service activity (e.g., Assessment, Plan Development, Rehab) identified on the progress note was not consistent with the specific service activity actually documented in the body of the progress note.

The content of a 3/4/2020 progress note for Individual Therapy describes a Collateral intervention, rather than Individual Therapy services and is initially described as such by

Solano County Mental Health Services
FY 20/21 Specialty Mental Health Triennial Review – Corrective Action Plan

the provider who noted under Behavioral/Presenting Problems, “Clinician met with the mother for a collateral session directly following a Child and Family Team meeting.”

Corrective Action Description

Solano QI provides a monthly documentation training for new staff that clearly outlines service code definitions and appropriate usage. Slides from this training are provided below. Solano QI also encourages consistent use of the Clinical Documentation Manual to ensure that correct billing codes are used based upon the service. This resource is available to all County and Contractor staff. Correct service code is also audited to on an annual basis.

Proposed Evidence/Documentation of Correction

Collateral	Therapy
<ul style="list-style-type: none"> - Service to a significant support person in a client's life for the purpose of meeting the needs of the client in terms of achieving the goals of the CSP - Psychoeducation and support - Cannot be focused on collateral person's own challenges - Collateral Group: group for support persons of multiple clients for skills building and psychoeducation connected to clients' mental health treatment 	<ul style="list-style-type: none"> - Scope of practice – only licensed, registered, or waived staff may bill without co-signature. Trainees may bill with co-signature - An intervention that includes the application of therapeutic strategies, including various treatment modalities, to assist the client to achieve better psychosocial adaptation - Specific models are used, including <u>evidence based</u> interventions - Types: Individual, Group, or Family Therapy

Audit Tool Item:

CL31. ^*	Does each progress note utilize the appropriate billing code for the service provided?
----------	--

Documentation Manual:

[Mental Health Contract Agencies Solano County, California \(networkofcare.org\)](http://networkofcare.org)

Solano County Mental Health Services FY 20/21 Specialty Mental Health Triennial Review – Corrective Action Plan

Documentation Manual

- 01. Documentation Manual Introduction 10-17-17
- 02. Assessment 10-15-18
- 03. PlanDevelopment 10-18-18
- 04. CrisisIntervention 8-24-17
- 05. Therapy 2-28-18
- 06. Rehabilitation 2-28-18
- 07. Collateral 2-28-18
- 08. Targeted Case Management 3-29-19
- 09. Brokerage and Placement 3-29-19
- 10. Non-Billable Services 11-3-20
- 11. Medication Support Services 7-17-19
- 12. Pathways to Well-Being Including Katie A. Subclass 9-28-20
- 13. Psychological Testing 9-20-17
- 14. Program Specific-FSP 5-22-19
- 15. Program Specific-Adult Crisis Residential 9-20-17
- 16. Program Specific-Crisis Stabilization Unit 6-22-18
- 17. Program Specific-Day Treatment 9-9-19
- 18. Program Specific-Therapeutic Behavioral Services (TBS) 3-20-18
- 19. Telehealth Location and Face to Face (F2F) Codes for Progress Notes 6-15-21

Ongoing Monitoring (if included)

Solano QI will continue to train on appropriate billing code usage at monthly intervals as well as at annual documentation training for the entire system, which will be provided after documentation redesign of CalAIM to account for any changes. QI staff will continue to encourage current staff to utilize the Documentation Manual. QI will continue to review accurate use of service codes in the annual audit process.

Person Responsible (job title)

Solano County QI Supervisor and Manager

Implementation Timeline: Current and ongoing

Requirement

Provision of ICC Services and IHBS for Children and Youth - FINDING 8.6.1: The medical record associated with the following Line number(s) did not contain evidence that the beneficiary received an individualized determination of eligibility and need for ICC services and IHBS, and that if appropriate, such services were included in their Client Plan.

DHCS Finding 8.6.1

Line number 14. MHP submitted the Solano County Mental Health Screening Tool (MHST), which would otherwise have met requirements for an individualized determination of eligibility; however, the document is not dated, rendering it difficult to determine the timeliness of re-determination of eligibility as defined by MHP policy, given the provided episode opening date for the beneficiary was 3/1/2018.

Corrective Action Description

Solano's previous protocol was that PSCs were not required to complete a Pathways to Well-Being Survey Assessment for any client who met Level of Care (LOC) criteria for one of our intensive services units (e.g. Wrap and TAY) because the client automatically met the Pathways criteria for ICC and IHBS due to receiving intensive SMHS. For Line 14, the client was being served by one of the exempted programs. To address this issue moving forward, Solano County will instruct the previously exempted programs to complete a Pathways to Well-Being Survey Assessment at the beginning of treatment for all clients that open to the program. This will indicate determination of eligibility.

Proposed Evidence/Documentation of Correction

Programs previously exempted from having to complete the individualized assessment due to LOC will be instructed that they now must complete this form for all clients upon intake to the program. This directive will be communicated to identified programs via an email announcement from Dani Halpin, MH Supervisor and member of Solano's Continuum of Care Reform implementation team, who oversees the completion of the Pathways Assessments for the MHP. When completed by the implementation timeline, we will provide the email sent to staff to alert them of this change.

Ongoing Monitoring (if included)

Continuum of Care Reform implementation team will follow up with previously exempted MHP youth programs periodically to ensure that Pathways Assessments are being completed for all clients under 21 who open to their program.

Person Responsible (job title)

Continuum of Care Reform Implementation Team

Implementation Timeline: Communication will go out to identified youth programs by July 1, 2022.