

## Medi-Cal Behavioral Health Corrective Action Plan (CAP)

Sonoma

Compliance Review Date: 6/20/2023 – 6/22/2023

Corrective Action Plan Fiscal Year: 2022-2023

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction
<p><b>Question 1.2.7</b></p> <p><b>FINDING</b></p> <p>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. The MHP must provide TFC services to all children and youth who meet beneficiary access criteria for SMHS as medically necessary.</p>	<p><b>Corrective Action Description</b></p> <ol style="list-style-type: none"><li>1. The MHP will be publishing a Request for Proposal to obtain a provider to deliver TFC services.</li><li>2. The MHP currently uses a screening tool for ICC, IHBS and TFC to identify clients who need TFC services.</li><li>3. The MHP will be finalizing draft policy and procedure MHP-07, Continuum of Care - Intensive Services for Children and Youth, which will address this requirement.</li><li>4. The MHP will disseminate the revised policy and procedure and provide training to impacted MHP staff and providers.</li></ol>	<p><del>June 30, 2024</del></p> <p>December 31, 2024</p>	<p>Updated Policy and Procedure MHP-07, Continuum of Care - Intensive Services for Children and Youth to be consistent with the Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS) and Therapeutic Foster Care (TFC), 3rd Edition.</p> <p>Policy and Procedure 7.2.1, Authorization Standards for Outpatient Specialty Mental Health Services</p>

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<p>The MHP submitted the following documentation as evidence of compliance with this requirement:</p> <ul style="list-style-type: none"> <li>• DRAFT MHP-07 Continuum of Care-Intensive Services for Children and Youth 10.06.21 V2 (8.05.22)</li> <li>• MHP-07-Katie-A-Services-rem</li> <li>• TFC screening tool</li> <li>• TFC Contract Status</li> <li>• TFC criteria</li> <li>• 2023-6-21 Email from NH to KS Re TFC Eligibility Extract</li> <li>• TFC Eligibility extract</li> <li>• TFC Eligibility Extract email #2</li> <li>• TFC Eligibility Extract email</li> </ul> <p>While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides Therapeutic Foster Care (TFC) to all children and youth who</p>	<p><b>Monitoring</b></p> <p>MHP will review process quarterly to ensure availability of TFC services and audit at least annually that assessments are occurring for all eligible children/youth.</p>		<p>TFC screening tool which includes screening for TFC eligibility</p> <p>TFC Contract Status (for RFP)</p> <p>Examples from client records of TFC screening</p>

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<p>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 that it is not providing TFC services at this time and is talking with a provider and that provider will submit a Request for Proposal.</p> <p>DHCS deems the MHP out of 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 Services (TFC) for Medi-Cal Beneficiaries, 3rd Edition, January 2018.</p> <p>Repeat deficiency: Yes</p>			
<p><b>Question 1.4.4</b></p> <p><b>FINDING</b></p> <p>The MHP did not furnish evidence</p>	<p><b>Corrective Action Description</b></p> <p>1. The MHP will finalize draft Policy and Procedure (P&amp;P) 7.2.X Short-</p>	<p><del>June 30, 2024</del></p> <p>December 31, 2024</p>	<p>Updated 7.2.X Short-Doyle Medi-Cal Site Certification for County Owned and</p>

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<p>to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 435 and MHP contract, exhibit A, attachment 8, section 8(D). 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.</p> <p>The MHP submitted the following documentation as evidence of compliance with this requirement:</p> <ul style="list-style-type: none"> <li>• MHP-15 Short-Doyle Medi-Cal Site Certification for County Owned and Operated and MHP Contract Providers</li> <li>• Completed Certifications, evidence listed under folder</li> <li>• Site Certification Sample &amp; Track, evidence listed under folder</li> <li>• Site Certification Protocol, evidence listed under folder</li> </ul>	<p>Doyle Medi- Cal Site Certification for County Owned and Operated and MHP Contract Providers (The P&amp;P addresses certifications, recertifications, piggybacks and terminations). The revised P&amp;P will address how the MHP will take appropriate action to recertify or terminate providers within the required timeframe and prevent any breakdown in the certification process.</p> <p>2. The MHP will provide training on the updated P&amp;P to all staff responsible to ensure all providers are certified in a timely manner.</p> <p>3. Review the Site Certification Tracking Log to determine entities that are out of compliance with the certification timeline.</p> <p>4. The MHP will monitor the status (active/terminated) of the site certifications and processing terminations appropriately and inform DHCS and any piggybacking</p>		

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<ul style="list-style-type: none"> <li>• 23.06.22 DHCS Final TERMINATE Provider 4971 Petaluma People Services</li> <li>• 23.06.22 DHCS RE TERMINATE All Services - All Services Provider 4968 CSN E St.</li> <li>• 23.06.22 DHCS RE TERMINATE All Services - Provider 49CS Victor Treatment Redding</li> <li>• 23.06.22 DHCS RE TERMINATE Provider 4971 Petaluma People Services</li> <li>• 23.06.22 DHCS TERMINATE All Services Provider 4968 CSN E St.</li> <li>• 45AD Termination Transmittal-45AD FEX</li> <li>• 49CS Victor Redding TERM 1-20-2020 DHCS 1735 6-22-2023-signed</li> <li>• 49CS Victor Redding TERM 6-30-2023 DHCS 1735 6-21-2023 signed</li> <li>• 4968 CSN E St. TERM 9-30-2021 DHCS 1735 6-20-2023 email</li> <li>• 4968 CSN E St. TERM 9-30-2021 DHCS 1735 6-20-2023 signed</li> </ul>	<p>counties.</p> <p><b>Monitoring</b> Audit Site Certification Log monthly to ensure all entities requiring site certification are in compliance with certification requirements.</p>		

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<ul style="list-style-type: none"> <li>• 4971 Petaluma People Services TERM 6-30-2021 DHCS 1735 6-20-2023 signed</li> <li>• DHCS 1735 4971 TERM PROV 6.22.23</li> <li>• RE External RE TERMINATE All Services - Provider 49CS Victor Treatment Redding</li> <li>• RE External TERMINATE All Services Provider 4968 CSN E St</li> <li>• RE External TERMINATE Provider 4971 Petaluma People Services</li> <li>• RE TERMINATE All Services - Provider 49CS Victor Treatment Redding</li> <li>• TERMINATE All Services - Provider 49CS Victor Treatment Redding</li> <li>• TERMINATE All Services Provider 4968 CSN E St</li> <li>• TERMINATE Provider 4971 Petaluma People Services email</li> <li>• TERMINATE Provider 4971 Petaluma People Services</li> </ul>			

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<p>INTERNAL DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>• DHCS overdue provider report</li> </ul> <p>While the MHP submitted evidence to demonstrate compliance with this requirement it is not evident that the MHP certifies, or uses another MHP's certification documents to certify, the organizational providers that subcontract with the MHP to provide SMHS. Of the MHP's 51 providers, three (3) certifications were overdue. Per the discussion during the review, the MHP stated the overdue sites are discontinued. Post review, the MHP submitted additional evidence to show termination of the providers; however, the terminations occurred the triennial review.</p> <p>DHCS deems the MHP out of compliance with California Code of</p>			

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Regulations, title 9, section 1810, subdivision 435 and MHP contract, exhibit A, attachment 8, section 8(D).			
<p><b><u>Question 3.5.1</u></b></p> <p><b>FINDING</b></p> <p>The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section 6(A); Code of Federal Regulations, title 42, section 438, subdivision 236(b); and California Code of Regulations, title 9, section 1810, subdivision 326. The MHP must have practice guidelines, which meet the requirements of the MHP Contract.</p> <p>The MHP submitted the following documentation as evidence of compliance with this requirement:</p> <ul style="list-style-type: none"> <li>• BH-03 Practice Guidelines</li> <li>• Contract Samples</li> <li>• BH Doc Trainings</li> </ul>	<p><b>Corrective Action Description</b></p> <p>Review current practice guidelines to ensure they meet all the required elements of the MHP contract, exhibit A, attachment 5, section 6(A) and CFR Title 42, section 438, subdivision 236(b).</p> <p>MHP will review and update Policy and Procedure BH-03, Practice Guidelines, to ensure it meets the requirements of the MHP Contract and Code of Federal Regulations.</p> <p>Incorporate annual practice guideline review into Quality Improvement Committee (QIC) meetings annually with final</p>	<p>June 30, 2024 December 31, 2024</p>	<p>Updated MHP Practice Guidelines</p> <p>Updated Policy and Procedure BH-03, Practice Guidelines, to be consistent with the above stated requirements.</p> <p>Final approved signage for providers' offices for enrollees/potential enrollees.</p>



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<ul style="list-style-type: none"> <li>Final DHS-Mental Health Provider Manual (9.28.21)</li> </ul> <p>While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has practice guidelines that meet the requirements of the MHP contract. Per the discussion during the review, the MHP stated it is currently developing its practice guidelines.</p> <p>DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, section 6(A); Code of Federal Regulations, title 42, section 438, subdivision 236(b); and California Code of Regulations, title 9, section 1810, subdivision 326.</p>	<p>approved guidelines sent to all providers electronically.</p> <p>The MHP will provide training on new practice guidelines to MHP staff and providers who are expected to utilize the guidelines.</p> <p><b>Monitoring</b> Audit QIC and provider meeting minutes annually to ensure Practice Guidelines were reviewed, approved, and received by providers.</p>		
<p><b><u>Question 3.5.2</u></b> <b>FINDING</b> The MHP did not furnish evidence</p>	<p><b>Corrective Action Description</b> Review current practice guidelines to ensure they meet all the required</p>	<p><del>June 30, 2024</del> December 31, 2024</p>	<p>Update MHP Practice Guidelines</p>

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<p>to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section 6(c); Code of Federal Regulations, title 42, section 438, subdivision 236(c); and California Code of Regulations, title 9, section 1810, subdivision 326. The MHP must disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries.</p> <p>The MHP submitted the following documentation as evidence of compliance with this requirement:</p> <ul style="list-style-type: none"> <li>• BH-03 Practice Guidelines, page 3</li> <li>• BH Documentation Trainings</li> <li>• Contract Samples</li> <li>• Provider Manual</li> <li>• General Contract Template v20220608-1 (with MHP STC v20220608-1)</li> </ul> <p>While the MHP submitted</p>	<p>elements of the MHP contract, exhibit A, attachment 5, section 6(A) and CFR Title 42, section 438, subdivision 236(b).</p> <p>MHP will review and update Policy and Procedure BH-03, Practice Guidelines, to ensure it meets the requirements of the MHP Contract and Code of Federal Regulations.</p> <p>Incorporate annual practice guideline review into QIC meetings annually with final approved guidelines sent to all providers electronically.</p> <p>Develop/create signage for provider offices to inform enrollees and potential enrollees of how they may obtain the practice guidelines.</p> <p>The MHP will provide training on new practice guidelines to MHP staff</p>		<p>Updated Policy and Procedure BH-03, Practice Guidelines, to be consistent with the above stated requirements including procedures for dissemination of the MHP Practice Guidelines.</p> <p>Example emails with updated guidelines and policy to affected providers.</p> <p>Final approved signage for providers' offices for enrollees/potential enrollees.</p> <p>Training materials and evidence of training attendance for practice guidelines training to MHP staff and providers.</p>

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<p>evidence to demonstrate compliance with this requirement, it is not evident that the MHP disseminates the guidelines to all affected providers, and upon request, to beneficiaries and potential beneficiaries. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it will develop a policy and training on dissemination of its practice guidelines once the practice guidelines have been established.</p> <p>DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, section 6(c); Code of Federal Regulations, title 42, section 438, subdivision 236(c); and California Code of Regulations, title 9, section 1810, subdivision 326.</p>	<p>and providers who are expected to utilize the guidelines.</p> <p><b>Monitoring</b> Audit QIC and provider meeting minutes annually to ensure Practice Guidelines were reviewed, approved, and received by providers.</p>		

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<p><b><u>Question 4.2.4</u></b>  <b>FINDING</b>  The MHP did not furnish evidence to demonstrate compliance with California Code for Regulations, title 9, 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.</p> <p>The MHP submitted the following documentation as evidence of compliance with this requirement:</p> <ul style="list-style-type: none"> <li>• Access Call Log ALL FY</li> <li>• Afterhours Calls - 05.12.23</li> <li>• Afterhours Calls - 06.01.23</li> </ul> <p>While the MHP submitted evidence to demonstrate compliance with this requirement,</p>	<p><b>Corrective Action Description</b>  The MHP has implemented a new EHR. All inquiries are now tracked in a centralized location that is much easier to use. There are links to how this is done on the help site for CalMHSA.</p> <p>The MHP has trained all staff on tracking inquiries and ensures that all network providers have been trained by tracking attendance.</p> <p>The Quality Improvement Manager holds quarterly meetings with the Access Team to review test calls and implement any changes to protocols needed and keeps minutes of those meetings.</p> <p><b>Monitoring</b>  Audit of the call log performed monthly for twelve (12) months to</p>	<p><del>June 30, 2024</del>  December 31, 2024</p>	<p>Training materials and all applicable sign in sheets, including documentation of Optum trainings.</p> <p>Minutes from quarterly meetings with Access Team (to provide evidence of review of test call results and discussion of changes to protocols).</p>

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<p>three (3) of five (5) 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 – see Findings Report for exact call log.</p> <p>DHCS deems the MHP in partial compliance with California Code of Regulations, title 9, section 1810, subdivision 405(f). Repeat deficiency: Yes</p>	<p>ensure all elements of the requirement are recorded.</p>		
<p><b><u>Question 5.1.5</u></b> <b>FINDING</b></p> <p>The MHP did not furnish evidence to demonstrate compliance with BHIN No 22-016; Welfare &amp; Institution Code, section 14197.1; Health and Safety Code, section 1367.01(h)(4); Code of Federal Regulations, title 42, section 438, subdivision 210(c). A decision to modify an authorization request shall be provided to the treating</p>	<p><b>Corrective Action Description</b></p> <p>The MHP will revise P&amp;P 7.2.1 Authorization Standards for Outpatient Specialty Mental Health Services to address the requirement to provide the name and direct phone number of the professional who made the authorization decision and provide the opportunity to consult with the professional who made the authorization decision,</p>	<p><del>June 30, 2024</del> December 31, 2024</p>	<p>Updated P&amp;P 7.2.1 Authorization Standards for Outpatient Specialty Mental Health Services.</p> <p>Updated P&amp;P 7.2.7 Service Authorization for Adopted Youth.</p> <p>Updated NOABD template.</p> <p>Training materials and staff sign in sheets for training on updated</p>

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<p>provider(s), initially by telephone or facsimile, and then in writing, and shall include a clear and concise explanation of the reasons for the MHP's decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity. The decision shall also include the name and direct telephone number of the professional who made the authorization decision and offer the treating provider the opportunity to consult with the professional who made the authorization decision.</p> <p>The MHP submitted the following documentation as evidence of compliance with this requirement:</p> <ul style="list-style-type: none"> <li>• Inpatient Census 7.1.20-2.2.23</li> <li>• CA.BH.HUM.LOP.002 Concurrent Review</li> <li>• CA.BH.HUM.LOP.003 Denials and</li> </ul>	<p>when providing the authorization decision to the treating provider(s).</p> <p>The MHP will revise P&amp;P 7.2.7 Service Authorization for Adopted Youth to address the requirements described above.</p> <p>The MHP will update the NOABD template to include the contact information and make it a required field to ensure this information is always included.</p> <p>The MHP will provide training on the updated P&amp;P to staff responsible for authorization of outpatient SMHS.</p> <p><b>Monitoring</b></p> <p>The MHP will conduct a periodic</p>		<p>P&amp;Ps.</p>

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<p>Appeals</p> <ul style="list-style-type: none"> <li>• Kepro Concurrent Review P&amp;P 22-017</li> <li>• MHP-05 Notice of Adverse Benefit Determination SIGNED.doc</li> <li>• 7.2.1 Authorization Standards for Outpatient SMHS signed</li> <li>• SAR &amp; PT Tracking</li> <li>• SARs tr</li> <li>• TARS tr</li> <li>• Modification exchange dialogue</li> <li>• NOABD</li> <li>• RE PT Policy and Triennial Evidence</li> </ul> <p>While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that when the MHP decides to modify the authorization request that the MHP provides the name and direct telephone number of the professional who made the authorization decision and offer</p>	<p>spot check of NOABDs for a six-month period following training on the revised P&amp;Ps and NOABD template to ensure that the required information is provided.</p>		

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<p>the treating provider the opportunity to consult with the professional who made the authorization decision. The requirement was not documented in the policy or submitted any evidence of practice. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it had one occasion that it happened, and it communicated via email, however, the email communication sample was not provided.</p> <p>DHCS deems the MHP out of compliance with BHIN No 22-016; Welfare &amp; Institution Code, section 14197.1; Health and Safety Code, section 1367.01(h)(4); Code of Federal Regulations, title 42, section 438, subdivision 210(c).</p>			
<b>Question 5.2.5 FINDING</b>	<b>Corrective Action Description</b> The MHP will finalize draft P&P	June 30, 2024 December 31, 2024	Finalized P&P 7.2.X Authorization for Crisis



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<p>The MHP did not furnish evidence to demonstrate compliance with BHIN 22-016. Concurrent Review: 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.</p> <p>The MHP submitted the following documentation as evidence of compliance with this requirement:</p> <ul style="list-style-type: none"> <li>• Utilization Management (UM), Audit, Oversight and Recoupment Standards for Specialty Mental Health Services (SMHS) signed</li> <li>• Authorization Standards for Outpatient SMHS signed</li> <li>• CA.BH.HUM.LOP.002 Concurrent Review</li> </ul>	<p>7.2.X Authorization for Crisis Residential and Adult Residential Treatment Services to demonstrate that in the absence of an MHP referral, the Plan shall conduct concurrent reviews of treatment authorizations following the first day of admission to a facility through discharge or may elect to authorize multiple days based on the beneficiary's mental health condition for as long as the services are medically necessary. (Note that concurrent review does not apply to authorization of outpatient services other than crisis residential treatment services and adult residential treatment services.)</p> <p>The MHP will provide training on the updated P&amp;P to staff responsible for authorization of crisis</p>		<p>Residential and Adult Residential Treatment Services. Training materials and staff sign in sheets for training on finalized P&amp;P.</p>

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<ul style="list-style-type: none"> <li>• CA.BH.HUM.LOP.003 Denials and Appeals</li> <li>• Kepro Concurrent Review P&amp;P 22-017</li> </ul> <p>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. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it had not conducted any concurrent review of treatment authorizations within this triennial period. The requirement is missing on its Authorization Standards for Outpatient SMHS policy.</p> <p>DHCS deems the MHP out of</p>	<p>residential treatment services and adult residential treatment services.</p> <p><b>Monitoring</b> The MHP will review the P&amp;P on Authorization for Crisis Residential and Adult Residential Treatment Services on at least annual basis to ensure that all requirements are addressed.</p>		

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compliance with BHIN 22-016.			
<p><b>Question 5.2.10</b></p> <p><b>FINDING</b></p> <p>The MHP did not furnish evidence to demonstrate compliance with BHIN 22-017; California Code of Regulations, title 9, section 1820, subdivision 230; and Welfare and Institution Code 14184.402, 14184.102 and 14184.400.</p> <p>Authorizing Administrative Days:</p> <p>1. In order to conduct concurrent review and authorization for administrative day service claims, the MHP shall review that the hospital has documented having made at least one contact to a non-acute residential treatment facility per day (except weekends and holidays), starting with the day the beneficiary is placed on administrative day status.</p> <p>2. Once five contacts have been made and documented, any</p>	<p><b>Corrective Action Description</b></p> <p>The MHP will provide two samples to DHCS that it authorized administrative day services through its concurrent review process during the review period, as discussed during the review.</p> <p>The MHP will provide samples to DHCS that it has authorized administrative days through its concurrent review process going forward since the review period.</p> <p>The MHP will monitor TARs on an annual basis to ensure that administrative days are being authorized through the concurrent review process.</p> <p><b>Monitoring</b></p> <p>The MHP will present TAR</p>	<p><del>June 30, 2024</del></p> <p>December 31, 2024</p>	<p>The MHP will monitor TARs on an annual basis to ensure that administrative days are being authorized through the concurrent review process.</p> <p>The MHP will present TAR monitoring data bi-annually at the Behavioral Health Plan Administration (BHPA) committee.</p>

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<p>remaining days within the seven-consecutive-day period from the day the beneficiary is placed on administrative day status can be authorized.</p> <p>3. A hospital may make more than one contact on any given day within the seven- consecutive-day period; however, the hospital will not receive authorization for the days in which a contact has not been made until and unless all five required contacts are completed and documented.</p> <p>4. Once the five-contact requirement is met, any remaining days within the seven- day period can be authorized without a contact having been made and documented.</p> <p>5. MHPs may waive the requirements of five contacts per week if there are fewer than five appropriate, non-acute residential treatment facilities available as</p>	<p>monitoring data bi-annually at the Behavioral Health Plan Administration (BHPA) Committee.</p>		

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<p>placement options for the beneficiary. The lack of appropriate, non-acute treatment facilities and the contacts made at appropriate facilities shall be documented to include the status of the placement, date of the contact, and the signature of the person making the contact. (If an MHP has been granted an exemption to 9 CCR § 1820.220, then the review of the MHP will be based upon the alternate procedure agreed to in the MHP contract.)</p> <p>The MHP submitted the following documentation as evidence of compliance with this requirement:</p> <ul style="list-style-type: none"> <li>• Req Submitted w Admin Days 7.1.22-3.31.23</li> <li>• CA.BH.HUM.LOP.002 Concurrent Review</li> <li>• CA.BH.HUM.LOP.003 Denials and Appeals</li> </ul>			

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<p>• Kepro Concurrent Review P&amp;P 22-017</p> <p>While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP authorizes administrative days through its concurrent review process as required in contract. This requirement was included in the policy however, per the discussion during the review, the MHP stated it had authorized administrative days services during the review period and would provide two (2) samples. Post review, the MHP did not submit the samples.</p> <p>DHCS deems the MHP out of compliance with BHIN 22-017; California Code of Regulations, title 9, section 1820, subdivision 230; and Welfare and Institution</p>			

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Code 14184.402, 14184.102 and 14184.400.			
<p><b>Question 5.2.11</b></p> <p><b>FINDING</b></p> <p>The MHP did not furnish evidence to demonstrate compliance with BHIN 22-016. 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.</p> <p>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.</p> <p>2. The MHP must then re-authorize medically necessary CRTS and ARTS services, as</p>	<p><b>Corrective Action Description</b></p> <p>The MHP will finalize the Policy and Procedure for Authorization of CRT and ART Services and distribute to impacted MHP staff and providers.</p> <p>Will monitor MHP-06 annually to confirm it is consistent with state and federal requirements and internal procedures.</p> <p><b>Monitoring</b></p> <p>MHP will audit grievance documentation annually to ensure adherence to the discrimination grievance process.</p>	<p><del>June 30, 2024</del> December 31, 2024</p>	<p>Policy and Procedure for Authorization of CRT and ART Services.</p> <p>Finalized "Direct Referrals to Crisis Residential from Hospitals" procedure.</p> <p>Examples of Direct Referrals to CRT from Hospitals and from the MHP.</p> <p>Examples of Direct Referrals to ART from the MHP.</p> <p>Training materials and sign in sheets from applicable staff on policy and procedure updates.</p>

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction
<p>appropriate, concurrently with the beneficiary's stay and based on beneficiary's continued need for services.</p> <p>The MHP submitted the following documentation as evidence of compliance with this requirement:</p> <ul style="list-style-type: none"> <li>• Draft Authorization for CRT &amp; ART Services 5.12.22</li> <li>• DRAFT Direct Referrals to Crisis Residential from Hospitals</li> </ul> <p>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. Per the discussion during the review, the MHP stated the policy is in draft form, however, did not state when it will</p>			



Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction
go into effect.			
<p><b>Question 6.1.14</b></p> <p><b>FINDING</b></p> <p>The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 11, section 3(F)(3)(a-b) and Welfare and Institution Code, section 14727(a)(4) and (5). The MHP shall provide information to all beneficiaries, prospective beneficiaries, and members of the public on how to file a Discrimination Grievance with:</p> <p>a) The MHP and the Department if there is a concern of discrimination based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.</p>	<p><b>Corrective Action Description</b></p> <p>The MHP will update Policy and Procedure MHP-06, Beneficiary Grievance Process to describe the Discrimination Grievance process, including providing information to all beneficiaries, prospective beneficiaries, and members of the public on how to file a Discrimination Grievance.</p> <p>The MHP will provide training to ensure staff and contractors are aware of discrimination grievance procedures.</p> <p>The MHP will distribute the revised Policy and Procedure to staff and contractors.</p> <p>Will monitor MHP-06 annually to confirm it is consistent with state</p>	<p><del>June 30, 2024</del> December 31, 2024</p>	<p>Updated MHP-06, Beneficiary Grievance Process, will be submitted to DHCS.</p> <p>Training material and training records to ensure staff and contractors are aware of discrimination grievance procedures.</p>

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction
<p>b) The United States Department of Health and Human Services Office for Civil Rights if there is a concern of discrimination based on race, color, national origin, sex, age, or disability.</p> <p>The MHP submitted the following documentation as evidence of compliance with this requirement:</p> <ul style="list-style-type: none"> <li>• MHP-06 Beneficiary Grievance and Appeal Process (rev 10.24.2019)</li> <li>• MHS 406 (07-20) Client Grievance Appeal Process and Form</li> <li>• Grievance Logs</li> <li>• Appeals &amp; Logs</li> <li>• Forms &amp; Templates</li> <li>• Grievances</li> <li>• Beneficiary Handbook with Taglines rem (1)</li> </ul> <p>While the MHP submitted evidence to demonstrate</p>	<p>and federal requirements and internal procedures.</p> <p><b>Monitoring</b> MHP will audit grievance documentation annually to ensure adherence to the discrimination grievance process.</p>		

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction
<p>compliance with this requirement, it is not evident that the MHP provides information to all beneficiaries, prospective beneficiaries, and members of the public on how to file a Discrimination Grievance. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP acknowledged it does not have a discrimination grievance policy and that it would update its grievance policy to include these requirements moving forward.</p> <p>DHCS deems the MHP out of compliance with MHP contract, exhibit A, attachment 11, section 3(F)(3)(a-b) and Welfare and Institution Code, section 14727(a)(4) and (5).</p>			
<b>Question 6.1.15 FINDING</b>	<b>Corrective Action Description</b>	<p>June 30, 2024</p> <p>December 31, 2024</p>	Updated MHP-06, Beneficiary Grievance Process, will be

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction
<p>The MHP did not furnish evidence to demonstrate compliance with the Welfare and Institution Code, section 14727(a)(4); Code of Federal Regulations, title 45, section 84.7; Code of Federal Regulations, title 34, section 106.8; Code of Federal Regulations, title 28, section 35.107; 42 United States Code, section 18116(a); California's Medicaid State Plan, Section 7, Attachments 7.2-A and 7.2-B; and MHP Contract, exhibit A, Attachment 12, section 4(A)(1). The MHP must designate a Discrimination Grievance Coordinator who is responsible for ensuring compliance with federal and state nondiscrimination requirements and investigating Discrimination Grievances related to any action that would be prohibited by, or out of compliance with, federal or state</p>	<p>The MHP will update Policy and Procedure MHP-06, Beneficiary Grievance Process to describe the Discrimination Grievance process, including designating a Discrimination Grievance Coordinator who is responsible for ensuring compliance with federal and state nondiscrimination requirements and investigating Discrimination Grievances</p> <p>The MHP will provide training to ensure staff and contractors are aware of discrimination grievance procedures.</p> <p>The MHP will distribute the revised Policy and Procedure to staff and contractors.</p> <p>Will monitor MHP-06 annually to confirm it is consistent with state</p>		<p>submitted to DHCS.</p> <p>Training material and training records to ensure staff and contractors are aware of discrimination grievance procedures.</p>

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction
<p>nondiscrimination law. The MHP submitted the following documentation as evidence of compliance with this requirement:</p> <ul style="list-style-type: none"> <li>• MHP-06 Beneficiary Grievance and Appeal Process (rev 10.24.2019)</li> <li>• MHS 406 (07-20) Client Grievance Appeal Process and Form</li> <li>• Grievance Logs</li> <li>• Appeals &amp; Logs</li> <li>• Forms &amp; Templates</li> <li>• Grievances</li> <li>• Beneficiary Handbook with Taglines rem (1)</li> </ul> <p>While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has designated a Discrimination Grievance Coordinator who is responsible for ensuring compliance with federal and state</p>	<p>and federal requirements and internal procedures.</p> <p><b>Monitoring</b> MHP will audit grievance documentation to ensure adherence to the discrimination grievance process.</p>		

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction
<p>nondiscrimination requirements and investigating Discrimination Grievances related to any action that would be prohibited by, or out of compliance with, federal or state nondiscrimination law. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP acknowledged it does not have a discrimination grievance policy and that it would update its grievance policy to include these requirements moving forward.</p> <p>DHCS deems the MHP out of compliance with the Welfare and Institution Code, section 14727(a)(4); Code of Federal Regulations, title 45, section 84.7; Code of Federal Regulations, title 34, section 106.8; Code of Federal Regulations, title 28, section</p>			

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction
35.107; 42 United States Code, section 18116(a); California's Medicaid State Plan, Section 7, Attachments 7.2-A and 7.2-B; and MHP Contract, exhibit A, Attachment 12, section 4(A)(1).			
<p><b><u>Question 6.1.16</u></b></p> <p><b>FINDING</b></p> <p>The MHP did not furnish evidence to demonstrate compliance with the Welfare and Institution Code, section 14727(a)(4); Code of Federal Regulations, title 45, section 84.7; Code of Federal Regulations, title 34, section 106.8; Code of Federal Regulations, title 28, section 35.107; 42 United States Code, section 18116(a); California's Medicaid State Plan, Section 7, Attachments 7.2-A and 7.2-B; and MHP Contract, exhibit A, Attachment 12, section 4(A)(2). The MHP shall adopt procedures to ensure the prompt and equitable</p>	<p><b>Corrective Action Description</b></p> <p>The MHP will update Policy and Procedure MHP-06, Beneficiary Grievance Process to describe the Discrimination Grievance process, including procedures to ensure the prompt and equitable resolution of discrimination-related complaints.</p> <p>The MHP will provide training to ensure staff and contractors are aware of discrimination grievance procedures.</p> <p>The MHP will distribute the revised Policy and Procedure to staff and contractors.</p>	<p><del>June 30, 2024</del> December 31, 2024</p>	<p>Updated MHP-06, Beneficiary Grievance Process, will be submitted to DHCS.</p> <p>Training material and training records to ensure staff and contractors are aware of discrimination grievance procedures.</p>

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction
<p>resolution of discrimination-related complaints. The MHP shall not require a beneficiary to file a Discrimination Grievance with the MHP before filing the complaint directly with the DHCS Office of Civil Rights and the U.S. Health and Human Services Office for Civil Rights.</p> <p>The MHP submitted the following documentation as evidence of compliance with this requirement:</p> <ul style="list-style-type: none"> <li>• MHP-06 Beneficiary Grievance and Appeal Process (rev 10.24.2019)</li> <li>• MHS 406 (07-20) Client Grievance Appeal Process and Form</li> <li>• Grievance Logs</li> <li>• Appeals &amp; Logs</li> <li>• Forms &amp; Templates</li> <li>• Grievances</li> <li>• Beneficiary Handbook with Taglines-rem (1)</li> </ul>	<p>Will monitor MHP-06 annually to confirm it is consistent with state and federal requirements and internal procedures.</p> <p><b>Monitoring</b></p> <p>MHP will audit grievance documentation to ensure adherence to the discrimination grievance process.</p>		



Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction
<p>While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a current policy documenting prompt and equitable resolution of discrimination related complaints. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP acknowledged it does not have a discrimination grievance policy and that it would update its grievance policy to include these requirements moving forward.</p> <p>DHCS deems the MHP out of compliance with the Welfare and Institution Code, section 14727(a)(4); Code of Federal Regulations, title 45, section 84.7; Code of Federal Regulations, title 34, section 106.8; Code of Federal Regulations, title</p>			

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction
28, section 35.107; 42 United States Code, section 18116(a); California's Medicaid State Plan, Section 7, Attachments 7.2-A and 7.2-B; and MHP Contract, exhibit A, Attachment 12, section 4(A)(2).			
<p><b><u>Question 6.1.17</u></b></p> <p><b>FINDING</b></p> <p>The MHP did not furnish evidence to demonstrate compliance with MHP Contract, exhibit A, Attachment 12, section 4(A)(3) and California Medicaid State Plan, section 7, attachments 7.2-A and 7.2-B. Within ten calendar days of mailing a Discrimination Grievance resolution letter to a beneficiary, the MHP must submit the following information regarding the complaint to the DHCS Office of Civil Rights:</p> <p>a) The original complaint.</p> <p>b) The provider's or other accused party's response to the complaint.</p>	<p><b>Corrective Action Description</b></p> <p>The MHP will update Policy and Procedure MHP-06, Beneficiary Grievance Process to describe the Discrimination Grievance process addressing the MHP's requirements to submit required information to DHCS within ten calendar days of mailing a Discrimination Grievance resolution letter to a beneficiary.</p> <p>The MHP will provide training to ensure staff and contractors are aware of discrimination grievance procedures.</p>	<p><del>June 30, 2024</del></p> <p>December 31, 2024</p>	<p>Updated MHP-06, Beneficiary Grievance Process, will be submitted to DHCS.</p> <p>Training material and training records to ensure staff and contractors are aware of discrimination grievance procedures.</p>

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction
<p>c) Contact information for the personnel primarily responsible for investigating and responding to the complaint on behalf of the MHP.</p> <p>d) Contact information for the beneficiary filing the complaint, and for the provider or other accused party that is the subject of the complaint.</p> <p>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.</p> <p>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.</p> <p>The MHP submitted the following</p>	<p>The MHP will distribute the revised Policy and Procedure to staff and contractors.</p> <p>Will monitor MHP-06 annually to confirm it is consistent with state and federal requirements and internal procedures.</p> <p><b>Monitoring</b> MHP will audit grievance documentation annually to ensure adherence to the discrimination grievance process.</p>		

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction
<p>documentation as evidence of compliance with this requirement:</p> <ul style="list-style-type: none"> <li>• MHP-06 Beneficiary Grievance and Appeal Process (rev 10.24.2019)</li> <li>• MHS 406 (07-20) Client Grievance Appeal Process and Form</li> <li>• Grievance Logs</li> <li>• Appeals &amp; Logs</li> <li>• Forms &amp; Templates</li> <li>• Grievances</li> <li>• Beneficiary Handbook with Taglines-rem (1)</li> </ul> <p>While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP submits required information regarding a complaint to the DHCS Office of Civil Rights within ten calendar days of mailing a Discrimination Grievance resolution letter to a</p>			

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction
<p>beneficiary. Per the discussion during the review, the MHP acknowledged it does not have a discrimination grievance policy and that it would update its grievance policy to include these requirements moving forward.</p> <p>DHCS deems the MHP out of compliance with MHP Contract, exhibit A, Attachment 12, section 4(A)(3) and California Medicaid State Plan, section 7, attachments 7.2-A and 7.2-B.</p>			
<p><b>Question 6.5.2</b></p> <p><b>FINDING</b></p> <p>The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 438, subdivision 420(c)(1)-(3) and 408(d)(2), and MHP Contract Exhibit A, Attachment 12, section 9(C). At the beneficiary's request, the MHP must continue the beneficiary's</p>	<p><b>Corrective Action Description</b></p> <p>The MHP will update P&amp;P MHP-06 Beneficiary Grievance and Appeal Process to indicate that the MHP will continue the beneficiary's benefits while the appeal or State Hearing is pending, the benefits must be continued until one of the below listed occurs:</p> <p>The beneficiary withdraws the</p>	<p><del>June 30, 2024</del></p> <p>December 31, 2024</p>	<p>Updated P&amp;P MHP-06 Beneficiary Grievance and Appeal Process.</p> <p>Updated P&amp;P MHP-05, Notice of Adverse Benefit Determination.</p>

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction
<p>benefits while the appeal or State Hearing is pending, the benefits must be continued until one of the below listed occurs:</p> <p>a) The beneficiary withdraws the appeal or request for a State Hearing;</p> <p>b) The beneficiary does not request a State Hearing and continuation of benefits within 10 calendar days after the MHP sends the notice of adverse resolution (e.g.), NAR);</p> <p>c) A State Hearing office issues a hearing decision adverse to the beneficiary.</p> <p>The MHP submitted the following documentation as evidence of compliance with this requirement:</p> <ul style="list-style-type: none"> <li>• MHP-06 Beneficiary Grievance and Appeal Process (rev 10.24.2019)</li> <li>• MHP-05 Notice of Adverse Benefit Determination_SIGNED.doc</li> </ul>	<p>appeal or request for a State Hearing;</p> <p>The beneficiary does not request a State Hearing and continuation of benefits within 10 calendar days after the MHP sends the notice of adverse resolution (e.g.), NAR);</p> <p>A State Hearing office issues a hearing decision adverse to the beneficiary.</p> <p>The MHP will update P&amp;P MHP-05, Notice of Adverse Benefit Determination to include the same information detailed in #1 above.</p> <p><b>Monitoring</b></p> <p>The MHP will review the above P&amp;Ps on at least annual basis to ensure that these requirements are addressed.</p>		

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction
<ul style="list-style-type: none"> <li>• MHP-21 Required Informing Materials and Translation of Written Documents (revised. 5-20-19)</li> <li>• Beneficiary Handbook with Taglines-rem (1)</li> </ul> <p>While the MHP submitted evidence to demonstrate compliance with this requirement it is not evident that the MHP continues or reinstates the beneficiary's benefits while the appeal or State Hearing is pending. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated this requirement is documented in its grievance and appeals policy; however, upon review by DHCS determined the required language was absent from the policy.</p> <p>DHCS deems the MHP out of</p>			

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction
compliance with Code of Federal Regulations, title 42, section 438, subdivision 420(c)(1)-(3) and 408(d)(2), and MHP Contract Exhibit A, Attachment 12, section 9(C).			

**Submitted by: Jeremiah Watts**

**Date: 6/18/2024**

**Title: LMFT, Quality Assurance Manager**