

Medi-Cal Behavioral Health Corrective Action Plan (CAP)

TULARE

Compliance Review Date: 9/10/2024 – 9/20/2024

Corrective Action Plan Fiscal Year: 2024-25

SMHS

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
1.1.1- The Plan did not ensure the provision of ARTS for members who met criteria.	The Plan is currently exploring the regulations and the potential for using an existing site for this service	06/30/2025	none	
1.1.2- The Plan did not take corrective action when its network providers failed to comply with timely access requirements.	The Plan has implemented a formal corrective action plan policy and procedure (03-002) and will begin to take corrective action for providers who do not meet performance and compliance standards, which includes the required timely access standards.	01/15/2025	Policy 03-002 Corrective Action Plan; Sample of a CAP issued	

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4.1.1-The Plan did not ensure the availability of the braille format as an alternative communication material to members.	<p>The plan has updated the policy and procedure (#04-005) Information Requirements to include braille as an available alternative format.</p> <p>The Plan has identified a vendor to provide braille transcription and printing services. Plan documents will be submitted to this vendor for transcription if a request is received for braille format.</p> <p>The Plan is also purchasing a braille printer to provide this service in-house.</p>	Implemented 01/21/2025	Updated Policy 04-005 Information Requirements; Braille Works quote for printing forms; Braille Works Brochure; purchase order for braille printer	
4.4.1- The Plan did not ensure providers obtained verbal or written member consent for telehealth services.	The plan updated policy and procedure (#04-027), Telehealth Services, effective 01/21/2025, to implement that a telehealth policy must be signed prior to any telehealth service being provided. In	01/21/2025	Policy 04-027 Telehealth Services; QIC Join Minutes 01/22/2025; UR Tool (section G3) added to monitor	

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	<p>addition, the plan requires that the electronic telehealth consent be completed within the EHR regardless if a hard copy is completed.</p> <p>Discussion at our Quality Improvement Committee regarding the new policy took place on 01/22/2025 to discuss the policy changes and get feedback. Follow-up conversation during our 2/26/25 QIC meeting regarding telehealth consents and the monitoring outcome from reports pulled from the EHR. QI will be issuing provider sites a clean-up report for those clients who current show "no consent" in the EHR but has received a telehealth service post policy implementation.</p>		for telehealth consent	

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	In addition, Quality Improvement unit will be monitoring this during the monthly utilization reviews.			
5.2.1- The Plan did not have a UM program with a process to determine whether its subcontractor, Keystone Peer Review Organization, Inc. (KEPRO), is able to adequately perform the delegated duty of concurrent review.	The Plan has updated policy and procedure (#04-012) Inpatient Concurrent Review and implemented a Concurrent Review Tool. First round selection of reviews will take place in March 2025, for Quarter 3 of FY 24/25. The plan is also meeting quarterly with KEPRO (Acentra) and CalMHSA to review their current timeliness, outcomes, and concerns.	01/21/2025	Policy 04-012 Inpatient Concurrent Review policy; Concurrent Review Tool; Meeting minutes; Acentra's Contract Monitoring summary with CalMHSA	

Submitted by: Betsy Ayello

Date: 3/3/2025

Title: MH QI Unit Manager

