Humboldt County

Fiscal Year (FY) 2022/2023 Specialty Mental Health Triennial Review

Corrective Action Plan

System Review

Requirement

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.

DHCS Finding Question 1.2.7

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. Per the discussion during the review, the MHP has a contracted TFC provider; however, the contract provider has experienced challenges in recruiting and training TFC families and has been unable to provide this service.

Corrective Action Description

The MHP does not currently provide TFC services, as our sole contracted provider for this service does not have any TFC Families ready to take placements. We will continue to work with the contracted provider to recruit, train, and establish homes in the county that can provide TFC services. TFC is a service in our provider contract, and we have a process to refer and discuss youth through our Inter-Agency Placement Committee. The lack of opportunity for a TFC home placement is mitigated by providing alternative intensive services, such as ICC, TBS or IHBS to meet eligible youth's needs.

Proposed Evidence/Documentation of Correction

Samples of referrals and additional documentation of services as soon as a placement in a TFC home is made.

Ongoing Monitoring (if included)

Monthly meetings with provider for updates on TFC recruitments and availability of homes for placement.

Person Responsible (job title)

Children's Behavioral Health (CBH) Deputy Branch Director; CBH Sr. Program Manager

Implementation Timeline:

When the contracted provider agency has recruited, hired, certified, trained and onboarded a TFC parent.

Requirement

The MHP did not furnish evidence to demonstrate compliance with the BHIN No. 21-073 and Medi-Cal Manual for Intensive Care Coordination, Intensive Home-Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must have an affirmative responsibility to determine if children and youth who meet beneficiary access criteria for SMHS need TFC.

DHCS Finding 1.2.8

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP assesses all children and youth to determine if they meet medical necessity criteria for TFC. Per the discussion during the review, the MHP stated it has developed a TFC assessment process; however, it has not screened for TFC as this service is currently unavailable.

Corrective Action Description

The MHP will work with its Medical Records staff to establish an "Intensive Services Screening" within the new EHR SmartCare. Options to be considered will include a standalone form with screening items and options for referring to ICC, IHBS, TBS, TFC, and Wraparound services; or adding this screening to the Assessment or Referral form; or using a form already built into the EHR. Until that time, CBH will use forms 1260 Intensive Service Assessment for IHBS, TBS and TFC, 1246 Therapeutic Foster Care Assessment and 1247 Therapeutic Foster Care Authorization moving forward. Children's Behavioral Health (CBH) leadership will develop training on the screening process and train Access staff.

Proposed Evidence/Documentation of Correction

Samples of Intensive Services screening forms once developed in SmartCare. Completed screening forms.

Ongoing Monitoring (if included)

A report on number of screenings leading to TFC referrals will be built into the CBH Dashboard. CBH dashboard is reported into OP CQI quarterly.

Person Responsible (job title)

CBH Deputy Branch Director; CBH Sr. Program Manager; DHHS BH Medical Records Manager

Implementation Timeline:

November 30, 2023.

Requirement

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section 1(C); and Code of Federal Regulations, title 42, section 438, subdivision 330(a)(1), (e)(2). The MHP must have a written description of the Quality Assessment and Performance Improvement Program addressing the below listed requirements:

1. Clearly defines its structure and elements,
2. Assigns responsibility to appropriate individuals, and
3. Adopts or establishes quantitative measures to assess performance and identify and prioritize areas for improvement.

DHCS Finding 3.1.1

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a written Quality Assessment and Performance Improvement (QAPI) program that adopts or establishes quantitative measures to assess performance and identify and prioritize areas for improvement. Per the discussion during the review, the MHP described its QAPI Work Plan as including the entirety of the quality improvement process. Post review, the MHP provided a written statement and a QAPI Work Plan with highlighted data; however, it was not evident that all goals had established quantitative measures to assess performance.

Corrective Action Description

The MHP's current policy 0704.020 Scope of Responsibility describes its Performance Management Unit-Quality Improvement program's structure, elements, and responsibilities. This policy will be renamed to Quality Assessment and Performance Improvement (QAPI) program and updated to include the establishment of quantitative measures to assess performance and prioritize areas for improvement. The MHP will continue to identify needs for improvement during monthly Continuous Quality Improvement committee meetings where the team reviews data reports for a variety of measures we track and trend. These include key indicators in the areas of access, timeliness, and quality. The work of the committee informs our QI Workplan areas of focus. All goals in the QI Workplan for FY23-24 will have quantitative measures to assess performance.

Humboldt County Department of Health and Human Services (HC DHHS) has trained and certified staff to adopt a Balanced Scorecard development methodology. This includes objectives and performance measures of all branches to align with DHHS's overarching strategic plan. Strategic Management software ClearPoint will eventually be used to visualize quantitative data. Going forward, DHHS Behavioral Health will adopt the Balanced Scorecard system for its performance measures, once rolled out. Until DHHS-wide implementation, Behavioral Health will continue to use Tableau data visualization and other ways of tracking and trending measures.

Proposed Evidence/Documentation of Correction

Revised policy 0704.020 Scope of Responsibility; FY 23/24 QI Work Plan; data dashboards

Ongoing Monitoring (if included)

Outcome data and performance measures are reported quarterly into the OP CQI committee meetings. Data reporting include those measures evaluated in our QI Work Plan. We also monitor other significant measures to enable data-informed decision-making and system improvements.

Measures of effectiveness include but are not limited to:

1. 24/7 toll free access line test call metrics
2. Adult Outcome measures (Milestones of Recovery Scale or other)
3. Child and Adolescent Needs and Strengths (CANS) data
4. Sustainability Reports
5. Key Service Utilizer (High-Cost Beneficiaries) reports
6. Medication Monitoring
7. Client concerns (grievances, request for change of provider, request for second opinion)
8. Chart Audits
9. Annual Consumer Perception Survey Data
10. Timeliness of access to services

The MHP ensures continuous improvement by providing a feedback system to programs; there is a procedure in place track concerns discovered during the Quality Improvement (QI) review process (committees such as Cultural Responsiveness Committee, OP CQI, SV CQI, UR Committee, Pharmacy and Therapeutics committee, Infection Control Committee, COPP [Committee on Performance Improvement]). Form QI-55 Quality Improvement Tracking form is the tool used to communicate concerns or deficiencies to program leadership, and track responses / corrections through to completion. This is outlined in our policy 0704.940 Quality Improvement Tracking Process. QI methods may include running PDSA cycles on selected issues to test small changes and evaluate for effectiveness of interventions and adjustment of business practices.

Person Responsible (job title)

Quality Improvement Coordinator (QIC); Administrative Analyst

Implementation Timeline:

QI Work plan finalized and approved by OP CQI by October 31, 2023. Balanced Score Card implementation: preparation ongoing, late 2024 anticipated implementation date.

Requirement

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section 2(a)(5). The MHP must ensure the Quality Assessment and Performance Improvement (QAPI) Work Plan includes evidence of compliance with the requirements for cultural competence and linguistic competence.

DHCS Finding 3.2.6

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP's QAPI Work Plan includes evidence of compliance with the requirements for linguistic competence. Per the discussion during the review, the MHP stated it had evidence of meeting this requirement and would provide additional evidence. Post review, the MHP provided a statement that it addresses this requirement through its Cultural Responsiveness Committee and trainings; however, the MHP acknowledged it had not included this requirement in the 2022-2023 QAPI Work Plan and would do so moving forward.

Corrective Action Description

The FY23-24 QI Workplan will include the goal of implementing annually recurring training on use of Language Line services for all staff interacting with clients who are not proficient in English. Currently this training is only required one time upon hire. We will review and update our existing training and add training resources that our contractor Language Line Solutions provides through their website (e.g., demo videos, "Please Hold Training Guide"). Automated training enrollment and re-enrollment will happen in Relias eLearning Management system.

Proposed Evidence/Documentation of Correction

Relias training completion report (percentage of staff who were enrolled and completed the training); percentage of correctly answered knowledge questions.

Ongoing Monitoring (if included)

Language Line Training completion data will be reported quarterly into the OP CQI committee meetings.

The MHP ensures continuous improvement by providing a feedback system to programs; there is a procedure in place track concerns discovered during the Quality Improvement (QI) review process (committees such as Cultural Responsiveness Committee, OP CQI, SV CQI, UR Committee, Pharmacy and Therapeutics committee, Infection Control Committee, COPP [Committee on Performance Improvement]). Form QI-55 Quality Improvement Tracking form is the tool used to communicate concerns or deficiencies to program leadership, and track responses / corrections through to completion. This is outlined in our policy 0704.940 Quality Improvement Tracking Process. QI methods may include running PDSA cycles on selected issues to test small changes and evaluate for effectiveness of interventions and adjustment of business practices.

Person Responsible (job title)

QI Program Manager, QI Training Clinician, QI Analyst

Implementation Timeline:

October 31, 2023.

Requirement

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.

DHCS Finding 3.5.1

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has established practice guidelines that meet the requirements of the MHP Contract. Per the discussion during the review, the MHP stated it has established and implemented practice guidelines and would provide evidence post review. Post review, the MHP submitted implementation guides, trainings, and evidence-based programs that it has established; however, it was not evident practice guidelines are established.

Corrective Action Description

The MHP will create a new policy that outlines how practice guidelines in our system of care are established, which practice guidelines we have adopted and implemented, and how practice guidelines are being utilized as a model to guide service provision and professional practice. Such guidelines are based on valid and reliable clinical evidence, consider the needs of the beneficiaries, and are developed with input from clinical

program staff and network providers, and are reviewed and updated periodically as appropriate.

Practice Guideline topics include our implementation of evidenced based practices, suicide prevention, trauma-informed care, recovery principles, and cultural responsiveness.

The QI training unit will develop a new training guide for clinical staff and leadership, that emphasizes our commitment to adhere to practice guidelines and provides an overview and education regarding application of current practices. Current documentation training, Organizational Provider Manual and policies related to service delivery and treatment modalities will be updated to provide a context and tie into current practice guidelines where indicated.

Proposed Evidence/Documentation of Correction

Policy on Practice Guidelines; training guide materials.

Ongoing Monitoring (if included)

The guidelines will be reviewed for any updates or adjustments annually at the CQI committees.

Person Responsible (job title)

QIC, QI Training Clinician

Implementation Timeline:

January 31, 2024

Requirement

The MHP did not furnish evidence 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.

DHCS Finding 3.5.2

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP disseminates the guidelines to all affected providers, and upon request, 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 that it would look to identify a policy that includes these requirements.

Post review, no additional evidence was provided to demonstrate this practice is occurring.

Corrective Action Description

Once the policy and training guide described in 3.5.1 above have been developed, we will disseminate the guidelines to all affected providers, and upon request, to beneficiaries and potential beneficiaries.

Proposed Evidence/Documentation of Correction

Staff and Contract Provider bulletins; training to new policy and current practice guidelines; description on public facing behavioral health website.

Ongoing Monitoring (if included)

Training completion data will be reported quarterly into the OP CQI committee meetings.

Person Responsible (job title)

QIC, QI Training Clinician, QI Analyst

Implementation Timeline:

January 31, 2024

Requirement

DHCS' review team made seven (7) calls to test the MHP's statewide 24/7 toll-free number. The seven (7) test calls must demonstrate compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1). The toll-free telephone number provides information to beneficiaries to the below listed requirements:

1. The MHP provides a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county.
2. The toll-free telephone number provides information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met.
3. The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.
4. The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

DHCS Finding 4.2.2

Based on the test calls, DHCS deems the MHP in partial compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1). Repeat deficiency Yes.

Corrective Action Description

MHP will review its current scripts and training materials for clarity, comprehensiveness, and ease of use. We will re-train all staff who handle access calls on the procedure and share performance outcomes to illustrate progress, or the need to improve. Trainings will occur in person, via Zoom, or as a course in our learning management system Relias. Training will include meeting with our subcontracted answering service point of contact via Zoom, to review process and expectations, and to determine training follow-up with their staff. MHP will provide individualized feedback and education to staff and supervisors after each test call. This feed-back will specifically state whether each required criterion was met or not met, and instructions for improvement.

Proposed Evidence/Documentation of Correction

Access Line Flow Charts training tool; training materials; training sign-in sheets or Relias training completion report; sample Emails showing test call feed-back; performance outcome reports.

Ongoing Monitoring (if included)

The MHP will conduct 4 test calls per month and report the results of the test calls quarterly to DHCS and internally into the OP CQI Committee, quarterly as well.

Person Responsible (job title)

QI Program Manager, QI Analyst

Implementation Timeline:

This process is ongoing and in place; updated training materials and staff training to be completed by January 31, 2024.

Requirement

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.

DHCS Finding 4.2.4

While the MHP submitted evidence to demonstrate compliance with this requirement, four of the 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	10/28/2022	10:27 a.m.	OOC	IN	IN
2	11/6/2022	3:04 p.m.	OOC	OOC	OOC
3	11/3/2022	8:07 a.m.	OOC	OOC	OOC
4	12/16/2022	9:45 a.m.	OOC	OOC	OOC
5	11/18/2022	5:23 p.m.	OOC	OOC	OOC
Compliance Percentage			**0%**	**20%**	**20%**

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).

Repeat deficiency Yes

Corrective Action Description

Re-training of all staff who handle access calls will include instructions to log all access calls in Inquiry, which is the access tracking mechanism in our EHR, SmartCare. Individualized feedback and education to staff and supervisors after each test call includes the requirement to maintain a record in Inquiry.

Proposed Evidence/Documentation of Correction

Access Line Flow Charts training tool; training materials; training sign-in sheets or Relias training completion report; sample Emails showing test call feed-back; performance outcome reports.

Ongoing Monitoring (if included)

The MHP will conduct 4 test calls per month and report the results of the test calls to DHCS on a quarterly basis, and internally to the OP CQI Committee quarterly.

Person Responsible (job title)

QI Program Manager, QI Analyst

Implementation Timeline:

This process is ongoing and in place; updated training materials and staff training to be completed by January 31, 2024.

Requirement

The MHP did not furnish evidence to demonstrate compliance with BHIN 22-017; Code of Federal Regulations, title 42, section 438, subdivision 210(b)(1); and California Code of Regulations, title 9, section 1810, subdivision 440(b)(2)(i-ii). The MHP must establish and implement written policies and procedures for the authorization of psychiatric inpatient hospital services in accordance with BHIN 22-017 and shall have mechanisms in effect to ensure consistent application of review criteria for authorization decisions and shall consult with the requesting provider when appropriate. Authorization procedures and utilization management criteria shall:

a. Be based on medical necessity and consistent with current evidence-based clinical practice guidelines, principles, and processes;

b. Be developed with involvement from network providers, including, but not limited to, hospitals, organizational providers, and licensed mental health professionals acting within their respective scopes of practice;

c. Be evaluated, and updated as necessary, and at least annually, and be disclosed to the MHP's beneficiaries and network providers.

DHCS Finding 5.2.2

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP engaged and collaborated with network and organizational providers, hospitals, and other licensed mental health stakeholders to develop its inpatient concurrent review authorization policies and procedures. Per the discussion during the review, the MHP stated it had evidence of meetings and email communications documenting this requirement. Post review, the MHP submitted announcement letters to county providers; however, it is not evident that its process was developed with involvement from network providers per the requirement.

Corrective Action Description

In 2019, Humboldt County MHP was engaged in the development of the concurrent review requirements through the County Behavioral Health Directors Association of California (CBHDA) Concurrent Review Workgroup, as well as the DHCS facilitated joint MHP / Hospital workgroup. California Hospital Association (CHA) representatives were present during those workgroup meetings as well.

Humboldt MHP was a participant in both workgroups because we had already implemented concurrent review as part of our regular process for the past years. Our engagement in these workgroups gave us direct access to stakeholders including hospitals while the requirements were being developed.

Upon implementation of concurrent review, Humboldt MHP sent letters to our contracted network provider hospitals as well as non-contracted hospitals we utilized, to inform them of the new process. This form letter included the invitation to provide feed-back or questions.

The MHP's policy 0704.660 Authorization of Inpatient Specialty Mental Health Services (SMHS) was updated in 2020 following the release of MHSUDS Information Notice 19-026 Authorization of Specialty Mental Health Services, and again in 2022 following the release of BHIN 22-017 Concurrent Review Standards for Psychiatric Inpatient Hospital and Psychiatric Health Facility services.

It is stated in this policy that it will be reviewed and updated as necessary, at least annually, with consideration given to stakeholder feedback received from inpatient facilities. Beneficiaries and in-network providers will be informed of this authorization policy and procedure.

The QI Utilization Review Nurses engage in stakeholder feedback throughout the concurrent review and authorization process.

Proposed Evidence/Documentation of Correction

Policy 0704.660 Authorization of Inpatient Specialty Mental Health Services (SMHS)

Ongoing Monitoring (if included)

This is an ongoing process that often occurs via phone or email conversations. When issues arise, they will be lifted to the QIC and addressed / resolved on a case-by-case basis.

Person Responsible (job title)

QIC; QI RNs

Implementation Timeline:

Implementation is complete.

Requirement

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice No. 18-027 and Welfare and Institution Code 14717.1, subdivision (b)(2)(F), (g). The MHP must have a procedure for expedited transfers within 48 hours of placement of the foster child or youth outside of the county of original jurisdiction.

DHCS Finding 5.3.1

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a procedure for expedited transfers within 48 hours of placement of the foster child or youth outside of the county of original jurisdiction. Per the discussion during the review, the MHP acknowledged that its Presumptive Transfer policy is insufficient and out of date. Post review, the MHP submitted a statement

explaining that while the scenario has not occurred during the review period, it acknowledged the need to update its policy moving forward.

Corrective Action Description

The Mental Health Plan will update its current policy 1001.109 Outbound Presumptive Transfer of Medi-Cal for Children in Foster Care to add a description of the process for an Expedited Transfer within 48 hours of placement.

Proposed Evidence/Documentation of Correction

Updated policy 1001.109 Outbound Presumptive Transfer of Medi-Cal for Children in Foster Care.

Ongoing Monitoring (if included)

A report on number of incoming and outgoing presumptive transfers per month including tracking of timelines for expedited transfers will be built into the CBH Dashboard. CBH dashboard is reported into OP CQI quarterly.

Person Responsible (job title)

CBH Deputy Branch Director; CBH Sr. Program Manager; CBH Administrative Analyst

Implementation Timeline:

November 30, 2023

Requirement

The MHP did not furnish evidence to demonstrate compliance with California Welfare and Institution Code, section 14717, subdivision 1(d)(6). A waiver processed based on an exception to presumptive transfer shall be contingent upon the MHP in the county of original jurisdiction demonstrating an existing contract with a SMHS provider, or the ability to enter into a contract within 30 days of the waiver decision, and the ability to

DHCS Finding 5.3.2

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP maintains an existing contract with a SMHS provider or has the ability to enter into a contract within 30 days of the waiver decision, and the ability to deliver timely SMHS directly to the foster child. Per the discussion during the review, the MHP confirmed that its Presumptive Transfer policy did not include the requirement for a waiver, but if presented with such a case, it would send a letter of intent to process and ensure payment. Post review, the MHP submitted a statement explaining that while the scenario has not occurred during the review period, it acknowledged the need to update its policy moving forward.

Corrective Action Description

Policy 1001.109 Outbound Presumptive Transfer of Medi-Cal for Children in Foster Care update will include a description of the Waiver process and the process for contracting with a provider within 30 days. This process will include drafting a Letter of Intent for payment while the provider contract is developed and approved. Payment of a transfer out of county may also be arranged through the CalMHSA payment portal for counties that are members.

Proposed Evidence/Documentation of Correction

Updated policy 1001.109 Outbound Presumptive Transfer of Medi-Cal for Children in Foster Care. Letter of Intent, fully executed contract (if any)

Ongoing Monitoring (if included)

BH program lead, contract preparer, contract coordinator and DHHS contracts unit collaborate on contract development. Contract Coordinator tracks review process and all steps through final execution of the contract.

Person Responsible (job title)

CBH Deputy Branch Director; CBH Sr. Program Manager; CBH Administrative Analyst; Contract Coordinator

Implementation Timeline:

November 30, 2023

Requirement

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:

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.

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.

DHCS Finding 6.1.14

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provided information to all beneficiaries, prospective beneficiaries, and members of the public on how to file a Discrimination Grievance. Per the discussion during the review, the MHP stated that it had not updated its grievance and appeals policy, but any Discrimination Grievances would be resolved through the standard problem resolution path. Post review, the MHP submitted a Non-Discrimination policy; however, it did not meet the contract requirements.

Corrective Action Description

The MHP will update its policy 0704.460 Client Problem Resolution Process with a section on how to file a Discrimination Grievance within its system of care, with Department of Health Care Services (DHCS) and the United States Department of Health and Human Services Office for Civil Rights. Pertinent beneficiary informing materials such as the Client Problem Resolution Guide and Client Problem Resolution Guide Poster, will be updated accordingly, and made available on our website and in clinic waiting areas. Training on the updated policy will be assigned in Relias eLearning to all pertinent staff. Form QI-57 Behavioral Health Client Problem Resolution Request will be revised to add the category “Discrimination Grievance” to the question “What type of request are you filing”. “Discrimination Grievance” will also be added in the “category subtype” dropdown menu of our grievance database.

Proposed Evidence/Documentation of Correction

Revised policy 0704.460 Client Problem Resolution Process; website screenshot; staff training reports; revised informing materials in grievance packets; screenshot of update in grievance database showing the new subcategory “Discrimination Grievance.”

Ongoing Monitoring (if included)

QI RNs will monitor all incoming grievances for discrimination content and follow protocol as stated in revised policy 0704.460 Client Problem Resolution Process. Reports run in the grievance database will show how often the category “discrimination grievance” was selected. Client Concern statistics are being reported quarterly into the Continuous Quality Improvement Committee. Training compliance is also reported quarterly into the Continuous Quality Improvement Committee.

Person Responsible (job title)

QI RNs; QIC; QI Training Clinician

Implementation Timeline:

November 30, 2023

Requirement

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 nondiscrimination law.

DHCS Finding 6.1.15

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 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 designated the Quality Improvement Coordinator as the Discrimination Grievances Coordinator. Post review, the MHP submitted a Non-Discrimination policy; however, it was not evident this process is in place.

Corrective Action Description

The MHP will update its policy 0704.460 Client Problem Resolution Process with a section on how to file a Discrimination Grievance. The policy update will include a statement that the Quality Improvement Coordinator or designee assumes the role of Discrimination Grievance Coordinator, and description of associated responsibilities. Training on the updated policy will be assigned in Relias eLearning to all pertinent staff.

Proposed Evidence/Documentation of Correction

Revised policy 0704.460 Client Problem Resolution Process; staff training on the updated policy; staff training reports.

Ongoing Monitoring (if included)

The policy update will be assigned in Relias eLearning to all pertinent staff. Training compliance is reported quarterly into the Continuous Quality Improvement Committee. This is a one-time modification of our policy to explain that the QIC also functions as Discrimination Grievance Coordinator. Ongoing monitoring of this item does not seem indicated.

Person Responsible (job title)

QI RNs; QIC

Implementation Timeline:

November 30, 2023

Requirement

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 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.

DHCS Finding 6.1.16

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has adopted procedures to ensure the 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 stated that it had not updated its grievance and appeals policy, but any Discrimination Grievances would be resolved through the standard problem resolution path. Post review, the MHP submitted a Non-Discrimination policy; however, it did not meet the contract requirements.

Corrective Action Description

The MHP will update its policy 0704.460 Client Problem Resolution Process with a section on how to file a Discrimination Grievance within its system of care. The policy update will describe procedures to ensure the prompt and equitable resolution of discrimination-related complaints. It will indicate the MHP will 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.

Pertinent beneficiary informing materials such as the Client Problem Resolution Guide and Client Problem Resolution Guide Poster, will be updated accordingly, and made available on our website and in clinic waiting areas. Training on the updated policy will be assigned in Relias eLearning to all pertinent staff.

Proposed Evidence/Documentation of Correction

Revised policy 0704.460 Client Problem Resolution Process; Training completion report; website link with updated materials; photo evidence of postings in waiting areas.

Ongoing Monitoring (if included)

QI RNs will monitor all incoming grievances for discrimination content and follow protocol as stated in revised policy 0704.460 Client Problem Resolution Process. QI RNs will oversee and ensure the prompt and equitable resolution of discrimination-related complaints; and document the steps to completion in the grievance data base. Training compliance is reported quarterly into the Continuous Quality Improvement Committee.

Person Responsible (job title)

QI RNs; QIC; QI Training Clinician

Implementation Timeline:

November 30, 2023

Requirement

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:

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

DHCS Finding 6.1.17

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 beneficiary. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it had not identified or processed discrimination grievances during the review period. Post review, the MHP submitted a Non-Discrimination policy; however, the policy did not meet the contract requirements.

Corrective Action Description

The MHP will update its policy 0704.460 Client Problem Resolution Process with a section on how to file a Discrimination Grievance within its system of care. The policy update will include the process for submitting 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 beneficiary.

QI RNs will ensure discrimination grievance resolutions are sent to DHCS Office of Civil Rights within 10 calendar days of the letter and grievance resolution packet being mailed to the beneficiary; and enter the date the required documentation was sent to the DHCS Office of Civil Rights in the grievance database.

Training on the updated policy will be assigned in Relias eLearning to all pertinent staff.

Proposed Evidence/Documentation of Correction

Grievance Database screenshot; training completion record; sample of notification to DHCS Office of Civil Rights (if any have occurred)

Ongoing Monitoring (if included)

QI RNs will monitor all incoming grievances for discrimination content and follow protocol as stated in revised policy 0704.460 Client Problem Resolution Process.

QI RNs will monitor discrimination grievances requiring information being sent to DHCS Office of Civil Rights in the grievance database. Client Concern statistics, which include reporting timeliness of responses are being reported quarterly into the Continuous Quality Improvement Committee.

Person Responsible (job title)

QI RNs

Implementation Timeline:

November 30, 2023

Requirement

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No.18-010E. The MHP must use a written Notice of Grievance Resolution to notify beneficiary of the results of a grievance resolution which shall contain a clear and concise explanation of the Plan's decision.

DHCS Finding 6.3.5

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides Notice of Grievance Resolutions (NGR) that includes a summary of the grievance, steps taken to resolve the grievance, explanation of how the grievance was resolved, and reason for the decision, as required in MHSUDS IN 18-010E. Of the grievances reviewed by DHCS, nine (9) of the ten grievance resolution letters did not have an NGR that met the requirements. Per the discussion during the review, the MHP stated that the expectation is that staff use the standard NGR letter template and that it would research this issue. Post review, the MHP provided additional grievance and resolution samples demonstrating the volume of correct NGRs it had issued; however, the grievances reviewed by DHCS remained out of compliance.

Corrective Action Description

The MHP's current Policy 0704.460 Client Problem Resolution Process states in section 5.7: "The Manager who is responsible for the investigation will notify the client in writing of the resolution using the Notice of Grievance Resolution form, which shall contain a clear and concise explanation of the decision. … The Manager will also send the documentation of the resolution to the QIC or designee (original of the Problem Resolution Form and a copy of the letter to the client or the progress note)." This policy will be updated to reference the Notice of Grievance Resolutions (NGR) template.

We will review and update PowerPoint training "Client Problem Resolution Process" to emphasize the NGR template; add this course to our Relias curriculum and assign to Supervisors and Managers for refresher training.

Proposed Evidence/Documentation of Correction

Relias training completion report: samples of completed NGR forms.

Ongoing Monitoring (if included)

QI RNs will monitor for consistent use of NGR template when grievance resolutions are submitted to QI for completion. Should a supervisor or manager who has addressed the grievance omit to use the NGR template, the packet will be returned to them with a request for completion.

Person Responsible (job title)

QI RNs

Implementation Timeline:

November 30, 2023

Requirement

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 benefits while the appeal or State Hearing is pending, the benefits must be continued until one of the below listed occurs:

a) The beneficiary withdraws the appeal or request for a State Hearing;

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);

c) A State Hearing office issues a hearing decision adverse to the beneficiary.

DHCS Finding 6.5.2

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. Per the discussion during the review, the MHP stated that this requirement was included in its informing materials but was not included in its policy. Post review, DHCS re-reviewed the MHP's beneficiary informing materials and confirmed that the required contract language is absent. No additional documentation was submitted by the MHP.

Corrective Action Description

The MHP's current policy 0704.460 Client Problem Resolution Process cross-references policy 0704.500 Notice of Adverse Benefit Determination (NOABD). Policy 0704.500 addresses continuation of benefits during a NOABD appeal process as well as State Hearing, per request by the client. The current Beneficiary Handbook that is offered to all new clients, and available to existing clients informs them of the process to request continuation of benefits while the appeal or State Hearing is pending.

Policy 0704.500 Notice of Adverse Benefit Determination (NOABD) will be updated to include the required contract language *"At the beneficiary's request, the MHP must 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: a)The beneficiary withdraws the appeal or request for a State Hearing; 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); c) A State Hearing office issues a hearing decision adverse to the beneficiary."

The MHP's Client Problem Resolution Guide informs clients that services will continue while the State Fair Hearing is pending. The guide will be updated with the required contract language and made available on our website and in clinic waiting areas.

Training on the updated policy will be assigned in Relias eLearning to all pertinent staff.

Proposed Evidence/Documentation of Correction

Revised policy 0704.500 Notice of Adverse Benefit Determination (NOABD); Training completion report; website link with updated Client Problem Resolution Guide; photo evidence of Client Problem Resolution Guide Poster in waiting areas.

Ongoing Monitoring (if included)

Within ten business days from receiving an appeal or notification of a State Hearing, the QIC or designee will confirm the beneficiary is still receiving services while appeal or State Hearing is pending.

Person Responsible (job title)

QIC or designee

Implementation Timeline:

January 31, 2024