El Dorado County Health and Human Services Agency Behavioral Health Division

FY 18/19 Specialty Mental Health Triennial Review

Corrective Action Plan

System Review

Requirement

REQUIREMENT A.1 - Timely Access

The MHP shall meet, and require its providers to meet, DHCS standards for timely access to care and services, taking into account the urgency of need for services (42 CFR 1:1438.206(c)(1)(i)).

DHCS Finding A.1

The MHP did not submit its policies and procedures to address the timely access standards and requirements. It is not evident the MHP is requiring its contracted providers to meet the requirements.

The evidence submitted by the MHP indicates the MHP is not meeting the timely access standards.

Corrective Action Description

A.1.1 MHP will require contractors to comply with timely access standards.

A.1.2 MHP will monitor contractors compliance with timely access standards through the CSI Assessment process and/or an alternate locally developed process.

• Through the CSI Assessment form in Avatar;

• Through the chart Utilization Review checklist (in Avatar and/or hard copy).

In the event of findings from the monitoring, the MHP will provide technical assistance and/or require corrective actions plans.

A.1.3 MHP will develop standardized reports for Timely Access Monitoring Outcomes, using data from Q1 of FY 19/20.

A.1.4 MHP will report the Timely Access Monitoring Outcomes quarterly.

Proposed Evidence/Documentation of Correction

A.1.1 Specialty Mental Health Services Contract Boilerplate Language

A.1.2 • Policies and/or procedures

• CSI Assessment Data collected through the Electronic Health Record or manually

A.1.3 Timely Access Monitoring Outcomes

A.1.4 Timely Access Monitoring Outcomes

Implementation Timeline: 1/1/19, 8/31/19, 10/31/19, 1/31/20

Requirement

A.2 - ICC and IHBS Criteria

The MHP has an affirmative responsibility to determine if children and youth who meet medical necessity criteria need ICC and IHBS. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018)

DHCS Finding A.2

The MHP does not have a referral process established for ICC. If a beneficiary is involved with two or more child serving agencies, the child should be receiving ICC, and the MHP should utilize ICC to facilitate cross-system communication and planning.

Corrective Action Description

A.2.1 Develop and implement a screening and referral tool for ICC.

A.2.2 Develop and implement an Avatar report for tracking and monitoring

Proposed Evidence/Documentation of Correction

A.2.1 • POC A.3a.1 - Pathways to Well Being Determination Form in Avatar.docx

• Not yet provided to DHCS - Must be redacted to be able to email document: Sample Pathways to Well Being Screening Tools Completed

A.2.2 POC A.2.2 - Avatar PWB Report 5-1-19 to Current - Redacted.pdf

Implementation Timeline: 11/30/18, 12/30/18

Requirement

A.3 – CFTs

1) The Child and Family Team (CFT) composition always, as appropriate, includes a representative of the MHP and/or a representative from the mental health treatment team (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018).

2) The MHP convenes a CFT for children and youth who are receiving ICC, IHBS, or TFC, but who are not involved in the child welfare or juvenile probation systems (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018).

DHCS Finding A.3

A.3a: The MHP did not demonstrate that the CFT meetings are occurring, at least every 90-days.

A3b: Additionally, the MHP did not provide documentation of its communication and coordination efforts with the child serving agencies.

Furthermore, the chart review findings indicated that there were no CFT meetings documented in the sample charts reviewed, to demonstrate evidence the MHP is taking responsibility for convening and participating in CFT meetings.

Corrective Action Description

A.3a.1 Create new service code in the Electronic Health Record (Avatar) to track CFT services.

A.3a.2 Monitor use of new service code.

A.3a.3 Develop, and implement as a mandatory form to use, the CFT Minutes Template.

A.3a.4 Monitor use of CFT Minute template by requiring providers to submit the CFT Minutes with each client closure packet or request for continued services packet, which shall minimally be submitted to the MHP every six (6) months.

A.3a.5 Develop and implement a parent survey to be completed after each CFT to gather feedback from parents about the CFT process

A.3a.6 Monitor use of CFT Survey template by requiring providers to submit the CFT Survey with each client closure packet or request for continued services packet.

A.3a.7 Develop and implement an Avatar report to determine if the CFT service code is being used.

A.3a.8 Monitor frequency and duration of CFT code use in Avatar (quarterly at a minimum).

A.3b.1 The MHP hosts regular meetings with children's service providers and emails or speaks with providers on individual topics that may arise.

Proposed Evidence/Documentation of Correction

A.3a.1 • POC A.3a.1 - Notification to Providers of ICC CFT Service Code.pdf

• POC A.3a.1 - CFT Code in Avatar.docx

A.3a.2 • Not yet provided to DHCS - Must be redacted to be able to email document: POC A.3a.1 - Avatar Utilization Report.pdf

• POC A.3a.2 - Technical Assistance and Findings to NMYFS.pdf

• POC A.3a.2 - Utilization Management Findings.pdf

A.3a.3 • POC A.3a.3 - CFT Minutes Template.pdf

• Not yet provided to DHCS - Must be redacted to be able to email document: POC A.3a.3 - Sample Completed CFT Minutes.pdf

A.3a.4 • POC A.3a.4 - Beginning of Monitoring Use of CFT Minute Template.docx

A.3a.5 • POC A.3a.5 - CFT Survey Template.pdf

• POC A.3a.5 - CFT Survey Sample - Redacted.pdf

A.3a.6 Monitoring Results

A.3a.7 Sample report template

A.3a.8 Monitoring report

A.3b.1 POC A.3b.1 - Provider Meeting Minutes.pdf

Implementation Timeline: 10/31/18, 1/1/19, 7/1/19, 7/15/19, 6/30/19, 9/30/19, 10/31/19, 12/31/18

Requirement

A.4 - ICC Coordinator

There is an established ICC Coordinator, as appropriate, who serves as the single point of accountability. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018)

DHCS Finding A.4

The MHP did not submit evidence of compliance for the following:

• It has an established ICC Coordinator (single point of contact);

• The ICC Coordinator and the CFT reassess the strengths and needs of children and youth and their families, at least every 90 days, and as needed;

• Intervention strategies are continually monitored, so that modifications can be made based on results;

• The ICC Coordinator conducts referral, linkages, monitoring and follow-up activities, to ensure that the child's/youth's needs are met. This includes ensuring that services are being furnished in accordance with the child's/youth's plan, and that services are adequate to meet the child's/youth's needs; and,

• The ICC coordinator makes recommendations to the CFT members regarding the necessary changes to the client plan, and works with the CFT and other providers to make these adjustments.

Corrective Action Description

A.4.1 Establish a clear definition of who the ICC Coordinator is for the CFTs and distribute to the providers and collaborating agencies.

A.4.2 Include identification of ICC Coordinator on the CFT Minutes so each team knows who the single point of contact is.

A.4.3 Monitor use of CFT Minute template as described in CA #A.3.5.

Proposed Evidence/Documentation of Correction

A.4.1 MHP Policy/Procedure

A.4.2 POC A.4.2 - CFT Minutes Template.pdf

A.4.3 • Not yet provided to DHCS - Must be redacted to be able to email document: POC A.3a.3 - Sample Completed CFT Minutes.pdf

• POC A.4.3 - Checklist - General Auth - Children.pdf

Implementation Timeline: 9/30/19, 8/30/19, 9/30/19

Requirement

A.5 - American Indian Beneficiaries

The MHP shall permit an American Indian beneficiary who is eligible to receive services from an Indian health care provider (IHCP) participating as a network provider, to choose that IHCP as his or her provider, as long as that provider has capacity to provide the services (42 CFR § 438.14(b)(3)).

The MHP shall permit American Indian beneficiaries to obtain covered services from out- of network IHCPs if the beneficiaries are otherwise eligible to receive such services (42 CFR § 438.14(b)(4)). The MHP shall permit an out-of-network !HCP to refer an Indian beneficiary to a network provider (42 CFR & 438.14(b)(6)).

DHCS Finding A.5

The MHP must permit any American Indian who is enrolled in a MHP that is not an IMCE and eligible to receive services from a Indian Health Care Provider (IHCP) primary care provider participating as a network provider, to choose that IHCP as his or Her primary care provider, as long as that provider has capacity to provide the services. In addition, the MHP must permit American Indian beneficiaries to obtain services covered under the contract between the DHCS and the MHP from out-of-network IHCPs from whom the beneficiary is otherwise eligible to receive such services.

Corrective Action Description

A.5.1 Develop a policy/procedure documenting compliance with the referenced requirement, including the process for advising beneficiaries who identify as American Indian about the availability to receive services for the identified provider categories.

A.5.2 Develop a tracking log to identify individuals opting for services under this policy/procedure.

A.5.3 Monitor that individuals opting for services under this policy/procedure are being seen and provided the appropriate level of services by their elected provider.

Proposed Evidence/Documentation of Correction

A.5.1 MHP Policy/Procedure

A.5.2 Tracking Log

A.5.3 Monitoring Reports

Implementation Timeline: 9/30/19

Requirement

A-6 - Medi-Cal Site Certification

The MHP shall certify, or use another MHP's certification documents to certify, the organizational providers that subcontract with the MHP to provide SMHS, in accordance with California Code of Regulations, title 9, section 1810.435 (MHP Contract, Ex. A, Att. 8).

DHCS Finding A-6

MHP is required to demonstrate compliance it has an ongoing and effective monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified in accordance with the California Code of Regulations, title 9 and the MHP Contract.

DHCS reviewed the MHPs Online Provider System (OPS) and generated an Overdue Provider Report. The findings from the report indicated, the MHP has providers overdue for certification and/or re-certification. [1 provider our of 21 providers.]

MHP TECHNICAL ASSISTANCE REQUEST(S):

TA Request A.6.A - Online Provider System (OPS)

Is the MHP able to have direct access to this system to ensure that its internal tracking mechanisms have the most current data?

Corrective Action Description

Star View Adolescent Center (Outpatient) appeared on State's "El Dorado County Overdue Provider Report". The MHP had terminated Star View Adolescent Center (PHF) in December 2017, however their Outpatient program was not added the MHP's tracking worksheet. Upon receiving notice from the State that there was an overdue certification, the MHP investigated what had occurred.

In July 2019, the MHP submitted the re-certification transmittal for the Outpatient program to State.

A.6.1 Request TA from the State as to whether the MHP can access the Online Provider System (OPS) directly.

A.6.2 The MHP will update its policy and procedure regarding Medi-Cal Site Certification.

Proposed Evidence/Documentation of Correction

A.6.1 Included with this POC as TA A.6.A.

A.6.2 Updated policy/procedure

Implementation Timeline: 8/27/19, 12/31/19

Requirement

A.7 - MHP Compliance Monitoring

The MHP shall monitor the performance of its subcontractors and network providers on an ongoing basis for compliance with the terms of the MHP contract and shall subject the subcontractors' performance to periodic formal review (MHP Contract, Ex. A, Att. 8).

If the MHP identifies deficiencies or areas of improvement, the MHP and the subcontractor shall take corrective action (MHP Contract, Ex. A, Att. 8).

DHCS Finding A.7

The MHP did not provide evidence of ongoing monitoring activities (e.g., report, tools, logs, etc.).

Corrective Action Description

A.7.1 The MHP will develop policies/procedures consistent with the requirements of the MHP Contract, Exhibit A-Attachment 8, Provider Network.

A.7.2 The MHP will implement the policies and procedures to be developed.

A.7.3 The MHP will monitor the implementation and the results of the monitoring activities.

A.7.4 The MHP will report to the QIC the outcomes of the monitoring activities and seek feedback for ongoing improvement

Proposed Evidence/Documentation of Correction

A.7.1 • Policies and procedures

• Monitoring forms/reports

A.7.2 Notifications sent to providers.

A.7.3 Monitoring reports

A.7.4 QIC Minutes

Implementation Timeline: 12/31/19, 1/31/20

Requirement

B.1 - Beneficiary Care Coordination

The MHP shall coordinate the services the MHP furnishes to the beneficiary between settings of care, including appropriate discharge planning for short-term and long-term hospital and institutional stays (MHP Contract, Ex. A, Att.1 O; 42 CFR §§ 438.208(b)(2)(i)-(iv) and Cal. Code Regs., tit. 9§1810.415).

The MHP shall coordinate the services the MHP furnishes to the beneficiary with the services the beneficiary receives from any other managed care organization, in FFS Medicaid, from community and social support providers, and other human services agencies used by its beneficiaries. (MHP Contract, Ex. A, Att.1 O; 42 CFR § 438.208(b)(2)(i)-(iv) and Cal. Code Regs., tit. 9 § 1810.415.)

DHCS Finding B.1

Each MHP must implement procedures to deliver care to and coordinate services for all MHP beneficiaries. The MHP must, at a minimum:

• Provide each beneficiary with a person or entity formally designated as primarily responsible for coordinating services accessed by the beneficiary; and,

• Coordinate care across delivery systems.

Corrective Action Description

B.1.1 Develop policies and procedures identifying that the primary point of responsibility for coordinating services accessed by the beneficiary is the assigned Clinician.

B.1.2 QA/UR will monitor that each beneficiary receiving services from the MHP has an assigned Clinician. Any beneficiary without an assigned Clinician will be assigned a clinician within 24 business hours.

B.1.3 The MHP will continue to work with providers to ensure continuity of care for beneficiaries.

B.1.4 Develop/update policies and procedures to be in compliance with Information Notice 18-059.

Proposed Evidence/Documentation of Correction

B.1.1 Policies/procedures developed

B.1.2 “Missing Attending Practitioner” widget in Avatar.

B.1.3 • Meeting notes/minutes

• Policies/procedures established

• Sample progress notes/forms/documents related to continuity of care services

B.1.4 Policies/procedures developed

Implementation Timeline: 10/31/19, 12/31/19

Requirement

B.2 - Clinical Consultations and Training

The MHP shall make clinical consultation and training, including consultation and training on medications, available to a beneficiary's health care provider for beneficiaries whose mental illness is not being treated by the MHP or for beneficiaries who are receiving treatment from another health care provider in addition to receiving SMHS from the MHP (Cal. Code Regs., title 9, & 1810.41 S(a)).

DHCS Finding B.2

The MHP must make clinical consultation and training, including consultation and training on medications, available to a beneficiary's health care provider for beneficiaries

whose mental illness is not being treated by the MHP or for beneficiaries who are receiving treatment from another health care provider in addition to receiving SMHS from the MHP.

Corrective Action Description

B.2.1 The MHP will develop a standard transmittal memo for clients who no longer meet medical necessity for Specialty Mental Health Services and are referred to primary care or a community provider for ongoing treatment needs, which identifies that the medication support team can provide consultation.

B.2.2 The MHP will continue to make itself available for trainings and consultations for community providers. It is important to note that the largest community providers have developed their own Behavioral Health programs and hired psychiatrists directly. Additionally, the Managed Care Plans have also been providing trainings to community providers.

B.2.3 The MHP will develop a method for documenting requests from community providers for consultations and trainings and the provision of consultations and trainings.

Proposed Evidence/Documentation of Correction

B.2.1 POC B.2.1 - FAX COVER.doc

B.2.2 • Policies and procedures developed

• Notices to providers of the availability of consultations and/or trainings

B.2.3 • Policies and procedures developed

• Forms/reports developed

Implementation Timeline: 1/31/19, 2/28/20

Requirement

C.1 - Performance Monitoring Activities

The MHP shall conduct performance monitoring activities throughout the MHP's operations. These activities shall include, but not be limited to, beneficiary and system outcomes, utilization management, utilization review, provider appeals, credentialing and monitoring, and resolution of beneficiary grievances (MHP Contract, Ex. A, Att. 5; 42 CFR § 438.330(e)(2)).

DHCS Finding C.1

The MHP did not submit evidence it conducts performance monitoring activities of the following:

• Beneficiary satisfaction surveys;

• Data analysis of the chart review;

• Medication monitoring or utilization management data; or,

• Evidence of the consistent performance monitoring activities throughout the MHP's operations.

Corrective Action Description

C.1.1 Develop and implement a parent survey to be completed after each CFT to gather feedback from parents about the CFT process

C.1.2 Monitor use of CFT Survey template by requiring providers to submit the CFT Survey with each client closure packet or request for continued services packet, which shall minimally be submitted to the MHP every six (6) months.

C.1.3 Download and analyze data from the Consumer Perception Survey within 45 days of the data becoming available.

C.1.4 Share the results of the Consumer Perception Survey with providers.

C.1.5 Perform data analysis of chart review monitoring outcomes and share with providers; develop new tools to assist with data analysis.

C.1.6 Provide the QIC with outcomes from the Medication Monitoring Committee and ongoing utilization management activities; seek feedback from the QIC for potential implementation.

Proposed Evidence/Documentation of Correction

C.1.1 POC C.1.1 - CFT Survey Template.pdf

C.1.2 POC A.1.1 - CFT Survey Sample - Redacted.pdf

C.1.3 Sample of completed analysis

C.1.4 Sample of analysis shared with providers

C.1.5 • Tools developed

• Sample of analysis performed

• Sample of data shared with providers

C.1.6 • Medication Monitoring outcomes

• Utilization Management data, analysis, outcomes, monitoring, etc.

Implementation Timeline: 6/30/19, 1/31/20

Requirement

C.2 - Detection of Under- and Over-Utilization

The MHP shall have mechanisms to detect both underutilization and overutilization of services (MHP Contract, Ex. A, Att. 5; 42 CFR § 438.330(b)(3)).

DHCS Finding C.2

The MHP's comprehensive quality assessment and performance improvement program must include at least, mechanisms to detect both underutilization and overutilization of services.

The MHP submitted various documentation to demonstrate compliance; however, specific documentation lacked specified requirements.

• The MHP's QAPI Work Plan did not address over and underutilization monitoring.

• The MHP provided a copy of its utilization report from Avatar, however, the MHP did not submit evidence it takes action as a result of the report, except when there are questionable invoices.

• While, the Quality Improvement, Quality Management, and Utilization Management responsibility list addresses the utilization management roles and responsibilities, the MHP could not provide evidence of the policy in practice.

• Furthermore, the MHP did not submit evidence of its utilization management activities (e.g., committee minutes).

Corrective Action Description

C.2.1 Utilization management findings are discussed with providers.

C.2.2 Develop Avatar reports to improve data analysis capabilities.

C.2.3 MHP Managers to monitor staff productivity and discuss with staff during monthly supervision.

C.2.4 Weekly utilization reports are sent to contracted providers, which include the contractors “To Do” report and the CALOCUS Utilization Report.

C.2.5 Contract providers to monitor their utilization and provide the MHP with their monitoring reports to be subject to QA/UR by the MHP.

C.2.6 Update the QAPI Work Plan to include over/under utilization monitoring and reporting

Proposed Evidence/Documentation of Correction

C.2.1 • Meeting notes, minutes, emails, etc.

• POC C.2.1 - Sample Email with Provider re Service Utilization_Redacted.pdf

C.2.2 Avatar reports developed

C.2.3 • Policy and procedure developed (currently under final review for approval routing)

• Sample productivity reports

C.2.4 • POC C.2.5 - Sample Weekly Email to Contractors.pdf

• Not yet provided to DHCS - Must be redacted to be able to email document: Sample Contractor To-Do Reports and CALOCUS Utilization Reports

C.2.5 Sample monitoring results from contract providers

C.2.6 • Updated QIC Work Plan

• QIC Meeting Minutes

Implementation Timeline: 2/28/20, 10/25/18, 12/31/19

Requirement

C.3 - Satisfaction Survey Results

The MHP has mechanisms to assess beneficiary/family satisfaction by surveying beneficiary/family satisfaction at least annually. (MHP Contract, Ex. A, Alt. 5).

The MHP shall inform providers of the beneficiary/family satisfaction activities (MHP Contract, Ex. A, Att. 5).

DHCS Finding C.3

The MHP indicated it does not inform providers of the beneficiary/family satisfaction survey results. Additionally, the MHP does not review or analyze the survey results to identify quality improvement opportunities due to a lack of staffing resources (per the MHP's testimony).

Corrective Action Description

C.3.1 Download and analyze data from the Consumer Perception Survey within 45 days of the data becoming available.

C.3.2 Share the results of the Consumer Perception Survey with providers.

C.3.3 Develop and implement a parent survey to be completed after each CFT to gather feedback from parents about the CFT process

C.3.4 Monitor use of CFT Survey template by requiring providers to submit the CFT Survey with each client closure packet or request for continued services packet.

C.3.5 Report to QIC outcomes of the survey results (both Consumer Perception Survey and CFT Survey)

Proposed Evidence/Documentation of Correction

C.3.1 Sample of completed analysis

C.3.2 Sample of analysis shared with providers

C.3.3 • POC C.3.3 - CFT Survey Template.pdf

• POC C.3.3 - CFT Survey Sample - Redacted.pdf

C.3.4 Monitoring Results

C.3.5 QIC meeting minutes

Implementation Timeline: 6/30/19, 9/30/19

Requirement

C.4 - Addressing Meaningful Clinical Issues

The MHP has mechanisms to address meaningful clinical issues affecting beneficiaries system-wide (MHP Contract, Ex. A, Att. 5).

DHCS Finding C.4

The MHP must implement mechanisms to address meaningful clinical issues affecting beneficiaries system wide.

The MHP did not provide the Quality Improvement Committee minutes to demonstrate it addresses meaningful clinical issues. Additionally, the EQRO report illustrates that both PIPs (clinical and non-clinical) remain in concept only status. Furthermore, the MHP does not have mechanisms in place to identify and track meaningful clinical issues and develop corrective actions.

Corrective Action Description

C.4.1 The MHP will maintain agendas, sign in sheets, and minutes for each QIC meeting.

Proposed Evidence/Documentation of Correction

C.4.1 • POC C.4.1 - Q1 QIC Invitation.pdf

• POC C.4.1 - Q1 QIC Agenda 08-21-19.pdf

• QIC Sign In Sheets

• QIC Minutes

Implementation Timeline: 8/21/19

Requirement

C.5 - Monitoring Quality of Care Concerns

The MHP has mechanisms to:

1. Monitor appropriate and timely intervention of occurrences that raise quality of care concerns.

2. Take appropriate follow-up action when such an occurrence is identified.

3. Evaluate the results of the intervention at least annually.

(MHP Contract, Ex. A, Att. 5)

DHCS Finding C.5

The MHP must implement mechanisms to monitor appropriate and timely intervention of occurrences that raise quality of care concerns. The MHP must take appropriate follow-up action when such an occurrence is identified. The results of the intervention must be evaluated by the MHP at least annually.

The MHP did not submit Quality Improvement Committee minutes and the QAPI Work Plan evaluation to demonstrate it has mechanisms to monitor quality of care occurrences and appropriate follow-up action.

Corrective Action Description

C.5.1 The MHP will maintain agendas, sign in sheets, and/or minutes for each QIC and Compliance Committee meeting.

C.5.2 Grievance and/or Appeal Logs will document outcomes of these processes.

C.5.3 To the extent possible, the outcomes of these processes will be discussed in an appropriate setting (e.g., Compliance Committee, MHP Leadership); outcomes involving personnel actions will not disclose the specific nature of the personnel action.

Proposed Evidence/Documentation of Correction

C.5.1 • QIC Minutes

• Compliance Meeting Minutes

C.5.2 Grievance and/or Appeal Logs

C.5.3 • QIC Minutes

• Compliance Meeting Minutes

• Other meeting minutes, agenda, etc.

Implementation Timeline: 8/21/19

Requirement

C.6 - Annual Work Plan Evaluation and Contributions to Care

The MHP has a QAPI Work Plan covering the current contract cycle with documented annual evaluations and documented revisions as needed (MHP Contract, Ex. A, Alt. 5).

The QAPI Work Plan includes evidence that quality improvement activities, including performance improvement projects, have contributed to meaningful improvement in clinical care and beneficiary service IMHP Contract, Ex. A, Alt. 5).

DHCS Finding C.6

The MHP must have a Quality Improvement Work Plan covering the current contract cycle with documented annual evaluations and documented revisions as needed.

Additionally, the QAPI Work Plan Q4 Report did not fully address the evaluation of all the goals documented in the QAPI Work Plan. Furthermore, the MHP did not submit Quality Improvement Committee minutes.

Corrective Action Description

C.6.1 The annual evaluation of each QAPI will be completed by November 30, following the end of the fiscal year covered by the QAPI.

C.6.2 The results of the annual QI Work Plan evaluation will be shared with the QIC.

C.6.3 The results of the annual QI Work Plan evaluation will be submitted to DHCS per instructions from DHCS

Proposed Evidence/Documentation of Correction

C.6.1 POC C.6.1 - FY 17-18 EDC QI Work Plan 01-24-18 EVALUATION

C.6.2 QIC Minutes

C.6.3 POC C.6.3 - FY 17-18 QI Work Plan Submission Email.pdf

Implementation Timeline: 11/30/18, 1/1/19

Requirement

C.7 - Monitoring Efforts

The QAPI work plan includes a description of completed and in-process QAPI activities, including: (MHP Contract, Ex. A, Alt. 5)

• Monitoring efforts for previously identified issues, including tracking issues over time.

• Targeted areas of improvement or change in service delivery or program design.

DHCS Finding C.7

The MHP's QAPI Work Plan Q4 Report only did not address all requirements. It did not address monitoring efforts for previously identified issues, including tracking issues over time, or, targeted areas of improvement or changes in service delivery. Furthermore, the MHP did not submit Quality Improvement Committee minutes as evidence of a tracking and monitoring tool.

Corrective Action Description

C.7.1 The MHP will develop policies/procedures to monitor and track issues over time, and to target areas of improvement or changes in service delivery.

C.7.2 The MHP will implement policies and procedures to accomplish CA # C.7.1

Proposed Evidence/Documentation of Correction

C.7.1 • Policies and procedures

• Monitoring forms/reports

C.7.2 • QIC Minutes

• Monitoring forms/reports

Implementation Timeline: 2/28/20, 3/1/20

Requirement

C.8 - QAPI Minutes / Sign-in Sheets

The MHP shall establish a QIC to review the quality of SMHS provided to beneficiaries (MHP Contract, Ex. A, Att. 5).

The MHP QAPI program includes active participation by the MHP's practitioners and providers, as well as beneficiaries and family members, in the planning, design and execution of the QI program (MHP Contract, Ex. A, Att. 5).

DHCS Finding C.8

The MHP did not submit evidence it convenes the Quality Improvement Committee (e.g., minutes or sign-in sheets).

Corrective Action Description

C.8.1 The MHP will maintain agendas, sign in sheets, and minutes for each QIC meeting.

Proposed Evidence/Documentation of Correction

C.8.1 • POC C.8.1 - Q1 QIC Invitation.pdf

• POC C.8.1 - Q1 QIC Agenda 08-21-19.pdf

• QIC Sign In Sheets

• QIC Minutes

Implementation Timeline: 8/21/19

Requirement

C.9 – PIPs

The MHP shall conduct a minimum of two PIPs per year, including any PIPs required by DHCS or CMS MHP Contract, Ex. A, Att. 5; 42 CFR 438.330 b 1 and d 1 .

DHCS Finding C.9

The MHP must conduct two PIPs, including any PIPs required by CMS, that focus on both clinical and non-clinical areas.

According to the EQRO Report, the MHP's PIPs (clinical and non-clinical) are in concept status only and have not been completed.

Corrective Action Description

C.9.1 New topic for Non-Clinical PIP was discussed with Behavioral Health Concepts and PIP Tool is being updated after technical assistance call with Behavioral Health Concepts.

C.9.2 The MHP’s clinical PIP was identified as active in the FY 18/19 EQRO Report.

Proposed Evidence/Documentation of Correction

C.9.1 PIP Tool

C.9.2 POC C.9.1 - EQRO Final Report FY 2018-19 Clinical PIP Page.pdf

Implementation Timeline: 11/15/19, 6/13/19

Requirement

C.10 - Practice Guidelines

The MHP has practice guidelines, which meet the requirements of the MHP Contract (MHP Contract, Ex. A, Att. 5; 42 CFR § 438.236(b) and Cal. Code Regs., title 9, § 1810.326).

The MHP disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries (MHP Contract, Ex. A, Att. 5; 42 CFR § 438.236(b); and Cal. Code Regs., title 9, !:11810.326).

The MHP take steps to assure that decisions for utilization management, beneficiary education, coverage of services, and any other area to which the guidelines apply are consistent with the guidelines adopted (MHP Contract, Ex. A, Att. 5; 42 CFR § 438.236(b); and Cal. Code Regs., title 9, & 1810.326).

DHCS Finding C.10

Each MHP must adopts practice guidelines that meet the following requirements:

• Are based on valid and reliable clinical evidence or a consensus of providers in the particular field.

• Consider the needs of the MHP's beneficiaries.

• Are adopted in consultation with contracting health care professionals.

• Are reviewed and updated periodically as appropriate.

Corrective Action Description

C.9.1 Finalize Updated Practice Guidelines

C.9.2 Distribute Updated Practice Guidelines to providers, and beneficiaries or potential beneficiaries upon request

C.9.3 Monitor decisions and service delivery to ensure consistency with the Practice Guidelines

Proposed Evidence/Documentation of Correction

C.9.1 Practice Guidelines

C.9.2 Distribution email / cover memo

C.9.3 Monitoring activities

Implementation Timeline: 12/15/19, 1/2/20, 1/20/20

Requirement

D.1 - Alternative Format for Written Materials

The MHP shall ensure its written materials are available in alternative formats, including large print, upon request of the potential beneficiary or beneficiary at no cost. Large print means printed in a font size no smaller than 18 point (42 CFR § 438.10(d)(3)).

DHCS Finding D.1

DHCS must require each MHP to make its written materials that are critical to obtaining services, including, at a minimum, provider directories, beneficiary handbooks, appeal and grievance notices, and denial and termination notices, available in the prevalent non-English languages in its particular service area. Auxiliary aids and services must also be made available upon request of the potential beneficiary or beneficiary at no cost. Written materials must include taglines in the prevalent non-English languages in DHCS, as well as large print, explaining the availability of written translation or oral interpretation to understand the information provided and the toll-free and TTY/TDY telephone number of the MHP's member/customer service unit. Large print means printed in a font size no smaller than 18 point.

The MHP did not submit samples of the alternative formats, including, but not limited to large print, audio/video, or Braille.

MHP TECHNICAL ASSISTANCE REQUEST(S):

TA Request D.1.A - Font Size

Upon which font is the 18 point minimum based since the size of an 18 point font varies between font types? Alternatively, is the 18 point minimum based upon the standard of 1 point equals 1/72 of an inch (meaning the actual lettering should measure ¼ inch in size)? For example:

¼”= ≠ 18 point font in Calibri

¼”= ≠ 18 point font in Arial

¼”= ≠ 18 point font in Times New Roman

¼”= ≠ 18 point font in Gill Sans MT

The MHP appreciates any guidance DHCS can provide. Until guidance is received, the MHP will use 18 point Arial as its standard large print based upon the usage of Arial 18 point font for the large print notification in the Language Assistance Taglines document attached to Information 18-010E.

Corrective Action Description

D.1.1 Request TA from DHCS regarding appropriate font size.

D.1.2 Develop written materials, at a minimum, provider directories, beneficiary handbooks, appeal and grievance notices, and denial and termination notices, in 18 point font per DHCS guidance (rather than enlarging on the copier) to ensure proper size.

D.1.3 Include tag lines with written materials, at a minimum, provider directories, beneficiary handbooks, appeal and grievance notices, and denial and termination notices,

D.1.4 Written materials, at a minimum, provider directories, beneficiary handbooks, appeal and grievance notices, and denial and termination notices, will be made available in the prevalent non-English languages of El Dorado County.

D.1.5 Written materials, at a minimum, provider directories, beneficiary handbooks, appeal and grievance notices, and denial and termination notices, will be made available in alternative formats upon request of the potential beneficiary or beneficiary at no cost.

D.1.6 Auxiliary aids and services must also be made available upon request of the potential beneficiary or beneficiary at no cost.

Proposed Evidence/Documentation of Correction

D.1.1 Included in this POC as TA D.1.A

D.1.2 Materials that are developed

D.1.3 Materials that are developed

D.1.4 Materials that are developed

D.1.5 Policy and procedure for obtaining alternate format materials (the unique needs of each individual cannot be predicted and therefore the MHP will customize the materials as may be needed to address individual needs)

D.1.6 List of potential auxiliary aids and services available

Implementation Timeline: 8/27/19, 12/31/19

Requirement

D.2 - Written Notice of Termination of a Contracted Provider

The MHP shall make a good faith effort to give written notice of termination of a contracted provider, within 15-calendar days after receipt or issuance of the termination notice, to each beneficiary who was seen on a regular basis by the terminated provider (42 CFR § 438.10(f)(1)).

DHCS Finding D.2

The MHP must make a good faith effort to give written notice of termination of a contracted provider, within 15-calendar days after receipt or issuance of the termination notice, to each beneficiary who received his or her primary care from, or was seen on a regular basis by, the terminated provider.

The NOABD cannot be used to notify the beneficiary that the MHP has terminated a contracted provider.

MHP TECHNICAL ASSISTANCE REQUEST(S):

TA Request D.2.A - Clients to Notify

The MHP is not clear on whether clients who were assigned to the terminated contractor at the time of termination and are going to be/were re-assigned to a new contractor are the only ones who need to be notified, or does every client who at any time saw the contracted provider need to be notified (even if they saw the contracted provider several years before the contract was terminated).

Corrective Action Description

There are currently no contracted providers facing contract termination, and as such the MHP cannot provide evidence of notices sent.

D.2.1 Request TA from DHCS regarding which clients to notify.

D.2.2 Incorporate this requirement into the MHP's operations manual, which will be incorporated as notifying clients who have been seen by the contracted provider within three (3) months of the date of termination.

Proposed Evidence/Documentation of Correction

D.2.1 Included in this POC as TA D.2.A

D.2.2 Operations Manual excerpt

Implementation Timeline: 8/27/19, 10/31/19

Requirement

D.3 - Provider Directory Updated Monthly

Information included in a paper provider directory shall be updated at least monthly and electronic provider directories shall be updated no later than 30-calendar days after the Contractor receives updated provider information (42 CFR § 438.10(h)(3)).

DHCS Finding D.3

Information included in a paper provider directory must be updated at least monthly and electronic provider directories must be updated no later than 30-calendar days after the MHP receives updated provider information.

Corrective Action Description

D.3.1 Provider Directory will be updated monthly.

D.3.2 Include requirement in MHP's operations manual.

Proposed Evidence/Documentation of Correction

D.3.1 Updated Provider Directory.

D.3.2 Operations Manual excerpt

Implementation Timeline: 9/1/19, 10/31/19

Requirement

D.4 - Test Calls of Toll-Free Telephone Number

Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number: (Ca. Code Regs., title 9, GG 1810.405(d) and 1810.410(e)(1).)

1) The toll-free telephone number provides information to beneficiaries about how to access SHMS, including SMHS required to assess whether medical necessity criteria are met.

2) The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.

3) The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

Each MHP must provide 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, that will provide information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met and services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearing processes. The seven (7) test calls are summarized below.

DHCS Finding D.4

TEST CALL #1

DHCS FINDING (abridged):

The MHP did not demonstrate compliance by the toll-free number providing information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met.

TEST CALL #2

DHCS FINDING (abridged):

The MHP did not demonstrate compliance by:

• The toll-free number providing information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met; and,

• The toll-free number providing information to beneficiaries about services needed to treat a beneficiary's urgent condition.

TEST CALL #3

DHCS FINDING (abridged):

DHCS deems the MHP in compliance with specific requirements in California Code of Regulations, title 9, sections 1810.405(d) and 1810.410(e)(1).

TEST CALL #4

DHCS FINDING (abridged):

The MHP did not demonstrate compliance by:

• The toll-free number providing information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met; and,

• The toll-free number providing information to beneficiaries about services needed to treat a beneficiary's urgent condition.

TEST CALL #5

DHCS FINDING (abridged):

DHCS deems the MHP in compliance with specific requirements in California Code of Regulations, title 9, sections 1810.405(d) and 1810.410(e)(1).

TEST CALL #6

DHCS FINDING (abridged):

The MHP did not demonstrate compliance by MHP's toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing process.

TEST CALL #7

DHCS FINDING (abridged):

The MHP did not demonstrate compliance by:

• The toll-free number providing information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met; and,

• The toll-free number providing information to beneficiaries about services needed to treat a beneficiary's urgent condition.

DHCS SUMMARY OF TEST CALL FINDINGS (abridged):

Protocol Question

Compliance Percentage

1 N/A

2 20%

3 25%

4 50%

Corrective Action Description

D.4.1 The MHP will document the proper procedure for answering incoming calls to the MHP's toll-free telephone number in its Operations Manual.

D.4.2 The MHP will provide training to its staff who answer the phones on the proper protocol

D.4.3 In the event the after-hours contractor does not provide the correct information to all incoming calls to the MHP's toll-free telephone number answered directly by the contractor, the MHP will notify the contracted provider of their failure to comply with the terms of the agreement for services.

D.4.4 In the event the after-hours contractor does meet compliance, the MHP will seek an RFP for a new vendor.

Proposed Evidence/Documentation of Correction

D.4.1 Operations Manual excerpt

D.4.2 Training sign in sheets

D.4.3 • POC D.4.5 - After Hours Contractor Instructions.pdf

• POC D.4.5 - Emails Regarding Contractor Compliance.pdf

D.4.4 • Monitoring outcomes

• RFP (if issued)

Implementation Timeline: 10/31/19, 9/30/19

Requirement

D.5 - Written Call Log

1) The written log(s) contain the following required elements:

a) Name of the beneficiary.

b) Date of the request.

c) Initial disposition of the request.

(Cal. Code Regs., title 9, § 1810.405(f)).

DHCS Finding D.5

The MHP must maintain a written log of the initial requests for SMHS from beneficiaries of the MHP. The requests must be recorded whether they are made via telephone, in writing, or in person. The log must contain the name of the beneficiary, the date of the request, and the initial disposition of the request.

The MHP's logs did not include all required elements for the test calls. The table below summarizes the findings.

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

Test Call Compliance Percentage:

Name of Beneficiary 40%

Date of the Request 40%

Initial Disposition of the Request 40%

Corrective Action Description

D.5.1 The MHP will document the proper procedure for documenting incoming calls to the MHP’s toll-free telephone number in its Operations Manual.

D.5.2 The MHP will provide training to its staff who answer the phones on the proper protocol

D.5.3 The MHP will log all incoming calls to the MHP’s toll-free telephone number.

D.5.4 In the event the MHP does not log all incoming calls to the MHP’s toll-free telephone number, the MHP will provide training to its staff on the proper procedure.

D.5.5 In the event the after-hours contractor does not log all incoming calls to the MHP’s toll-free telephone number answered directly by the contractor, the MHP will notify the contracted provider of their failure to comply with the terms of the agreement for services.

D.4.6 In the event the after-hours contractor does meet compliance, the MHP will seek an RFP for a new vendor.

Proposed Evidence/Documentation of Correction

D.5.1 Operations Manual excerpt

D.5.2 Training sign in sheets

D.5.3 Test call outcomes

D.5.4 Training sign in sheets

D.5.5 • POC D.5.5 - Excerpt from Agreement 188-S1610.pdf

• POC D.4.5 - Emails Regarding Contractor Compliance.pdf

D.4.6 • Monitoring outcomes

• RFP (if issued)

Implementation Timeline: 10/31/19, 9/30/19, 10/21/19

Requirement

D.6 - Cultural Competency Training

Regarding the MHP's plan for annual cultural competence training necessary to ensure the provision of culturally competent services:

There is a plan for cultural competency training for persons providing SMHS employed by or contracting with the MHP.

The MHP has evidence of the implementation of training programs to improve the cultural competence skills of staff and contract providers (Cal Code Regs., tit. 9, & 1ff10.410 (c)(4)).

There is a process that ensures that interpreters are trained and monitored for language competence (e.g., formal testing) (Cal Code Regs., tit. 9, § 1810.410 (c)(4)).

DHCS Finding D.6

The MHP did not submit evidence that cultural competence training was provided to staff or contracted providers (e.g. sign-in sheet, etc.). In addition, the MHP did not submit evidence that there is a process to ensure that interpreters are trained and monitored for language competence.

Corrective Action Description

D.6.1 The MHP will ensure that evidence of training attendance will be available for all trainings provided by the County.

D.6.2 The MHP will research available interpreter trainings and identify potential courses.

D.6.3 The MHP will enroll individuals who provide interpreter services in the identified courses.

Proposed Evidence/Documentation of Correction

D.6.1 Copies of sign-in sheets, certificates of completion, etc. depending upon the training provided/taken

D.6.2 Course descriptions

D.6.3 Enrollment forms, sign-in sheets (when available)

Implementation Timeline: 1/30/20

Requirement

E.1 - Decisions to Regarding Service Authorization

The MHP shall have any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested be made by a health care professional who has appropriate clinical expertise in addressing the beneficiary's behavioral health needs (MHP Contract, Ex. A, Alt 6; 42 CFR & 438.210(b)(3)).

DHCS Finding E.1

For the processing of requests for initial and continuing authorizations of services, each contract must require that any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested, be made by an individual who has appropriate expertise in addressing the beneficiaries medical, behavioral health, or long-term services and supports needs.

The MHP's TAR process documentation specified that, if the TAR is being denied or partially denied due to lack of medical necessity, the medical director must sign the TAR. The MHP's sample of TARs did not include any TARs with adverse determinations (i.e., denials or modifications).

In addition, DHCS reviewed a sample of 168 service authorizations as evidence of compliance with this requirements. The service authorization sample review findings are detailed below:

PROTOCOL REQUIREMENT: Service authorization approved or denied by licensed mental health or waivered/registered professionals

SERVICE AUTHORIZATIONS IN COMPLIANCE: 168

SERVICE AUTHORIZATIONS OOC: 3

COMPLIANCE PERCENTAGE: 98%

Corrective Action Description

E.1.1 The MHP will update its policies and procedures to reflect this requirement.

E.1.2 The MHP will implement the updated policy/procedure in the manner specified in the MHP's policy/procedures, with possible revision necessary pending additional guidance from the State regarding implementation of Information Notice 19-026.

Proposed Evidence/Documentation of Correction

E.1.1 Updated policy/procedure

E.1.2 Authorizations

Implementation Timeline: 10/31/19, 12/1/19

Requirement

E.2 - Utilization Management

Compensation to individuals or entities that conduct utilization management activities must not be structured so as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any beneficiary (MHP Contract, Ex. A, At! 6; 42 CFR & 438.210(e)).

DHCS Finding E.2

Each contract between DHCS and the MHP must provide that, consistent with Sections 438.3(i), and 422.208, compensation to individuals or entities that conduct utilization management activities is not structured so as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any beneficiary.

Corrective Action Description

The MHP does not provide this type of incentive to its staff or its contracted providers. However, the MHP will take the following actions to ensure its policy on this is clear:

E.2.1 The MHP will develop a policy statement regarding this requirement to be incorporated into its Operations Manual.

E.2.2 The MHP will incorporate this requirement into its Specialty Mental Health Services boilerplate contract language.

Proposed Evidence/Documentation of Correction

E.2.1 Operations Manual excerpt

E.2.2 Updated boilerplate contract

Implementation Timeline: 10/31/19, 11/1/19

Requirement

E.3 - Timeframes for Authorization Decisions

1) For standard authorization decisions, the MHP shall provide notice as expeditiously as the beneficiary's condition requires not to exceed 14-calendar days following receipt of the request for service, with a possible extension of up to 14 additional calendar days when:

a) The beneficiary, or the provider, requests extension; or,

b) The MHP justifies (to DHCS upon request) a need for additional information and how the extension is in the beneficiary's interest (MHP Contract, Ex. A, Att 6; 42 CFR § 438.21 O(d)(1)).

2) For cases in which a provider indicates, or the MHP determines, that following the standard timeframe could jeopardize the beneficiary's life or health or ability to attain, maintain, or regain maximum function, the MHP shall make an expedited authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and no later than 72-hours after receipt of the request for service (42 CFR § 438.21 O(d)(2)).

3) The MHP may extend the 72-hour time period by up to 14-calendar days if the beneficiary requests an extension, or if the MHP justifies (to DHCS upon request) a need for additional information and how the extension is in the interest of the beneficiary (42 CFR § 438.210(d)(2)).

DHCS Finding E.3

The MHP did not submit evidence it compliance with requirements for expedited authorizations or for other timeframe extensions. 42 CFR Sections 438.21 O(d)(1) and 438.210(d)(2).

Corrective Action Description

E.3.1 The MHP will update its policies and procedures in the Operations Manual to include an expedited authorization request and the associated requirements (i.e., extension of time to make the determination)

E.3.2 The MHP will implement the updated policy/procedure to its providers

E.3.3 The MHP will continue to monitor timeliness of requests for services, including expedited authorization requests.

Proposed Evidence/Documentation of Correction

E.3.1 Operations Manual excerpts

E.3.2 Notification of change in policy/procedure

E.3.3 Request for service timeliness reports

Implementation Timeline: 10/31/19, 11/1/19, 12/13/19

Requirement

E.4 - Request for Authorizations for Inpatient Admissions

The MHP that is the MHP of the beneficiary being admitted on an emergency basis shall approve a request for payment authorization if the beneficiary meets the criteria for medical necessity and the beneficiary, due to a mental disorder, is a current danger to self or others, or immediately unable to provide for, or utilize, food, shelter or clothing (MHP Contract, Ex. A, Att 6; Cal Code Regs., tit. 9, SG 1820.205 and 1820.225).

DHCS Finding E.4

The MHP must implement mechanisms to assure authorization decision standards are met, including if the beneficiary meets criteria for medical necessity. The MHP must provide, or arrange and pay for, medically necessary covered SMHS to beneficiaries in its county. SMHS must be provided based on medical necessity criteria. In addition, the MHP did not furnish evidence to demonstrate it complies with California Code of Regulations, title 9, section 1820.225 specific to the MHP payment authorization for emergency admission for point of authorization.

Corrective Action Description

E.4.1 The MHP will update its policies and procedures to reflect this requirement.

E.4.2 The MHP will implement the updated policy/procedure in the manner specified in the MHP's policy/procedures, with possible revision necessary pending additional guidance from the State regarding implementation of Information Notice 19-026.

E.4.3 The MHP will develop a method to monitor concurrent review timeliness.

E.4.4 The MHP will monitor concurrent review timeliness.

Proposed Evidence/Documentation of Correction

E.4.1 Updated policy/procedure

E.4.2 Concurrent review authorizations

E.4.3 Concurrent review monitoring form in Avatar

E.4.4 Concurrent review monitoring report in Avatar

Implementation Timeline: 10/31/19, 12/1/19, 12/31/19, 1/2/20

Requirement

E.5 - Presumptive Transfers

The MHP will demonstrate that when there is an exception to Presumptive Transfer and a waiver is in place, the MHP ensures access to services for foster care children placed outside the county of origin (MHSUDS Information Notice 17-032).

In situations when a foster child or youth is in imminent danger to themselves or others or experiencing an emergency psychiatric condition, MHPs must provide SMHS immediately, and without prior authorization. (MHSUDS Information Notice 18-027)

Pursuant to Welf. & Inst. Code Section 14717.1(b)(2)(F), 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 (MHSUDS Information Notice 18-027).

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 deliver timely SMHS directly to the foster child. That information shall be documented in the child's case plan (Welf. & Inst. Code § 14717.1(d)(6)).

DHCS Finding E.5

The MHP did not furnish evidence to demonstrate it complies with the requirements in MHSUDS Information Notices 17-032 and 18-027. The Information Notices establishes policy guidance regarding presumptive transfer as defined in Welf. & Inst. Code Section 14717 .1, subdivision (c), of SMHS for foster children and youth.

Corrective Action Description

E.5.1 The MHP will develop policies/procedures with the requirements of Information Notices 17-032 and 18-027.

E.5.2 In the event that there are requirements of Information Notices 17-032 and 18-027 that have not yet been implemented, the MHP will implement those requirements.

E.5.3 The MHP will monitor implementation of Presumptive Transfer requirements set forth in Information Notices 17-032 and 18-027.

Proposed Evidence/Documentation of Correction

E.5.1 Policies and procedures

E.5.2 Will be determined once the policies/procedures are developed.

E.5.3 Monitoring reports

Implementation Timeline: 12/31/19

Requirement

F.1 - One Level of Appeal

The MHP shall have only one level of appeal for beneficiaries (MHP Contract, Ex. A, Att. 12; 42 CFR § 438.402(b}; 42 CFR § 438.228(a)).

DHCS Finding F.1

Each MHP may have only one level of appeal for beneficiaries.

Corrective Action Description

F.1.1 The MHP will update its policies/procedures to specify there is only one level of appeal for beneficiaries, which is the current practice of the MHP.

F.1.2 The MHP will continue to monitor the outcomes of appeals.

Proposed Evidence/Documentation of Correction

F.1.1 Policies/procedures

F.1.2 • ABGAR report

• QI Work Plan Evaluation

Implementation Timeline: 10/31/19

Requirement

F.2 - Grievance and Appeal Log and Timeliness

The MHP shall adhere to the following record keeping, monitoring, and review requirements:

Maintain a grievance and appeal log and record grievances, appeals, and expedited appeals in the log within one working day of the date of receipt of the grievance, appeal, or expedited appeal (42 CFR § 438.416(al; Cal. Code Regs., tit. 9, § 1850.205(d)(1)).

Identify in its grievance, appeal, and expedited appeal documentation, the roles and responsibilities of the MHP, the provider, and the beneficiary (Cal. Code Regs., tit. 9, § 1850.205(d)(5}).

DHCS Finding F.2

DHCS must require MHPs to maintain records of grievances and appeals and must review the information as part of its ongoing monitoring procedures, as well as for updates and revisions to DHCS quality strategy. In addition, the MHP did not furnish evidence to demonstrate it complies with California Code of Regulations, title 9,

sections1850.205(d)(1) and 1850.205(d)(5). For the grievance, appeal, and expedited appeal processes found in Sections 1850.206, 1850.207, and 1850.208, the MHP must:

• Maintain a grievance and appeal log and record grievances, appeals, and expedited appeals in the log within one working day of the date of receipt of the grievance or appeal. The log entry must include, but not be limited to, the name of the beneficiary, the date of receipt of the grievance, appeal, or expedited appeal, and the nature of the problem; and,

• Identify the roles and responsibilities of the MHP, the provider, and the beneficiary.

The MHP's Grievance, Appeals, Expedited Appeals Log revealed, the dates received and logged, exceeded the one working day requirement.

1850.205(d)(5). The MHP must complete a POC addressing this finding of non-compliance. DHCS reviewed a sample of grievances, appeals, and expedited appeals to verify compliance with this requirement.

Corrective Action Description

F.2.1 The MHP will continue to recruit for a Patients' Rights Advocate, who will be responsible for processing grievances in a timely manner, until the position is filled. Filling this position will increase the time available to the Program Manager to handle appeals and expedited appeals.

F.2.2 The MHP will update its policies/procedures to reflect the timelines specified in Information Notice 18-010E related to timeliness of grievance, appeal, and expedited appeal responses.

F.2.3 The MHP will evaluate the timeliness of grievance and appeal responses on a monthly, quarterly and annual basis, and identify procedural changes necessary to meet timeliness standards.

Proposed Evidence/Documentation of Correction

F.2.1 Hiring announcement of new Patient's Rights Advocate

F.2.2 Updated policies/procedures

F.2.3 • Grievance and Appeal Log

• QI Work Plan Evaluation

• Updated policies/procedures, if needed

Implementation Timeline: 9/16/19, 10/31/19

Requirement

F.3 - Continuation of Beneficiary Benefits

The MHP must continue the beneficiary's benefits if all of the following occur: (42 CFR § 438.420(b)). The beneficiary timely files for continuation of benefits.

DHCS Finding F.3

The MHP must continue the beneficiary's benefits if all of the following occur:

• The beneficiary files the request for an appeal timely in accordance with Sections 438.402(c)(1)(ii) and (c)(2)(ii);

• The appeal involves the termination, suspension, or reduction of previously authorized services;

• The services were ordered by an authorized provider;

• The period covered by the original authorization has not expired; and

• The beneficiary timely files for continuation of benefits

While, the MHP submitted evidence to demonstrate its compliance with this requirement, the MHP's N-MH-002-Problem Resolution Draft did not address the requirement.

Corrective Action Description

F.3.1 The MHP will update its policies and procedures to include this requirement.

Proposed Evidence/Documentation of Correction

F.3.1 Updated policies/procedures

Implementation Timeline: 10/31/19

Requirement

G.1 - Compliance Officer Training

A system for training and education for the Compliance Officer, the organization's senior management, and the organization's employees for the federal and state standards and requirements under the contract (MHP Contract, Ex. A, Att. 13; 42 CFR §438.608(a)l1)).

DHCS Finding G.1

The MHP is required to implement and maintain arrangements or procedures that are designed to detect and prevent fraud, waste, and abuse. The arrangements or procedures must include a Compliance program that includes, at a minimum, all of the following elements:

• A system for training and education for the Compliance Officer, the organization's senior management, and the organization's employees for the Federal and State standards and requirements under the contract.

The MHP did not submit evidence of completed compliance trainings. At the onsite discussion, it was reported that the Compliance Officer does not complete compliance trainings.

Corrective Action Description

G.1.1 The MHP will identify available compliance training.

G.1.2 The MHP Compliance Officer, and other designated employee(s) if appropriate, will attend compliance training on a schedule to be determined by the training course identified (e.g., annual recertification, quarterly ongoing training, in person, online, one-time-only)

Proposed Evidence/Documentation of Correction

G.1.1 Course descriptions

G.1.2 Enrollment forms, sign-in sheets (if available), certificates of completion (if available)

Implementation Timeline: 10/18/19

Requirement

G.2 - Detection of Fraud, Waste and Abuse

The MHP implements and maintains procedures designed to detect fraud, waste and abuse that include provisions to verify services reimbursed by Medicaid were received by the beneficiary (42 CFR § 438.608(a)(5)).

DHCS Finding G.2

The MHP must have a method to verify, by sampling or other methods, whether services that have been represented to have been delivered by network providers were received by beneficiaries and the application of such verification processes on a regular basis.

The MHP's service verification log was provided only for May and June 2017. At the onsite review, the MHP reported that there is no service verification monitoring for adult services during the triennial review period.

Corrective Action Description

G.2.1 Develop procedure for written verification to be provided by the clients at time of service.

G.2.2 Implement procedure and forms developed.

G.2.3 Monitor implementation by reviewing monthly service verifications and report grids.

Proposed Evidence/Documentation of Correction

G.2.1 • POC G.2.1 - Service Verification Procedure.docx

• POC G.2.1 - Service Verification Monthly Reporting Grid.docx

• POC G.2.1 - Service Verification Card.docx

• POC G.2.1 - MHP Service Collection Procedure.docx

G.2.2 Notice to providers of implementation go live

G.2.3 Completion of the “For Official County Use Only” portion of the Service Verification Monthly Reporting Grid

Implementation Timeline: 9/13/19, 10/1/19, 11/15/19

Requirement

G.3 – Disclosures

The MHP shall provide DHCS with all disclosures before entering into a network provider contract with the provider and annually thereafter and upon request from DHCS during the re-validation of enrollment process under 42 CFR Section 455.104.

DHCS Finding G.3

This requirement addresses the disclosure by Medicaid providers and fiscal agents related to information on ownership and control.

The MHP submitted the Contract Boilerplate Language (Draft) as evidence of compliance with this requirement; however, the MHP did not submit evidence it collects the required disclosures from network providers.

Corrective Action Description

G.3.1 The MHP will submit required disclosures from contracted network providers.

Proposed Evidence/Documentation of Correction

G.3.1 Contracted provider disclosures

Implementation Timeline: 12/1/19

Requirement

G.4 - Provider Credentialing

The MHP has a process, at the time of hiring/ contracting, to confirm the identity and exclusion status of all providers (employees, network providers, subcontractors, person's with ownership or control interest, managing employee/agent of the MHP). This includes checking the Social Security Administration's Death Master File (MHP Contract, Ex.A, Att.13; 42 CFR && 438.602 (d) and 455.436).

DHCS Finding G.4

Consistent with the requirements at Section 455.436 of this chapter, the DHCS must confirm the identity and determine the exclusion status of the MHP, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing ·employee of the MHP through routine checks of Federal databases. This includes the Social Security Administration's Death Master File. If the State finds a party that is excluded, it must promptly notify the MHP and take action consistent with Section 438.610(c).

The MHP reported that they do not check the Social Security Administration's Death Master File as required.

Corrective Action Description

G.4.1 The MHP will complete its research on how to obtain access to the Social Security Administration’s Death Master File

G.4.2 The MHP will implement the necessary procurement process to obtain access to the Social Security Administration’s Death Master File

G.4.3 Once access to the Social Security Administration’s Death Master File is obtained, the MHP will begin the verification process.

Proposed Evidence/Documentation of Correction

G.4.1 Identification of a process to obtain access

G.4.2 Registration/contract to access the Social Security Administration’s Death Master File

G.4.3 Exclusion checklist document reflecting the date(s) upon which the Social Security Administration’s Death Master File is checked

Implementation Timeline: 9/30/19, 10/15/19

Requirement

H.1 - Timely Submission of Cost Report

The MHP must comply with the requirements of Welf. & Inst. Code Sections 14705(c) and 14712(e) regarding timely submission of its annual cost reports.

DHCS Finding H.1

The MHP submitted correspondence between the MHP and DHCS as evidence of compliance with this requirement. DHCS indicated the MHP was granted an extension of 90-days from the day the revised template was released on March 30, 2018. The extension was granted.

However, as of September 19, 2018, DHCS has not received FY 2016/17 Cost Report.

Corrective Action Description

H.1.1 The MHP obtained an extension from DHCS for the submittal of the FY 16-17 Cost Report. There were different versions of the Cost Report templates being sent to the counties, which delayed the submission of the Cost Report. The final request for extension was made in October as El Dorado County had not received correspondence from the State that the Cost Report template was made final.

H.1.2 The MHP will continue to work closely with DHCS to ensure that the MHP is utilizing the correct version of the Cost Report Template issued by the State

H.1.3 The MHP will prepare the Cost Report using the final Cost Report template issued by the State.

H.1.4 In the event there are extenuating circumstances preventing the MHP from submitting the Cost Report by the date specified by the State, the MHP will work closely with the DHCS to obtain any clarification that is needed and seek an extension for the submittal.

Proposed Evidence/Documentation of Correction

H.1.1 POC H.1.1-2-4 - Request for Extension FY 16-17 Cost Report.pdf

H.1.2 POC H.1.1-2-4 - Request for Extension FY 16-17 Cost Report.pdf

H.1.3 DHCS has the FY 16-17 Cost Report, and subsequent Cost Reports will be submitted in a timely manner to the State.

H.1.4 POC H.1.1-2-4 - Request for Extension FY 16-17 Cost Report.pdf

Implementation Timeline: 10/18/18

Requirement

H.2 - Record Retention Period

The MHP shall allow such inspection, evaluation and audit of its records, documents and facilities, and those of its subcontractors, for 10 years from the term end date of this Contract or in the event the Contractor has been notified that an audit or investigation of this Contract has been commenced, until such time as the matter under audit or investigation has been resolved, including the exhaustion of all legal remedies, whichever is later (MHP Contract, Ex. E; 42 CFR SS 438.3(h), 438.230(c)(3)(i-iii)).

DHCS Finding H.2

The MHP did not furnish evidence to demonstrate it complies with 42 CFR Section 438.3(h).

DHCS, CMS, the Office of the Inspector General, the Comptroller General, and their designees may, at any time, inspect and audit any records or documents of the MHP, or its subcontractors, and may, at any time, inspect the premises, physical facilities, and equipment where Medicaid-related activities or work is conducted. The right to audit under this section exists for 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later.

The contract boilerplate included incorrect information and referenced two different time frames (i.e., seven years and ten years) related to this requirement.

Corrective Action Description

H.2.1 Update the boilerplate contract language with the corrected time frame of ten (10) years.

H.2.2 Contracts executed after 12/1/19 that authorize Specialty Mental Health Services for Medi-Cal beneficiaries will reflect the ten (10) year time frame for audits.

H.2.3 Contracts that are expiring after December 31, 2019 but on or before June 30, 2020, and which are going to be renewed or amended, will be updated to incorporate the ten (10) year time frame.

H.2.4 Contracts that are expiring after June 30, 2020 will be amended to include the ten (10) year audit time frame.

Proposed Evidence/Documentation of Correction

H.2.1 Updated boilerplate contract.

H.2.2 Copy of executed contracts.

H.2.3 Copy of executed contracts.

H.2.4 Copy of executed contracts.

Implementation Timeline: 11/1/19, 12/1/19, 6/30/20

Survey Only Findings

Requirement

A. NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

The MHP must provide Therapeutic Foster Care (TFC) services to all children and youth who meet medical necessity criteria for TFC (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018).

DHCS Finding A

The MHP did not furnish documentation as evidence to comply with this survey item requirement.

SUGGESTED ACTION

DHCS recommends, at a minimum, the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements or to strengthen current processes in this area to ensure compliance in future reviews:

• Establish policy and procedure including TFC service criteria and monitoring mechanism to ensure implementation of this requirement and ongoing monitoring for compliance.

Corrective Action Description

The MHP will develop policies/procedures with the requirements for TFC set forth in the "Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries" or other guidance issued by the State.

The MHP will notify providers of the TFC policies/procedures.

The MHP will monitor TFC placements to ensure that they meet the criteria set forth in the MHP's policies/procedures.

Proposed Evidence/Documentation of Correction

• Policies/procedures

• Notification sent to providers.

• Monitoring reports

Implementation Timeline: 6/30/20, 7/31/20, 9/15/20

Requirement

The MHP has an affirmative responsibility to determine if children and youth who meet medical necessity criteria need TFC (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018).

DHCS Finding N/A

The MHP did not furnish documentation as evidence to comply with this survey item requirement.

SUGGESTED ACTION

DHCS recommends, at a minimum, the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements or to strengthen current processes in this area to ensure compliance in future reviews:

• Establish policy and procedure including TFC service criteria and monitoring mechanism to ensure implementation of this requirement and ongoing monitoring for compliance.

Corrective Action Description

The MHP will develop policies/procedures with the requirements for TFC set forth in the "Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries" or other guidance issued by the State.

The MHP will notify providers of the TFC policies/procedures.

The MHP will monitor TFC placements to ensure that they meet the criteria set forth in the MHP's policies/procedures.

Proposed Evidence/Documentation of Correction

• Policies/procedures

• Notification sent to providers.

• Monitoring reports

Implementation Timeline: 6/30/20, 7/31/20, 9/15/20

Requirement

B. CARE COORDINATION AND CONTINUITY OF CARE

The MHP shall implement a transition of care policy that is consistent with federal requirements and complies with the Department's transition of care policy (MHP Contract, Ex. A, Att.10; 42 CFR §§ 438.62(b)(1)-(2)) .

DHCS Finding B

The MHP furnished the following documentation as evidence to comply with this survey item:

• El Dorado County Human Services Agencies Service Integration Frequently Asked Questions.

SUGGESTED ACTION

DHCS is not requiring no further action at this time.

Corrective Action Description

None.

Requirement

E. COVERAGE AND AUTHORIZATION OF SERVICES

MHPs must review and make a decision regarding a provider's request for prior authorization within five business days after receiving the request.

DHCS Finding E

The MHP did not furnish evidence it complies with this survey item.

SUGGESTED ACTION

DHCS is not requiring no further action at this time

Corrective Action Description

The MHP will develop policies and procedures regarding reviewing and making a decision regarding a provider's request for prior authorization within five business days after receiving the request, with possible revision necessary pending additional guidance from the State regarding implementation of Information Notice 19-026.

The MHP will develop a method to monitor authorization timeliness.

The MHP will monitor authorization timeliness.

Proposed Evidence/Documentation of Correction

• POC Survey E - DRAFT P&P implementing DHCS IN 19_026 Inpatient Services.docx

• POC Survey E - DRAFT P&P implementing DHCS IN 19_026 Outpatient Services

• Authorization timeliness report in Avatar

• Authorization timeliness report in Avatar

Implementation Timeline: 8/1/19, 12/31/19, 1/15/20

Chart Review

Requirement

Medical Necessity

The beneficiary must meet medical necessity criteria outlined in subsections (1-3) to be eligible for services. (CCR, title 9, § 1830.205(b).)

1) The beneficiary meets DSM criteria for an included ICD diagnosis for outpatient SMHS in accordance with the MHP contract. (MHSUDS IN Nos., 15-030, 16-016, 16-051, 17-004E and 18-053)

2) The beneficiary must have at least one of the following impairments as a result of the mental disorder or emotional disturbance (listed above in A 1):

1. A significant impairment in an important area of functioning.

2. A probability of significant deterioration in an important area of life functioning.

3. A probability that the child will not progress developmentally as individually appropriate

4. For full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate.

(CCR, title 9, § 1830.205 (b)(2)(A-C).)

3) The proposed and actual intervention(s) meet the intervention criteria listed below:

a) The focus of the proposed and actual intervention(s) addresses the condition identified in No. 1 b (1-3)above, or for full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that the SMHS can correct or ameliorate per No. 1 (b)(4). (CCR, title 9, §

b) The expectation is that the proposed and actual intervention(s) will do at least one (1) of the following (A, B, C, or D):

A. Significantly diminish the impairment.

B. Prevent significant deterioration in an important area of life functioning.

C. Allow the child to progress developmentally as individually appropriate.

D. For full-scope MC beneficiaries under the age of 21 years, correct or ameliorate the condition.

(CCR, title 9, § 1830.205 (b)(3)(8)(1-4).)

The condition would not be responsive to physical health care based treatment. (CCR, title 9, § 1830.205(b)(3)(C).)

DHCS Finding 1A-3a

The medical record associated with the following Line number did not meet medical necessity criteria since the focus of the proposed and actual interventions did not address the mental health condition, as specified in the CCR, title 9, chapter 11, section 1830.205(b)(3)(A):

• Line number 2. RR15b refer to Recoupment Summary for details.

Corrective Action Description

The MHP shall submit a POC that describes how the MHP will ensure that interventions are focused on a significant functional impairment that is directly related to the mental health condition, as specified in CCR, title 9, chapter 11, section 1830.205(b)(3)(A).

The MHP shall develop a Documentation Manual that provides specific requirements for documenting that interventions are focused on a significant functional impairment that is directly related to the mental health condition

The MHP shall provide training on the contents of the MHP Documentation Manual Training

Proposed Evidence/Documentation of Correction

• MHP Documentation Manual

• POC Chart Review - Documentation Training Invitation Part 1 - 09-10-19.pdf

• POC Chart Review- Documentation Training Invitation Part 2 - 09-11-19.pdf

• MHP Documentation Manual

Implementation Timeline: July 2019, September 2019

Requirement

Medical Necessity

The beneficiary must meet medical necessity criteria outlined in subsections (1-3) to be eligible for services. (CCR, title 9, § 1830.205(b).)

1) The beneficiary meets DSM criteria for an included ICD diagnosis for outpatient SMHS in accordance with the MHP contract. (MHSUDS IN Nos., 15-030, 16-016, 16-051, 17-004E and 18-053)

2) The beneficiary must have at least one of the following impairments as a result of the mental disorder or emotional disturbance (listed above in A 1):

1. A significant impairment in an important area of functioning.

2. A probability of significant deterioration in an important area of life functioning.

3. A probability that the child will not progress developmentally as individually appropriate

4. For full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate.

(CCR, title 9, § 1830.205 (b)(2)(A-C).)

3) The proposed and actual intervention(s) meet the intervention criteria listed below:

a) The focus of the proposed and actual intervention(s) addresses the condition identified in No. 1 b (1-3)above, or for full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that the SMHS can correct or ameliorate per No. 1 (b)(4). (CCR, title 9, §

b) The expectation is that the proposed and actual intervention(s) will do at least one (1) of the following (A, B, C, or D):

A. Significantly diminish the impairment.

B. Prevent significant deterioration in an important area of life functioning.

C. Allow the child to progress developmentally as individually appropriate.

D. For full-scope MC beneficiaries under the age of 21 years, correct or ameliorate the condition.

(CCR, title 9, § 1830.205 (b)(3)(8)(1-4).)

The condition would not be responsive to physical health care based treatment. (CCR, title 9, § 1830.205(b)(3)(C).)

DHCS Finding 1A-3b

The medical record associated with the following Line number did not meet medical necessity criteria since there was no expectation that the claimed intervention would meet the intervention criteria, as specified in the CCR, title 9, chapter 11, section 1830.205(b)(3)(B)(1-4):

• Line number 8. RR5a, refer to Recoupment Summary for details.

Corrective Action Description

The MHP shall submit a POC that describes how the MHP will ensure that the interventions provided meet the intervention criteria specified in CCR, title 9, chapter 11, section 1830.205(b)(3)(B)(1-4).

The MHP shall develop a Documentation Manual that provides specific requirements for documenting that interventions are focused on a significant functional impairment that is directly related to the mental health condition

The MHP shall provide training on the contents of the MHP Documentation Manual Training

Proposed Evidence/Documentation of Correction

• MHP Documentation Manual

• POC Chart Review - Documentation Training Invitation Part 1 - 09-10-19.pdf

• POC Chart Review- Documentation Training Invitation Part 2 - 09-11-19.pdf

• MHP Documentation Manual

Implementation Timeline: July 2019, September 2019

Requirement

Assessments - Timeliness and Frequency of Assessment

The MHP must establish written standards for (1) timeliness and (2) frequency of the Assessment documentation.

(MHP Contract, Ex. A, At!. 9)

DHCS Finding 2A

Assessments were not completed in accordance with regulatory and contractual requirements, specifically:

1) One or more assessments were not completed within the timeliness and/or frequency requirements specified in the MHP's written documentation standards.

The following are specific findings from the chart sample:

• Line # 1: The MHP submitted an MD progress note in lieu of an updated assessment.

• Line# 6: The MHP submitted a CANS assessment tool in lieu of an updated

assessment, which did not address all the elements of an assessment. By these

incomplete submissions, the MHP demonstrated that it is not following its own update

guidelines and documentation requirements for assessments.

Corrective Action Description

The MHP shall submit a POC that:

1) Provides evidence that the MHP has a process in place to ensure that clinicians are following the MHP's written documentation standards for assessments, including required elements or timeliness and frequency as required in the MHP Contract with the Department.

2) Describes how the MHP will ensure that assessments are completed in accordance with the timeliness and frequency requirements specified in the MHP's written documentation standards.

The MHP shall develop a Documentation Manual that provides specific requirements for documenting that interventions are focused on a significant functional impairment that is directly related to the mental health condition

The MHP shall provide training on the contents of the MHP Documentation Manual Training

Proposed Evidence/Documentation of Correction

• MHP Documentation Manual

• POC Chart Review - Documentation Training Invitation Part 1 - 09-10-19.pdf

• POC Chart Review- Documentation Training Invitation Part 2 - 09-11-19.pdf

• MHP Documentation Manual

Implementation Timeline: [July 2019, September 2019

Requirement

Assessment - Beneficiary Records

The MHP shall ensure that the following areas are included, as appropriate, as part of a comprehensive beneficiary record when an assessment has been performed:

a) Presenting Problem. The beneficiary's chief complaint, history of the presenting problem(s). including current level of functioning, relevant family history and current family information;

b) Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health; including, as applicable, living situation, daily activities, social support, cultural and linguistic factors and history of trauma or exposure to trauma;

c) Mental Health History. Previous treatment, including providers, therapeutic modality (e.g., medications, psychosocial treatments) and response, and inpatient admissions. If possible, include information from other sources of clinical data, such as previous mental health records, and relevant psychological testing or consultation reports;

d) Medical History. Relevant physical health conditions reported by the beneficiary or a significant support person. Include name and address of current source of medical treatment. For children and adolescents, the history must include prenatal and perinatal events and relevant/significant developmental history. If possible, include other medical information from medical records or relevant consultation reports;

e) Medications. Information about medications the beneficiary has received, or is receiving, to treat mental health and medical conditions, including duration of medical treatment. The assessment shall include documentation of the absence or presence of allergies or adverse reactions to medications, and documentation of an informed consent for medications;

f) Substance Exposure/Substance Use. Past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications) and over-the-counter, and illicit drugs;

g) Client Strengths. Documentation of the beneficiary's strengths in achieving client plan goals related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis;

h) Risks. Situations that present a risk to the beneficiary and/or others, including past or current trauma;

i) A mental status examination;

j) A complete diagnosis from the most current DSM, or a diagnosis from the most current ICD-code shall be documented, consistent with the presenting problems, history, mental status examination and/or other clinical data; and,

k) Additional clarifying formulation information, as needed.

(MHP Contract, Ex. A, At!. 9)

DHCS Finding 2B

One or more of the assessments reviewed did not address all of the elements specified in the MHP Contract. Below are the specific findings pertaining to the charts in the review sample:

a) Presenting Problem(s): Line number 7.

b) Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health, including history of trauma: Line number 7.

c) Mental Health History: Line numbers 1 and 7.

d) Medical History: Line number 7.

e) Medications: Line numbers 7 and 9.

f) Substance Exposure/Substance Use: Line number 7.

g) A mental status examination: Line number 7.

Corrective Action Description

The MHP shall submit a POC that describes how the MHP will ensure that every assessment

contains all of the required elements specified in the MHP Contract with the Department.

The MHP shall develop a Documentation Manual that provides specific requirements for documenting that interventions are focused on a significant functional impairment that is directly related to the mental health condition

The MHP shall provide training on the contents of the MHP Documentation Manual Training

Proposed Evidence/Documentation of Correction

• MHP Documentation Manual

• POC Chart Review - Documentation Training Invitation Part 1 - 09-10-19.pdf

• POC Chart Review- Documentation Training Invitation Part 2 - 09-11-19.pdf

• MHP Documentation Manual

Implementation Timeline: July 2019, September 2019

Requirement

3. Medication Consent

The provider obtains and retains a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication.

(MHP Contract, Ex. A., Att.9)

DHCS Finding 3A

The provider did not obtain and retain a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication, and there was no documentation in the medical record of a written explanation regarding the beneficiary's refusal or unavailability to sign the medication consent:

1) Line number 10: There was no written medication consent form found in the medical record. During the review, MHP staff was given the opportunity to locate the missing medication consent form but was unable to locate it in the medical record.

2) Line number 7: Although there was a written medication consent form in the medical record, there was no medication consent for each of the medications prescribed. During the review, MHP staff was given the opportunity to locate the medication consent(s) in question but was unable to locate it/them in the medical record.

Corrective Action Description

The MHP shall submit a POC to address actions it will implement to ensure the following:

1) A written medication consent form is obtained and retained for each medication prescribed and administered under the direction of the MHP.

2) Written medication consent forms are completed in accordance with the MHP's written documentation standards.

The MHP shall develop a Documentation Manual that provides specific requirements for documenting that interventions are focused on a significant functional impairment that is directly related to the mental health condition

The MHP shall provide training on the contents of the MHP Documentation Manual Training

Proposed Evidence/Documentation of Correction

• MHP Documentation Manual

• POC Chart Review - Documentation Training Invitation Part 1 - 09-10-19.pdf

• POC Chart Review- Documentation Training Invitation Part 2 - 09-11-19.pdf

• MHP Documentation Manual

Implementation Timeline: July 2019, September 2019

Requirement

Medication Consent

Medication consent for psychiatric medications shall include the following required elements:

1) The reasons for taking such medications.

2) Reasonable alternative treatments available, if any.

3) Type of medication.

4) Range of frequency (of administration).

5) Dosage.

6) Method of administration.

7) Duration of taking the medication.

8) Probable side effects.

9) Possible side effects if taken longer than 3 months.

10) Consent once given may be withdrawn at any time.

(MHP Contract, Ex. A, Attachment 9)

DHCS Finding 3B

Written medication consents did not contain all of the required elements specified in the MHP Contract with the Department. The following required elements were not documented on the medication consent form, and/or documented to have been reviewed with the beneficiary, and/or provided in accompanying written materials to the beneficiary:

1) The reason for taking each medication: Line numbers 4 and 8.

2) Reasonable alternative treatments available, if any: Line number 8.

3) Range of Frequency: Line numbers 4, 5, 8.

4) Dosage: Line number 4.

5) Method of administration (oral or injection): Line numbers 1, 2, 4, 5, 8.

6) Duration of taking each medication: Line numbers 1, 2, 3, 4, 5, 8.

7) Probable side effects: Line numbers 5 and 8.

8) Possible side effects if taken longer than 3 months: Line numbers 1, 3, 5, 8.

10) Consent once given may be withdrawn at any time: Line number 8.

Corrective Action Description

The MHP shall submit a POC that describes how the MHP will ensure that every medication consent process addresses all of the required elements specified in the MHP Contract with the Department.

The MHP shall develop a Documentation Manual that provides specific requirements for documenting that interventions are focused on a significant functional impairment that is directly related to the mental health condition

The MHP shall provide training on the contents of the MHP Documentation Manual Training

Proposed Evidence/Documentation of Correction

• MHP Documentation Manual

• POC Chart Review - Documentation Training Invitation Part 1 - 09-10-19.pdf

• POC Chart Review- Documentation Training Invitation Part 2 - 09-11-19.pdf

• MHP Documentation Manual

Implementation Timeline: July 2019, September 2019

Requirement

Client Plan - Annual Updates

Services shall be provided, in accordance with the State Plan, to beneficiaries, who meet medical necessity criteria, based on the beneficiary's need for services established by an assessment and documented in the client plan. Services shall be provided in an amount, duration, and scope as specified in the individualized Client Plan for each beneficiary.

(MHP Contract, Ex. A, Attachment 2)

The client plan shall be updated at least annually, or when there are significant changes in the beneficiary's condition.

(MHP Contract, Ex. A, Attachment 9)

DHCS Finding 4A

Client Plans were not completed prior to the delivery of planned services and/or were not updated at least annually or reviewed and updated when there was a significant change in the beneficiary's condition (as required in the MHP Contract with the Department and/or as specified in the MHP's documentation standards). Below are the specific findings pertaining to the charts in the review sample:

• Line number 1: There was a lapse between the prior and current client plans. However, this occurred outside of the audit review period.

Corrective Action Description

The MHP shall submit a POC that describes how the MHP will ensure that client plans are updated at least on an annual basis as required in the MHP Contract with the Department, and within the timelines and frequency specified in the MHP's written documentation standards.

The MHP shall develop a Documentation Manual that provides specific requirements for documenting that interventions are focused on a significant functional impairment that is directly related to the mental health condition

The MHP shall provide training on the contents of the MHP Documentation Manual Training

Proposed Evidence/Documentation of Correction

• MHP Documentation Manual

• POC Chart Review - Documentation Training Invitation Part 1 - 09-10-19.pdf

• POC Chart Review- Documentation Training Invitation Part 2 - 09-11-19.pdf

• MHP Documentation Manual

Implementation Timeline: July 2019, September 2019

Requirement

Client Plan - Required Elements

The MHP shall ensure that Client Plans:

a) Have specific observable and/or specific quantifiable goals/treatment objectives related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis.

b) Identify the proposed type(s) of intervention/modality including a detailed description of the intervention to be provided.

c) Have a proposed frequency of intervention(s).

d) Have a proposed duration of intervention(s).

e) Have interventions that focus and address the identified functional impairments as a result of the mental disorder(from Cal. Code-Regs., tit. 9, § 1830.205(b).

f) Have interventions that are consistent with the client plan goals.

g) Be consistent with the qualifying diagnoses.

(MHP Contract, Ex. A, Attachment 9)

DHCS Finding 4C

Client Plans did not include all of the required elements specified in the MHP Contract. Below are the specific findings pertaining to the charts in the review sample:

• One or more of the goals/treatment objectives were not specific, observable, and/or quantifiable and related to the beneficiary's mental health needs and identified functional impairments as a result of the mental health diagnosis. Line number 4.

• One or more of the proposed interventions did not include a detailed description. Instead, only a "type" or "category" of intervention was recorded on the client plan. Line numbers 1, 4, 9, 10.

• One or more of the proposed interventions did not indicate an expected frequency. Line numbers 1, 2, 4, 5, 8, 9, 10.

• One or more of the proposed interventions did not indicate an expected duration. Line numbers 1, 6, 7, 8, 9, 10.

• One or more of the proposed interventions did not address the mental health needs and functional impairments identified as a result of the mental disorder. Line number 1.

• One or more of the proposed interventions were not consistent with client plan goals/treatment objectives. Line number 1.

Corrective Action Description

The MHP shall submit a POC that describes how the MHP will ensure that:

1) All client plan goals/treatment objectives are specific, observable and/or quantifiable and relate to the beneficiary's documented mental health needs and functional impairments as a result of the mental health diagnosis.

2) All mental health interventions/modalities proposed on client plans include a detailed description of the interventions to be provided and do not just identify a type or modality of service (e.g. "therapy", "medication", "case management", etc.).

3) All mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.

4) All mental health interventions/modalities proposed on client plans address the mental health needs and identified functional impairments of the beneficiary as a result of the mental disorder.

5) All mental health interventions proposed on client plans are consistent with client plan goals/treatment objectives.

The MHP shall develop a Documentation Manual that provides specific requirements for documenting that interventions are focused on a significant functional impairment that is directly related to the mental health condition

The MHP shall provide training on the contents of the MHP Documentation Manual Training

Proposed Evidence/Documentation of Correction

• MHP Documentation Manual

• POC Chart Review - Documentation Training Invitation Part 1 - 09-10-19.pdf

• POC Chart Review- Documentation Training Invitation Part 2 - 09-11-19.pdf

• MHP Documentation Manual

Implementation Timeline: July 2019, September 2019

Requirement

Client Plan - Long-Term Care Beneficiary

The MHP shall ensure that Client Plans include documentation of the beneficiary's participation in and agreement with the Client Plan. (MHP Contract, Ex. A, Alt. 9; CCR, title 9, § 1810(c)(2).)

The MHP shall ensure that Client Plans include the beneficiary's signature or the signature of the beneficiary's legal representative when:

a) The beneficiary is expected to be in long-term treatment, as determined by the MHP, and,

b) The client plan provides that the beneficiary will be receiving more than one (1) type of SMHS. (CCR, title 9, § 1810.440(c)(2)(A).)

When the beneficiary's signature or the signature of the beneficiary's legal representative is required on the client plan and the beneficiary refuses or is unavailable for signature, the client plan includes a written explanation of the refusal or unavailability of the signature. (CCR, title 9, § 1810.440(c)(2)(B).)

The MHP shall have a written definition of what constitutes a long-term care beneficiary. (MHP Contract, Ex. A, Att. 9)

DHCS Finding 4E

The MHP did not have a definition of what constitutes a "long-term" care beneficiary; the verbal definition provided during the review was ambiguous and conflicted with some areas of the MHP's written policy.

Corrective Action Description

The MHP shall submit a POC that describes how the MHP will establish a clearly written definition of what constitutes a "long-term" care beneficiary as part of the MHP's written documentation standards.

CR.4E The MHP will develop policies/procedures to define what constitutes a “long-term” care beneficiary

Proposed Evidence/Documentation of Correction

Policies/procedures developed

Implementation Timeline: 10/31/19

Requirement

Client Plan - Offered to Beneficiary or Legal Guardian

There is documentation in the Client Plan that a copy of the Client Plan was offered to the beneficiary.

DHCS Finding 4G

There was no documentation that the beneficiary or legal guardian was offered a copy of the client plan for the following: Line numbers 1, 2, 3, 4, 10.

Corrective Action Description

The MHP shall submit a POC that describes how the MHP will:

1) Ensure that there is documentation substantiating that the beneficiary was offered a copy of the client plan.

2) Submit evidence that the MHP has an established process to ensure that the beneficiary is offered a copy of the client plan.

The MHP shall develop a Documentation Manual that provides specific requirements for documenting that interventions are focused on a significant functional impairment that is directly related to the mental health condition

The MHP shall provide training on the contents of the MHP Documentation Manual Training

Proposed Evidence/Documentation of Correction

• MHP Documentation Manual

• POC Chart Review - Documentation Training Invitation Part 1 - 09-10-19.pdf

• POC Chart Review- Documentation Training Invitation Part 2 - 09-11-19.pdf

• MHP Documentation Manual

Implementation Timeline: July 2019, September 2019

Requirement

Client Plan – Signature

All entries in the beneficiary record (i.e., Client Plans) include:

1) Date of service.

2) The signature of the person providing the service (or electronic equivalent);

3) The person's type of professional degree, licensure or job title.

4) Relevant identification number (e.g., NPI number), if applicable.

5) The date the documentation was entered in the medical record.

(MHP Contract, Ex. A, Att. 9)

DHCS Finding 4H

Client Plans in the chart sample did not include the signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, or job title. Below are the specific findings pertaining to the charts in the review sample:

• The type of professional degree, licensure, or job title of person providing the service: Line numbers 1, 2, 3, 9.

Corrective Action Description

The MHP shall submit a POC that describes how the MHP will ensure that all documentation includes the signature (or electronic equivalent) with the professional degree, licensure or title of the person providing the service.

The MHP shall develop a Documentation Manual that provides specific requirements for documenting that interventions are focused on a significant functional impairment that is directly related to the mental health condition

The MHP shall provide training on the contents of the MHP Documentation Manual Training

Proposed Evidence/Documentation of Correction

• MHP Documentation Manual

• POC Chart Review - Documentation Training Invitation Part 1 - 09-10-19.pdf

• POC Chart Review- Documentation Training Invitation Part 2 - 09-11-19.pdf

• MHP Documentation Manual

Implementation Timeline: July 2019, September 2019

Requirement

Progress Note- Documentation Standards

The MHP shall ensure that progress notes describe how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning outlined in the client plan. Items that shall be contained in the client record related to the beneficiary's progress in treatment include:

a) Timely documentation of relevant aspects of beneficiary care, including documentation of medical necessity;

b) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions;

c) Interventions applied, beneficiary's response to the interventions and the location of the interventions;

d) The date the services were provided;

e) Documentation of referrals to community resources and other agencies, when appropriate;

f) Documentation of follow-up care, or as appropriate, a discharge summary; and

g) The amount of time taken to provide services; and

h) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, licensure, or job title.

(MHP Contract, Ex. A, Attachment 9)

DHCS Finding 5A

Progress notes did not include timely documentation of relevant aspects of beneficiary care, including documentation of medical necessity, as required in the MHP Contract. One or more progress notes was not completed within the timeliness and/or frequency standards in accordance with the MHP Contract and the MHP's written documentation standards. Below are the specific findings pertaining to the charts in the review sample:

• Progress notes associated with the following line numbers did not include timely documentation of relevant aspects of beneficiary care, as specified by the MHP's documentation standards (i.e., progress notes completed late based on the MHP's written documentation standards in effect during the audit period). Line numbers 1, 3, 4, 7, 9.

• Timeliness of the progress note could not be determined because the note was signed but not dated by the person providing the service. Therefore, the date the progress note was entered into the medical record could not be determined, and the note was considered to be late. Line number 7.

• The amount of time taken to provide services. There was a progress note in the medical record for the date of service claimed. However, the amount of time documented on the progress note to provide the service was less than the time claimed, or was missing on the progress note. Line number 7. RR8b3, refer to Recoupment Summary for details.

• Appointment was missed or cancelled. Line number 9. RR15a, refer to Recoupment Summary for details.

Corrective Action Description

1) The MHP shall submit a POC that describes how the MHP will ensure that the MHP has written documentation standards for progress notes, including timeliness and frequency, as required by the MHP Contract with the Department.

2) The MHP shall submit a POC that describes how the MHP will ensure that progress notes document:

• Timely completion by the person providing the service and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP's written documentation standards.

• The date the progress note was completed and entered into the medical record by the person(s) providing the service in order to determine the timeliness of completion, as specified in the MHP Contract with the Department.

• Ensure progress note matches the date the services were provided.

• The claim must accurately reflect the amount of time taken to provide services.

• The provider's/providers' professional degree, licensure or job title.

3) Specialty Mental Health Services claimed are actually provided to the beneficiary.

The MHP shall develop a Documentation Manual that provides specific requirements for documenting that interventions are focused on a significant functional impairment that is directly related to the mental health condition

The MHP shall provide training on the contents of the MHP Documentation Manual Training

Proposed Evidence/Documentation of Correction

• MHP Documentation Manual

• POC Chart Review - Documentation Training Invitation Part 1 - 09-10-19.pdf

• POC Chart Review- Documentation Training Invitation Part 2 - 09-11-19.pdf

• MHP Documentation Manual

Implementation Timeline: July 2019, September 2019

Requirement

Progress Notes - Accuracy and Timeliness

Progress notes shall be documented at the frequency by type of service indicated below:

a) Every Service Contact:

i. Mental Health Services;

ii. Medication Support Services;

iii. Crisis Intervention;

iv. Targeted Case Management;

b) Daily:

i. Crisis Residential;

ii. Crisis Stabilization (1 x/23hr);

iii. Day Treatment Intensive;

c) Weekly:

i. Day Treatment Intensive: a clinical summary reviewed and signed by a physician, a licensed/waivered psychologist, clinical social worker, or marriage and family therapist; or a registered nurse who is either staff to the day treatment intensive program or the person directing the service;

ii. Day Rehabilitation;

iii. Adult Residential.

(MHP Contract, Ex. A, Attachment 9)

DHCS Finding 5D

Progress notes were not documented according to the frequency requirements specified in the MHP Contract. Below are the specific findings pertaining to the charts in the review sample:

• Line numbers 8, 9, 10: There was no progress note in the medical record for the services claimed. RR8a, refer to Recoupment Summary for details.

PLEASE NOTE: The MHP was given the opportunity to locate the documents in question but did not provide written evidence of them in the medical record.

• Line number 1: The type of specialty mental health service (SMHS) (e.g., Medication Support, Targeted Case Management) documented on the progress note was not the same type of SMHS claimed. RR8b1, refer to Recoupment Summary for details.

• Line numbers 7 and 10: For Mental Health Services claimed, the service activity (e.g., Assessment, Plan Development, Rehab) identified on the progress note was not consistent with the specific service activity actually documented in the body of the progress note.

Corrective Action Description

The MHP shall submit a POC that describes how the MHP will:

1) Ensure that all SMHS claimed are:

d) Documented in the medical record.

e) Actually provided to the beneficiary.

f) Appropriate, relate to the qualifying diagnosis and identified functional impairments and are medically necessary as delineated in the CCR, title 9, chapter 11, sections 1830.205(a)(b).

g) Claimed for the correct service modality billing code, and units of time.

2) Ensure that all progress notes:

a) Are accurate, complete and meet the documentation requirements described in the MHP Contract with the Department.

b) Describe the type of service or service activity, the date the service was provided and the amount of time taken to provide the service, as specified in the MHP Contract with the Department.

c) Are completed within the timeline and frequency specified in the MHP Contract with the Department.

The MHP shall develop a Documentation Manual that provides specific requirements for documenting that interventions are focused on a significant functional impairment that is directly related to the mental health condition

The MHP shall provide training on the contents of the MHP Documentation Manual Training

Proposed Evidence/Documentation of Correction

• MHP Documentation Manual

• POC Chart Review - Documentation Training Invitation Part 1 - 09-10-19.pdf

• POC Chart Review- Documentation Training Invitation Part 2 - 09-11-19.pdf

• MHP Documentation Manual

Implementation Timeline: July 2019, September 2019

Requirement

Progress Notes - Accuracy and Timeliness

Progress notes shall be documented at the frequency by type of service indicated below:

a) Every Service Contact:

i. Mental Health Services;

ii. Medication Support Services;

iii. Crisis Intervention;

iv. Targeted Case Management;

b) Daily:

i. Crisis Residential;

ii. Crisis Stabilization (1 x/23hr);

iii. Day Treatment Intensive;

c) Weekly:

i. Day Treatment Intensive: a clinical summary reviewed and signed by a physician, a licensed/waivered psychologist, clinical social worker, or marriage and family therapist; or a registered nurse who is either staff to the day treatment intensive program or the person directing the service;

ii. Day Rehabilitation;

iii. Adult Residential.

(MHP Contract, Ex. A, Attachment 9)

DHCS Finding 5E2

The progress notes for the following Line number indicate that the service provided was solely:

• Clerical: Line number 4. RR11f, refer to Recoupment Summary for details.

Corrective Action Description

The MHP shall submit a POC that describes how the MHP will ensure that:

1) Each progress note describes how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning, as outlined in the client plan.

2) Services provided and claimed are not solely clerical.

3) All services claimed are appropriate, relate to the qualifying diagnosis and identified functional impairments and are medically necessary as delineated in the CCR, title 9, chapter 11, sections 1830.205(a)(b).

The MHP shall develop a Documentation Manual that provides specific requirements for documenting that interventions are focused on a significant functional impairment that is directly related to the mental health condition

The MHP shall provide training on the contents of the MHP Documentation Manual Training

Proposed Evidence/Documentation of Correction

• MHP Documentation Manual

• POC Chart Review - Documentation Training Invitation Part 1 - 09-10-19.pdf

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• MHP Documentation Manual

Implementation Timeline: July 2019, September 2019

Requirement

Progress Notes - ICC and IHBS

The MHP must make individualized determinations of each child's/youth's need for ICC and IHBS, based on the child's/youth's strengths and needs. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018)

DHCS Finding 6A

1) The MHP did not furnish evidence that it has a standard procedure for providing individualized determinations of eligibility for ICC services and IHBS for beneficiaries under 22 years of age that is based on their strengths and needs.

2) The medical record associated with the following Line numbers did not contain evidence that the beneficiary received an individualized determination of eligibility and need for ICC services and IHBS:

• Line numbers 6, 7, 9, 10.

Corrective Action Description

The MHP shall submit a POC that describes how it will ensure that:

1) Written documentation is in place describing the process for determining and documenting the eligibility and need for ICC and IHBS.

2) Training is provided to all staff and contracted providers who have the responsibility for determining the eligibility and need for the provision of ICC and IBHS.

3) Each beneficiary under the age of 22 who is authorized to receive Specialty Mental Health Services (SMHS) also receives an individualized determination of eligibility and need for ICC and IHBS prior to or during the development of the beneficiary's Initial Client Plan.

The MHP shall develop a Documentation Manual that provides specific requirements for documenting that interventions are focused on a significant functional impairment that is directly related to the mental health condition

The MHP shall provide training on the contents of the MHP Documentation Manual Training

Please see CA # A.2.1 and A.2.2

Proposed Evidence/Documentation of Correction

• MHP Documentation Manual

• POC Chart Review - Documentation Training Invitation Part 1 - 09-10-19.pdf

• POC Chart Review- Documentation Training Invitation Part 2 - 09-11-19.pdf

• MHP Documentation Manual

• Please see CA # A.2.1 and A.2.2

Implementation Timeline: July 2019, September 2019, 11/30/18

Requirement

Progress Notes - Reassessments

The ICC Coordinator and the CFT should reassess the strengths and needs of children and youth,. and their families, at least every 90 days, and as needed. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018)

DHCS Finding 6B

1) The MHP did not furnish evidence that it has a procedure for reassessing the strengths and needs of children and youth, and their families, at least every 90-days, for the purpose of determining if ICC and/or IBHS should be added or modified.

2) The medical record for the following Line numbers did not contain evidence that the MHP had reassessed the strengths and needs of the beneficiary, at least every 90 days, for the purpose of determining if ICC and/or IBHS should be added or modified:

• Line numbers 6, 7, 9, 10 .

Corrective Action Description

The MHP shall submit a POC that describes how it will ensure that:

1) Written documentation is in place describing the process for reassessing and documenting the eligibility and need for ICC and IHBS at least every 90-days for all beneficiaries receiving SMHS under the age of 22.

2) Training is provided to all staff and contracted providers who have the responsibility for determining eligibility and need for the provision of ICC and IBHS.

3) Each beneficiary under the age of 22 who is receiving SMHS also receives a reassessment at least every 90-days of eligibility and need for ICC and IHBS.

The MHP shall develop a Documentation Manual that provides specific requirements for documenting that interventions are focused on a significant functional impairment that is directly related to the mental health condition

The MHP shall provide training on the contents of the MHP Documentation Manual Training

Please see CA # A.2.1 and A.2.2

Proposed Evidence/Documentation of Correction

• MHP Documentation Manual

• POC Chart Review - Documentation Training Invitation Part 1 - 09-10-19.pdf

• POC Chart Review- Documentation Training Invitation Part 2 - 09-11-19.pdf

• MHP Documentation Manual

• Please see CA # A.2.1 and A.2.2

Implementation Timeline: July 2019, September 2019, 11/30/18