

Medi-Cal Behavioral Health Corrective Action Plan (CAP)

Napa

Compliance Review Date: 7/10/2024

Corrective Action Plan Fiscal Year: [2023-2024]

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
4.2.1 - Finding: The Plan did not ensure its 24/7 toll-free telephone number system provided required information for SMHS access, urgent condition services, and problem resolution processes.	<ul style="list-style-type: none">-Contracted with a new afterhours access line services provider to ensure higher quality services in response to calls outside of business hours.-Training with clerical staff on call scripts and workflow.-Updated business hours call script for front desk staff to include all required information.-Updated After-hours call script for Central Communications to include all required information.	Corrective actions begun by June 17, 2024	<ul style="list-style-type: none">-Ongoing training for staff answering phones.-Ongoing test calls to ensure scripts and processes are being followed.-Quarterly meetings with Central Communications and internal Access staff, covering business hours, to	

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
	Transitioned to the use of a Smartsheet to reduce errors and streamline data collection.		discuss Test Calls and areas of improvement. - Updated call script to reflect problem resolution process and urgent conditions. Currently in use by staff during business hours to reduce errors and streamline data collection.	
4.2.2 - Finding: The Plan did not log all beneficiary calls requesting specialty mental health services.	<ul style="list-style-type: none"> -Contracted with a new afterhours access line services provider to ensure higher quality services in response to calls outside of business hours. -Training with clerical staff to ensure consistency of capturing all caller data points on the call log. - Transition of CAAT log to Smartsheet for data collection and reporting 	Corrective actions already begun by June 17,2024	<ul style="list-style-type: none"> - Daily review of call log by clerical staff. Management set expectation that staff log all calls completely by end of the day.- Weekly supervisory	

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
			monitoring of call log. -Quarterly review of test call results with staff that includes review of completeness for test calls logged.	

Submitted by:



Date: 9/10/2024

Title: Cassandra Eslami, HHSA Deputy Director - BH