

Placer-Sierra MHP
Fiscal Year (FY) 20/21 Specialty Mental Health Triennial Review
Corrective Action Plan
Chart Review
Medical Necessity

Requirement

The proposed and actual intervention(s) meet the intervention criteria listed below: (CCR, tit. 9, § 1830.205(b)(3)(A)-(C)).

- a. The focus of the proposed and actual intervention(s) addresses the condition identified in No. 2 (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. 2 (4).
- 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.
- c. The condition would not be responsive to physical health care-based treatment.

DHCS Finding 8.1.2

The actual interventions documented on the progress notes for the following Line number did not meet medical necessity criteria since the interventions were not reasonably likely to result in at least one of the following: a) significantly diminish the impairment; b) prevent deterioration in an important area of life functioning; c) allow the child to progress developmentally; d) correct or ameliorate the mental health condition of a beneficiary who is under age 21. Specifically:

- **Line number 8.** The interventions documented on two (2) progress notes did not meet the definition of a valid Specialty Mental Health Service. **RR2c, refer to Recoupment Summary for details.**

CORRECTIVE ACTION PLAN 8.1.2:

The MHP shall submit a CAP that describes how the MHP will ensure that all actual SMHS interventions documented on progress notes are reasonably likely to correct or reduce the beneficiary's documented mental health condition, prevent the condition's deterioration, or help a beneficiary who is under age 21 to progress developmentally as individually appropriate.

Corrective Action Description

On December 10, 2021, DHCS released Behavioral Health Information Notice 21-073, which provided notice of statutory changes for a beneficiary to access the SMHS

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delivery system and update medical necessity and coverage requirements. Pursuant to Welfare and Institutions Code section 14184.402(a), for individuals 21 years of age or older, a service is “medically necessary” or a “medical necessity” when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain as set forth in Welfare and Institutions Code section 14059.5. For individuals under 21 years of age, a service is “medically necessary” or a “medical necessity” if the service meets the standards set forth in Section 1396d(r)(5) of Title 42 of the United States Code. This section requires provision of all Medicaid-coverable services necessary to correct or ameliorate a mental illness or condition discovered by a screening service, whether or not such services are covered under the State Plan. Furthermore, federal guidance from the Centers for Medicare & Medicaid Services makes it clear that mental health services need not be curative or restorative to ameliorate a mental health condition. Services that sustain, support, improve, or make more tolerable a mental health condition are considered to ameliorate the mental health condition and are thus medically necessary and covered as EPSDT services. Placer County agrees that services documented in these notes did not adequately demonstrate the need for the service but does believe the provision of the service was medically necessary as it allowed the beneficiary to access crisis residential treatment that would protect the beneficiary's life, prevent significant illness or significant disability, or to alleviate service pain.

Placer County is in the process of implementing CalMHSA LMS Documentation Trainings to all staff effective 6/27/22. These trainings cover the required elements for progress notes.

Placer County will update internal and external monitoring tools to include this information.

Proposed Evidence/Documentation of Correction

- Updated trainings
- Updated monitoring tools

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Placer County QM Supervisor

Implementation Timeline: 10/1/2022

Assessment

Requirement

The MHP must establish written standards for (1) timeliness and (2) frequency of the assessment documentation. (MHP Contract, Ex. A, Att. 9, Sec. 1(A)(2)).

DHCS Finding 8.2.1

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

Two assessments were not completed within the update frequency requirement specified in the MHP's written documentation standards of at least every three (3) years.

Line number 3. The prior assessment was completed 9/30/2016, the current assessment was completed 7 days late on 10/8/2019.

Line number 10. The prior assessment was completed 2/10/201, and the current assessment was completed 20 days late on 3/24/2019.

CORRECTIVE ACTION PLAN 8.2.1:

The MHP shall submit a CAP that:

- 1) Describes how the MHP will ensure that assessments are completed in accordance with the initial timeliness and update frequency requirements specified in the MHP's written documentation standards.
- 2) Planned Specialty Mental Health Services are not claimed in the absence of an assessment that substantiates those services.

Corrective Action Description

On 4/22/22, DHCS released BHIN 22-019 Documentation requirements for all Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC), and Drug Medi-Cal Organized Delivery System (DMC-ODS) services. The BHIN states that "The time period for providers to complete an initial assessment and subsequent assessments for SMHS is up to clinical discretion; however, providers shall complete assessments within a reasonable time and in accordance with generally accepted standards of practice".

Placer County is in the process of implementing these changes and will update Policy and Procedures and trainings accordingly. Once these updates have been made Placer County monitoring tools will be updated so that all county and subcontracted providers are monitored to this new expectation.

Proposed Evidence/Documentation of Correction

- Provide updated Policy and Procedures.
- Provide updated trainings.
- Provide updated monitoring tools.

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Placer County QM Supervisor

Implementation Timeline: 10/1/2022

Medication Consent

Requirement

All entries in the beneficiary record (i.e., Medication Consents) 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) The date the documentation was entered in the medical record.

(MHP Contract, Ex. A, Att. 9, Sec. 1(D)(2)(a)-(c)).

DHCS Finding 8.3.3

Ten Medication Consents in the chart sample did not include the signature of the provider of service (or electronic equivalent) that includes the provider’s professional degree, licensure, and job title. Specifically:

- **Line numbers 1, 3, 4, 6, 7, 8 (two consents), 15 (two consents) and 16.**

CORRECTIVE ACTION PLAN 8.3.3:

The MHP shall submit a CAP that describes how the MHP will ensure that all Medication Consents include the provider’s signature (or electronic equivalent) that includes professional degree, licensure or title.

Corrective Action Description

Placer County QM will work with medication services program leadership to update the Medication Consent form to include:

- Provider’s signature (or electronic equivalent)
- Professional degree
- Licensure or title

Proposed Evidence/Documentation of Correction

Placer County will provide an updated Medication consent form.

Ongoing Monitoring (if included)

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N/A

Person Responsible (job title)

Placer County QM Supervisor

Implementation Timeline: 10/1/2022

Client Plans

Requirement

No CAP required due to changes with CalAIM

DHCS Finding 8.4.1a

Services claimed and documented on the beneficiary’s progress notes were not sufficient and consistent in amount, duration or scope with those documented on the beneficiary’s current Client Plan. Specifically:

- **Line number 1.** Services documented as needed on both Client Plans completed on 3/16/2020 and 4/19/2021 include Collateral (2-4 times per month), Medication Support (at least 1 time per quarter), Individual or Group Rehabilitation (2-4 times per month); Targeted Case Management (1-4 times per month) and Individual, Group and/or Family Therapy (2-4 times per month). However, the only services claimed during the three-month chart review period were 10 Medication Support services.
- **Line number 6.** Services documented as needed on the Client Plan completed on 5/16/2020 include Collateral (2-4 times per month), Medication Support (at least once per quarter), Individual or Group Rehabilitation (2-4 times per month), and Individual, Group and/or Family Therapy (2-4 times per month). However, the only services claimed during the three-month chart review period were 10 Medication Support services.
- **Line number 9.** Services documented as needed on the Client Plan completed on 4/13/2020 include Collateral (2-4 times per month), Individual and/or Group Rehabilitation (2-4 times per month), Medication Support (at least once per quarter), Targeted Case Management (1-4 times per month) and Individual, Group and/or Family Therapy (2-4 times per month). However, the only services claimed during the three-month chart review period were one (1) Crisis Intervention service, seven (7) Medication Support services, and two (2) Targeted Case Management services.

CORRECTIVE ACTION PLAN 8.4.1a:

Due to the transition to the new Documentation Standards that will take effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its policies and all current documentation requirements.

Corrective Action Description

No CAP required due to changes with CalAIM

Proposed Evidence/Documentation of Correction

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N/A

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

N/A

Implementation Timeline: N/a

Requirement

No CAP required due to changes with CalAIM

DHCS Finding 8.4.2

Client Plans were not completed prior to the delivery of planned services and/or were not updated at least annually (as required in the MHP Contract with the Department and/or as specified in the MHP’s documentation standards). Specifically:

- **Line number 1.** An Updated Client Plan was not completed until after one or more planned service was provided and claimed. Specifically: o The prior Plan, completed on 3/16/2020 was followed by an updated Plan, completed on 4/19/2021. Therefore, no Plan was in effect from 3/16/2021 until 4/18/2021. However, during that time, two Medication Support services were provided on 3/25/2021. Review of the chart indicated that these services were not provided on an unplanned or urgent basis.

The MHP was given the opportunity to locate another Plan that was effective during the service date but was unable to find written evidence of it in the medical record

CORRECTIVE ACTION PLAN 8.4.2:

Due to the transition to the new Documentation Standards that will take effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its policies and all current documentation requirements.

Corrective Action Description

No CAP required due to changes with CalAIM

Proposed Evidence/Documentation of Correction

N/A

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

N/A

Implementation Timeline: N/A

Requirement

No CAP required due to changes with CalAIM

DHCS Finding 8.4.2a

One or more client plan(s) was not updated at least annually and/or when there were significant changes in the beneficiary's condition. Specifically:

- **Line number 1.** There was a **lapse** between the prior and current Client Plans and, therefore, no client plan was in effect during a portion of the audit review period. See **Finding 8.4.2** above.
- **Line numbers 4, 6, 17 and 19.** There was a **lapse** between the prior and current Client Plans. However, this occurred outside of the audit review period.
 - o **Line number 4.** Prior Client Plan expired on 11/5/2020; current Client Plan completed on 11/30/2020.
 - o **Line number 6.** Prior Client Plan expired on 2/27/2020; current Client Plan completed on 5/16/2020.
 - o **Line number 17.** Prior Client Plan expired on 10/23/2020; current Client Plan completed on 11/2/2020
 - o **Line number 19.** Prior Client Plan expired on 9/12/2020; current Client Plan completed on 9/15/2020

CORRECTIVE ACTION PLAN 8.4.2a:

Due to the transition to the new Documentation Standards that will take effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its policies and all current documentation requirements.

Corrective Action Description

No CAP required due to changes with CalAIM

Proposed Evidence/Documentation of Correction

N/A

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

N/A

Implementation Timeline: N/A

Requirement

No CAP required due to changes with CalAIM

DHCS Finding 8.4.11

One or more Client Plans did not include the provider's signature (or electronic equivalent) that includes their professional degree, licensure or job title. Specifically:

- **Line number 8.** Missing provider's professional degree, licensure, or job title on the Client Plan completed on 2/24/2021.

CORRECTIVE ACTION PLAN 8.4.11:

Due to the transition to the new Documentation Standards that will take effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its policies and all current documentation requirements.

Corrective Action Description

N/A

Proposed Evidence/Documentation of Correction

N/A

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

N/A

Implementation Timeline: N/A

Progress Notes

Requirement

Items that shall be contained in the client record (i.e., Progress Notes) related to the beneficiary's progress in treatment include all of the following:

1. Timely documentation of relevant aspects of client care, including documentation of medical necessity.
2. Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions.
3. Interventions applied, beneficiary's response to the interventions, and the location of the interventions.
4. The date the services were provided.
5. Documentation of referrals to community resources and other agencies, when appropriate.
6. Documentation of follow-up care or, as appropriate, a discharge summary.
7. The amount of time taken to provide services.
8. The following:
 - a. The signature of the person providing the service (or electronic equivalent).
 - b. The person's type of professional degree and,
 - c. Licensure or job title.

(MHP Contract, Ex. A, Att. 9, Sec. 1(C)(1)(a)-(h)).

DHCS Finding 8.5.1

Progress notes did not include all required elements specified in the MHP Contract, and/or were not in accordance with the MHP's written documentation standards. Specifically:

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• **Line numbers 3, 4, 7, 8, 10, 13, 15, 16, 17 and 20.** Fifty-two progress notes, or 12.5 percent of all progress notes reviewed, were not completed within the MHP’s written timeliness standard of five business days after provision of services (87.5% compliance).

• **Line number 16.** One progress note did not match its corresponding claim in terms of service date. **RR6, refer to Recoupment Summary for details.**

• **Line number 17.** The service time documented on one (1) progress note was greater than the Units of Time (UOT) claimed: o 01/07/2021 Claim UOT = 24, Progress Note Total Minutes = 35

• **Line numbers 12 and 13.** The service times documented on a total of 18 progress notes were less than the UOT claimed. However, the dollar amounts claimed did correspond to the service times recorded on their corresponding progress notes. The MHP explained that the discrepancy was due to a “system” error since their EHR actually records total service time on the basis of 15-minutes “blocks” or units of time. The system then translates those totals into minutes by dividing them by “15”; the MHP explained further that the system failed to carry out that calculation before submitting those claims to DHCS:

o **Line number 12:**

- 01/04/2021 Claim UOT = 600, Progress Note Total Minutes = 40
- 01/11/2021 Claim UOT = 375, Progress Note Total Minutes = 25
- 01/11/2021 Claim UOT = 600, Progress Note Total Minutes = 40
- 01/25/2021 Claim UOT = 450, Progress Note Total Minutes = 30
- 02/08/2021 Claim UOT = 450, Progress Note Total Minutes = 30
- 02/15/2021 Claim UOT = 525, Progress Note Total Minutes = 35
- 02/22/2021 Claim UOT = 525, Progress Note Total Minutes = 35
- 03/01/2021 Claim UOT = 525, Progress Note Total Minutes = 35
- 03/08/2021 Claim UOT = 525, Progress Note Total Minutes = 35
- 03/15/2021 Claim UOT = 525, Progress Note Total Minutes = 35
- 03/22/2021 Claim UOT = 525, Progress Note Total Minutes = 35

o **Line number 13:**

- 01/13/2021 Claim UOT = 720, Progress Note Total Minutes = 48
- 01/20/2021 Claim UOT = 540, Progress Note Total Minutes = 36
- 01/27/2021 Claim UOT = 615, Progress Note Total Minutes = 41
- 02/04/2021 Claim UOT = 600, Progress Note Total Minutes = 40
- 02/10/2021 Claim UOT = 600, Progress Note Total Minutes = 40
- 02/12/2021 Claim UOT = 375, Progress Note Total Minutes = 25
- 03/03/2021 Claim UOT = 675, Progress Note Total Minutes = 45

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• **Line numbers 7 and 13.** Fourteen progress notes contained the exact same intervention verbiage, and therefore those progress notes were not individualized in terms of the specific interventions applied, as specified in the MHP Contract with the Department. Specifically:

o **Line number 7.** The Intervention recorded on 10 progress notes claimed as Targeted Case Management (01/08/2021, 01/14/2021, 01/22/2021, 01/28/2021, 02/04/2021, 02/23/2021, 03/04/2021, 03/11/2021, 03/18/2021, 03/25/2021) was the exact same verbiage and stated:

“Writer normalized and validated client's feelings and current state through empathy and reflective listening. Brainstormed with client regarding needs to assist client with symptom stabilization. Linked and connected client with resources in the community to decrease mental health symptoms.”

o **Line number 12.** The Intervention recorded on four (4) progress notes claimed as Mental Health Services, “Individual Psychotherapy” (01/20/2021, 01/27/2021, 02/10/2021, 03/03/2021) was the exact same verbiage and stated:

“**Current Intervention:** Worked on trying to establish rapport, asked him about things he enjoys. Attempted to assess what challenges he is having.”

CORRECTIVE ACTION PLAN 8.5.1:

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

- Timely completion and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP’s written documentation standards.

2) The MHP shall submit a CAP that describes how the MHP will ensure that:

- Both service dates and times recorded on progress notes match their corresponding claims.
- Progress notes contain documentation that is individualized for each service provided.
- Specialty Mental Health Services claimed are accurate and are actually provided to the beneficiary.

Corrective Action Description

To address the timely completion of documentation and relevant aspects of care, as well as ensuring documentation is individualized for each service provided, Placer County QM is in the process of implementing CalMHSA LMS Documentation Trainings to all staff effective 6/27/22. These trainings cover the required elements and standards for progress notes. Placer County will also update practice guidelines and policies to capture the documentation changes set by CalAIM.

In addition, Placer County will also be updating the “Late Notes” compliance tracking reports. These reports allow direct supervisors to monitor their team’s performance and compliance and address any issues individually with staff.

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To address the challenges with accurately capturing and reporting claims for services, Placer County is working with its electronic health record vendor to identify and correct the error.

Proposed Evidence/Documentation of Correction

- Updated documentation training
- Sample compliance monitoring report
- Claim samples

Ongoing Monitoring (if included)

- Monthly review of compliance reports
- Internal reviews and audits
- Annual reviews for contracted providers

Person Responsible (job title)

- Placer County QM and Fiscal Team

Implementation Timeline: 10/31/22

Requirement

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

- 1) Every service contact for:
 - A. Mental health services
 - B. Medication support services
 - C. Crisis intervention
 - D. Targeted Case Management
 - E. Intensive Care Coordination
 - F. Intensive Home Based Services
 - G. Therapeutic Behavioral Services
- 2) Daily for:
 - A. Crisis residential
 - B. Crisis stabilization (one per 23-hour period)
 - C. Day treatment intensive
 - D. Therapeutic Foster Care

3) Weekly for:

- A. Day treatment intensive (clinical summary)
- B. Day rehabilitation
- C. Adult residential

(MHP Contract, Ex. A, Att. 9, Sec. 1(C)(2)(a)-(c)).

DHCS Finding 8.5.3

Progress notes were not documented according to the contractual requirements specified in the MHP Contract. Specifically:

- **Line numbers 11 and 20.** There was no progress note in the medical record for two (2) service claims. **RR2a, refer to Recoupment Summary for details.**

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

- **Line number 10.** For two (2) 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:
 - o **Line number 10.** 02/03/2021 Claimed as TCM; Note Intervention = Rehab
 - o **Line number 10.** 03/23/2021 Claimed as TCM; Note Intervention = Rehab

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

- 1) Ensure that all Specialty Mental Health Services claimed are:
 - a) Documented in the medical record.
 - b) Actually provided to the beneficiary.
 - c) Claimed for the correct service modality billing code, and units of time.
- 2) Ensure that all progress notes:
 - a) Are accurate, complete and legible and meet the documentation requirements described in the MHP Contract with the Department.
 - b) Describe the type of service or service activity, the date of service and the amount of time 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, and as specified in the MHP's written documentation standards.

Corrective Action Description

Placer County is in the process of implementing CalMHSA LMS Documentation Trainings to all staff effective 6/27/22. These trainings cover the required elements and standards for progress notes.

Placer County will also be updating its UR monitoring activities for both our internal providers and our subcontracted providers.

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Placer County also completes service verification reports on a regular basis. Service verification questions are sent to beneficiaries who had a claimed service. The beneficiary is asked to verify that this service occurred. These verification reports are reviewed and address on a regular basis.

Proposed Evidence/Documentation of Correction

- Updated documentation training
- Updated compliance monitoring report
- Sample service verification forms

Ongoing Monitoring (if included)

- Monthly reviews of the compliance monitoring report
- Internal reviews
- Annual reviews for contracted providers
- Monthly service verification reports

Person Responsible (job title)

Placer County QM Supervisor

Implementation Timeline: 10/31/22

Provision of ICC Services and IHBS for Children and Youth

Requirement

It is of note that the Placer-Sierra MHP has had an explicit policy regarding the provision of IHBS and ICC services effective since October of 2018. Policy SP 494 states that IHBS and ICC services may be provided for “Full Scope” Medi-Cal beneficiaries who “meet medical necessity criteria” for Specialty Mental Health services, are “In need of intensive mental health services”, and that “Involvement in the Child Welfare System and inclusion in the “Katie A” sub-class is not required to receive ICC or IHBS”.

The current triennial chart review process includes a search for evidence in the medical record that all Specialty Mental Health beneficiaries have received an individualized determination of whether or not they were eligible and in need of these services.

DHCS Finding 8.6.1

The medical record associated with the following Line numbers did not contain explicit evidence that the beneficiary received an individualized determination of whether or not they were eligible and in need of IHBS and/or ICC services, and that if appropriate, such services were provided:

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• **Line number 13.** While this beneficiary’s Client Plan, completed on 11/12/2020, included ICC services as an intervention stating, "Client will receive ICC services 1-2 times per quarter for 6 months", we were unable to identify any ICC services provided during the chart review period.

• **Line numbers 15, 16 and 19.** For these beneficiaries, we were unable to find evidence in the medical record that the beneficiary received an individualized determination of eligibility and need for ICC services and IHBS.

The MHP was given the opportunity to submit any additional evidence of an ICC/IHBS determination “individualized” for each of these beneficiaries. The MHP’s written response received is reproduced below. This response was not considered to be evidence of a determination “individualized” for each beneficiary:

“Per Policy, ICC and IHBS are provided to youth assessed to be in need of intensive mental health services. To make this determination we’re looking at various factors to be ranked as “severe” within our BPS assessments, such as risk, dangerousness, severity of symptoms, crisis encounters, to what extent behaviors are impacting placement instability/stability, CANS scores and historical presentation of symptoms (if a child previously received intensive services, we may consider more intensive services, just because we know there is potential of bigger concerns with the child/family), and scores of 3 in our CANS under behavioral/emotional needs and risk behaviors domains.

In addition, we remain in communication with our providers, families and internal partners, so as situations arise, the nature of our integrated system makes it a more effective communication loop to constantly reassess the need for additional services.”

CORRECTIVE ACTION PLAN 8.6.1:

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

- 1) Written documentation is in place describing the process for determining and documenting eligibility and need for ICC Services and IHBS.
- 2) Training is provided to all staff and contract providers who have the responsibility for determining eligibility and need for ICC services and IBHS.
- 3) Each beneficiary under age 22 who meets medical necessity to receive Specialty Mental Health Services also receives an individualized determination of eligibility and need for IHBS and ICC services that is based on their strengths and needs.
- 4) The determination is documented in a standard and recognizable manner as part of the medical record.

Corrective Action Description

- 1) Written documentation is in place describing the process for determining and documenting eligibility and need for ICC Services and IHBS.
- 2) Training is provided to all staff and contract providers who have the responsibility for determining eligibility and need for ICC services and IBHS.

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- 3) Each beneficiary under age 22 who meets medical necessity to receive Specialty Mental Health Services also receives an individualized determination of eligibility and need for IHBS and ICC services that is based on their strengths and needs.
- 4) The determination is documented in a standard and recognizable manner as part of the medical record.

Proposed Evidence/Documentation of Correction

- Updated P&P
- Updated screening tool
- List of staff training

Ongoing Monitoring (if included)

- Supervisor to periodically conduct review to ensure ICC/IHBS services are being provided, when appropriate
- Additional monitoring to be added from updated P&P

Person Responsible (job title)

- Leslie Medina, Program Manager
- Leslie Roth, Program Manager

Implementation Timeline:

- Create workgroup: 7-31-22
- Update P&P and screening tool: 9-31-22
- Staff training: 11-30-22