

**Stanislaus County Behavioral Health**  
**Fiscal Year 2022-2023 Specialty Mental Health Triennial Review**  
**Corrective Action Plan**

**Chart and System Review**

**1) Requirement 1.1.5**

The MHP shall establish mechanisms to ensure that network providers comply with the timely access requirements. (42 C.F.R. § 438.206(c)(1)(iv); MHP Contract, Ex. A, Att. 8, sec. (4)(A)(5)-(7).)

1. The MHP shall monitor network providers regularly to determine compliance with timely access requirements. (42 C.F.R. § 438.206(c)(1)(v).)

2. The MHP shall take corrective action if a network provider fails to comply with timely access requirements. (42 C.F.R. § 438.206(c)(1)(vi).)

**DHCS Finding 1.1.5**

The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 438, subdivision 206(c)(1)(iv), (v), and (vi); and the MHP Contract, exhibit A, attachment 8, section (4)(A)(5)-(7). The MHP shall establish mechanisms to ensure that network providers comply with the timely access requirements.

**Corrective Action Description**

The MHP will update the contract monitoring process to include regular monitoring intervals for timely access requirements. The MHP will also update the contract monitoring process to include the assignment of corrective action plans for when network providers fail to comply with timely access requirements.

**Proposed Evidence/Documentation of Correction**

Contract monitoring tools  
Corrective action template and/or sample

**Ongoing Monitoring**

Contract monitoring updates/outcomes will be an item added to the agenda to be reviewed in both the Quality Improvement Committees (QIC) and Quality Management Team (QMT) meeting.

**Person Responsible:** SOC, Contracts

**Implementation Timeline:** 3/31/2024

**2) Requirement 1.2.7**

The MHP must provide Therapeutic Foster Care (TFC) services to all children and youth who meet beneficiary access criteria for SMHS as medically necessary. (BHIN 21-073; Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, (3rd ed., Jan. 2018), p. 34.)

**DHCS Finding 1.2.7**

The MHP did not furnish evidence to demonstrate compliance with the BHIN No. 21-073 and Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must provide TFC services to all children and youth who meet beneficiary access criteria for SMHS as medically necessary.

**Corrective Action Description**

MHP will implement an Enhanced-ISFC model that includes TFC during FY 2023-2024. This program will include TFC services to be provided to children and youth who meet beneficiary access criteria for SMHS as medically necessary.

**Proposed Evidence/Documentation of Correction**

Children’s Services draft TFC SOW

**Ongoing Monitoring**

Once MHP enters into agreement with the provider, will conduct monthly joint meeting between the MHP, County partners, and provider of the Enhanced ISFC and TFC services to monitor. Formal Contract Monitoring will occur annually by the MHP.

**Person Responsible:** Keri Magee, Kim Saing

**Implementation Timeline:** MHP, Child Welfare, and Probation have been meeting since January 2022 to develop an Enhanced-ISFC model that includes TFC. The MHP and partners have identified an agency/provider and is working toward an agreement for services with that agency/provider; anticipates services starting in FY 2023-2024.

**3) Requirement 1.2.8**

The MHP has an affirmative responsibility to determine if children and youth who meet beneficiary access criteria for SMHS need TFC. (BHIN 21-073; Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home- Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, (3rd ed., Jan. 2018), p. 11.)

**DHCS Finding 1.2.8**

Stanislaus County Behavioral Health  
FY 22/23 Specialty Mental Health Triennial Review – Corrective Action Plan

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

**Corrective Action Description**

MHP will collaborate with Child Welfare and Juvenile Probation to finalize and implement the Screening and Referral process for TFC during FY 2023-2024.

**Proposed Evidence/Documentation of Correction**

Stanislaus\_1.2.8\_TFC Criteria Screening and Referral Form 4.28.23

**Ongoing Monitoring**

Monthly meetings between the MHP and County partners

**Person Responsible:** Keri Magee, Kim Saing

**Implementation Timeline:** MHP will meet monthly with the County partners and will implement the Screening and Referral process prior to the Enhanced-ISFC and TFC program going live, during FY 2023-2024.

**4) Requirement 3.5.1**

The MHP has practice guidelines, which meet the requirements of the MHP Contract. (MHP Contract, Ex. A, Att. 5, sec. 6(A); 42 C.F.R. § 438.236(b); CCR, tit. 9, § 1810.326.)

**DHCS Finding 3.5.1**

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section 6(A); Code of Federal Regulations, title 42, section 438, subdivision 236(b); and California Code of Regulations, title 9, section 1810, subdivision 326. The MHP must have practice guidelines, which meet the requirements of the MHP Contract.

**Corrective Action Description**

Quality Services will collaborate with the different System of Cares (SOC) and begin to develop practice guidelines for the Adult and Children's System of Care.

**Proposed Evidence/Documentation of Correction**

The completed practice guidelines for the Adult and Children's System of Care will be provided.

**Ongoing Monitoring**

Practice Guidelines will be an item added to the agenda to be reviewed in both the monthly Quality Improvement Committees (QIC) and Quality Management Team meeting.

**Person Responsible:** Nasrin Safi

**Implementation Timeline:** 6/30/2024

**5) Requirement 3.5.2**

The MHP shall disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries. (MHP Contract, Ex. A, Att. 5, sec. 6(c); 42 C.F.R. § 438.236(c); CCR, tit. 9, § 1810.326.)

**DHCS Finding 3.5.2**

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section 6(c); Code of Federal Regulations, title 42, section 438, subdivision 236(c); and California Code of Regulations, title 9, section 1810, subdivision 326. The MHP must disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries.

**Corrective Action Description**

The finalized Practice Guidelines will be disseminated via email to all staff and posted on the intranet and extranet. Staff will receive guidance on where to locate and access these practice guidelines should the beneficiaries or potential beneficiaries request.

**Proposed Evidence/Documentation of Correction**

Completed Practice Guidelines  
Adult & Children System of Care staff meeting minutes.  
Screenshot of posted practice guidelines on intranet and extranet.  
Copy of communication with staff regarding where to locate practice guidelines.

**Ongoing Monitoring (if included)**

Adult & Children System of Care programs to add an agenda item on program staff meetings regarding Practice Guidelines discussion & review with staff.

**Person Responsible:** Nasrin Safi

**Implementation Timeline:** 6/30/2024

**6) Requirement 3.5.3**

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, sec. 6(D); 42 C.F.R. § 438.236(d); CCR, tit. 9, § 1810.326.)

### **DHCS Finding 3.5.3**

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section 6(D); Code of Federal Regulations, title 42, section 438, subdivision 236(d); and California Code of Regulations, title 9, section 1810, subdivision 326. The MHP must 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.

### **Corrective Action Description**

MHP will develop and implement monitoring practice guidelines for monitoring delegated UM providers to ensure consistent application of guidelines, as UM is not currently making treatment decisions.

### **Proposed Evidence/Documentation of Correction**

UM Monitoring Practice Guidelines

### **Ongoing Monitoring (if included)**

Utilization reviews of delegated activities conducted by providers – ongoing

**Person Responsible:** Gabriela Marquez

### **Implementation Timeline:**

- UM Monitoring Practice Guidelines to be completed by 2/01/2024
- UM Monitoring Practice Guidelines to be reviewed in Staff Meeting following development of said guidelines
- Implementation to begin 2/21/2024

### **7) Requirement 4.2.2**

Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number:

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

(CCR, tit. 9, chapter 11, §§ 1810.405, subd. (d); 1810.410, subd. (e)(1).)

**DHCS Finding 4.2.2**

Test Call #5:

The call is deemed out of compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

Test Call #6:

The call is deemed out of compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

**Corrective Action Description**

Awaiting outcome of appeal decision by DHCS.

**Proposed Evidence/Documentation of Correction**

N/A at this time.

**Ongoing Monitoring (if included)**

N/A at this time.

**Person Responsible:** Sushma/Megan

**Implementation Timeline:** N/A at this time.

**8) Requirement 4.2.4**

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. (CCR, tit. 9, § 1810.405, subd. (f).)

**DHCS Finding 4.2.4**

The MHP did not furnish evidence to demonstrate compliance with California Code for Regulations, title 9, section 1810, subdivision 405(f). The MHP must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing. The written log(s) must contain name of the beneficiary, date of the request, and initial disposition of the request.

**Corrective Action Description**

Awaiting outcome of appeal decision by DHCS.

**Proposed Evidence/Documentation of Correction**

N/A at this time.

**Ongoing Monitoring (if included)**

N/A at this time.

**Person Responsible:** Sushma/Megan

**Implementation Timeline:** N/A at this time.

**9) Requirement 5.1.5**

A decision to modify an authorization request shall be provided to the treating provider(s), initially by telephone or facsimile, and then in writing, and shall include a clear and concise explanation of the reasons for the MHP’s decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity. The decision shall also include the name and direct telephone number of the professional who made the authorization decision and offer the treating provider the opportunity to consult with the professional who made the authorization decision. (BHIN No. 22-016; WIC 14197.1; Health & Saf. Code, § 1367.01(h)(4); 42 C.F.R. § 438.210(c).)

**DHCS Finding 5.1.5**

The MHP did not furnish evidence to demonstrate compliance with BHIN No 22-016; Welfare & Institution Code, section 14197.1; Health and Safety Code, section 1367.01(h)(4); Code of Federal Regulations, title 42, section 438, subdivision 210(c). A decision to modify an authorization request shall be provided to the treating provider(s), initially by telephone or facsimile, and then in writing, and shall include a clear and concise explanation of the reasons for the MHP’s decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity. The decision shall also include the name and direct telephone number of the professional who made the authorization decision and offer the treating provider the opportunity to consult with the professional who made the authorization decision.

**Corrective Action Description**

MHP will update P&P 50.1.116 to reflect notification to providers of any decision to modify and or deny an authorization.

**Proposed Evidence/Documentation of Correction**

- Updated P&P
- UM Practices Guidelines
- NOABD- tracking log

**Ongoing Monitoring (if included)**

Weekly NOABD audits

**Person Responsible:** Gabriela Marquez

**Implementation Timeline:** Update to P&P and UM Practice Guidelines will be completed and implemented by 2/21/2024

**10) Requirement 5.1.7**

The MHP shall not arbitrarily deny or reduce the amount, duration, or scope of medically necessary covered SMHS solely because of diagnosis, type of illness, or condition of the beneficiary. The MHP may deny services based on Welfare and Institutions Code sections 14184.402, subdivisions (a), (c), and (d), 14059.5; and departmental guidance and regulation. (42 C.F.R. § 438.210(a)(2) and (3); MHP Contract, Ex. A, Att. 2, sec. 2(D).)

**DHCS Finding 5.1.7**

The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 438, subdivision 210(a)(2) and (3) and MHP Contract Exhibit A, Attachment 12, section 2(D).

The MHP shall not arbitrarily deny or reduce the amount, duration, or scope of medically necessary covered SMHS solely because of diagnosis, type of illness, or condition of the beneficiary. The MHP may deny services based on Welfare and Institutions Code sections 14184.402, subdivisions (a), (c), and (d), 14059.5; and departmental guidance and regulation.

**Corrective Action Description**

MHP is requesting technical assistance (TA) to identify how it can come into compliance with this requirement.

**Proposed Evidence/Documentation of Correction**

To be determined following TA

**Ongoing Monitoring (if included)**

To be determined following TA

**Person Responsible:** Gabriela Marquez

**Implementation Timeline:** To be determined following TA

**11) Requirement 5.2.5**

Concurrent Review

In the absence of an MHP referral, MHPs shall conduct concurrent review of treatment authorizations following the first day of admission to a facility through discharge. MHPs may elect to authorize multiple days, based on the beneficiary’s mental health condition, for as long as the services are medically necessary. (BHIN 22-016.)

**DHCS Finding 5.2.5**

The MHP did not furnish evidence to demonstrate compliance with BHIN 22-016.  
Concurrent Review: In the absence of an MHP referral, MHPs shall conduct concurrent review of treatment authorizations following the first day of admission to a facility through discharge. MHPs may elect to authorize multiple days, based on the beneficiary's mental health condition, for as long as the services are medically necessary.

**Corrective Action Description**

MHP is requesting technical assistance to identify how it can come into compliance with this requirement.

**Proposed Evidence/Documentation of Correction**

To be determined following TA

**Ongoing Monitoring (if included)**

To be determined following TA

**Person Responsible:** Gabriela Marquez

**Implementation Timeline:** To be determined following TA

**12) Requirement 5.2.11**

MHPs must utilize referral and/or concurrent review and authorization for all Crisis Residential Treatment Services (CRTS) and Adult Residential Treatment Services (ARTS). MHPs may not require prior authorization.

1. If the MHP refers a beneficiary to a facility for CRTS or ARTS, the referral may serve as the initial authorization as long as the MHP specifies the parameters (e.g., number of days authorized) of the authorization.
2. The MHP must then re-authorize medically necessary CRTS and ARTS services, as appropriate, concurrently with the beneficiary's stay and based on beneficiary's continued need for services. (BHIN 22-016.)

**DHCS Finding 5.2.11**

The MHP did not furnish evidence to demonstrate compliance with BHIN 22-016. The MHP must utilize referral and/or concurrent review and authorization for all Crisis Residential Treatment Services (CRTS) and Adult Residential Treatment Services (ARTS). MHPs may not require prior authorization.

**Corrective Action Description**

MHP is requesting technical assistance to identify how it can come into compliance with this requirement.

**Proposed Evidence/Documentation of Correction**

To be determined following TA

**Ongoing Monitoring (if included)**

To be determined following TA

**Person Responsible:** Gabriela Marquez

**Implementation Timeline:** To be determined following TA

**13) Requirement 5.2.14**

MHPs must review and make a decision regarding a provider’s request for prior authorization as expeditiously as the beneficiary’s mental health condition requires, and not to exceed five (5) business days from the MHP’s receipt of the information reasonably necessary and requested by the MHP to make the determination. (BHIN 22-016.)

**DHCS Finding 5.2.14**

The MHP did not furnish evidence to demonstrate compliance with BHIN 22-016. The MHPs must review and make a decision regarding a provider’s request for prior authorization as expeditiously as the beneficiary’s mental health condition requires, and not to exceed five (5) business days from the MHP’s receipt of the information reasonably necessary and requested by the MHP to make the determination.

**Corrective Action Description**

MHP has identified a back-up point of contact for SAR authorizations to prevent exceeding the 5 business day requirement.

**Proposed Evidence/Documentation of Correction**

- Service Authorization Request: Practice Guidelines
- Update Tracking Mechanism to include date received, date authorized, and staff initials

**Ongoing Monitoring (if included)**

- Self-audit of Tracking Mechanism
- Monthly results to be reported out at monthly Staff Meeting

**Person Responsible:** Gabriela Marquez

**Implementation Timeline:**

- SAR: Practice Guidelines to be updated by 01/21/2024
- Tracking Mechanism to be updated by 01/21/2024
- Implementation to be completed by 01/21/2024

**14) Requirement 5.2.16**

The MHP referral or prior authorization shall specify the amount, scope, and duration of treatment that the MHP has authorized. (BHIN 22-016.)

**DHCS Finding 5.2.16**

The MHP did not furnish evidence to demonstrate compliance with BHIN 22-016. The MHP referral or prior authorization shall specify the amount, scope, and duration of treatment that the MHP has authorized.

**Corrective Action Description**

MHP to provide updated referral for CRU with scope and duration.

**Proposed Evidence/Documentation of Correction**

- CRU Referral
- CRU Referral Log

**Ongoing Monitoring (if included)**

UM monthly review of referrals received to ensure use of appropriate referral

**Person Responsible:** Gabriela Marquez

**Implementation Timeline:**

- Updated CRU Referral by 01/01/2024
- CRU Referral Log to be implemented 01/21/2024

**15) Requirement 5.2.18**

In cases where the review is retrospective, the MHP’s authorization decision shall be communicated to the individual who received services, or to the individual's designee, within 30 days of the receipt of information that is reasonably necessary to make this determination and shall be communicated to the provider in a manner that is consistent with state requirements. (BHIN 22-016.)

**DHCS Finding 5.2.18**

The MHP did not furnish evidence to demonstrate compliance with BHIN 22-016. In cases where the review is retrospective, the MHP’s authorization decision shall be communicated to the individual who received services, or to the individual's designee, within 30 days of the receipt of information that is reasonably necessary to make this determination and shall be communicated to the provider in a manner that is consistent with state requirements.

**Corrective Action Description**

MHP has identified a back-up point of contact for SAR authorizations to prevent exceeding the 5 business day requirement.

**Proposed Evidence/Documentation of Correction**

- Service Authorization Request: Practice Guidelines
- Update Tracking Mechanism to include date received, date authorized, and staff initials

**Ongoing Monitoring (if included)**

- Self-audit of Tracking Mechanism
- Monthly results to be reported out at monthly Staff Meeting

**Person Responsible:** Gabriela Marquez

**Implementation Timeline:**

- SAR: Practice Guidelines to be updated by 01/21/2024
- Tracking Mechanism to updated by 01/21/2024
- Implementation to be completed by 01/21/2024