

Yolo County
Fiscal Year (FY) 20/21 Specialty Mental Health Triennial Review
Corrective Action Plan (CAP)

System Review

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

DHCS FINDING 1.1.3

- The Mental Health Plan (MHP) did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i). The MHP must meet, and require its providers to meet, Department standards for timely access to care and services, taking into account the urgency of need for services. Triennial review will focus on timeliness of all urgent appointments and physician appointments.
 - 1) Urgent care appointments for services that do not require prior authorization: within 48 hours of the request for appointment
 - 2) Urgent care appointments for services that require prior authorization: within 96 hours of the request for appointment
- While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP met the timeliness standards for all urgent and physician appointments. Five (5) of the 50 urgent appointments did not meet the timeliness requirements for urgent appointments. Two (2) of the 50 psychiatric appointments exceeded the timeline. DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i).

Finding 1.1.3 Yolo MHP Corrective Action

- **Description**
 - 1) The MHP's Medical Director and/or Interim Director manages psychiatry appointment capacity by utilizing a monthly capacity report and augments the MHP's capacity by utilizing Locum Tenens Staff.
 - 2) The MHP has faced multiple staffing challenges and has active recruitments for two part time Doctors and a Medical Director who will have clinical time. Even through these staffing challenges, the MHP has a fully staffed Crisis Clinic and are able to respond within the required timeframes. To assist with staffing challenges, the MHP will be expanding the use of Locums.

- 3) The MHP has also developed the Co-Responder Program in partnership with the local Police Departments, Probation and Sheriff Offices to assist with crisis response. A Crisis Response Clinician co-responds with law enforcement officers for all behavioral health calls to assist with de-escalation, avoiding unfortunate outcomes, providing effective service and resource linkage.
 - 4) The MHP has found that current data may not accurately reflect the state of affairs as a client may not have requested nor expressed a desire for psychiatric services or if the client was unreachable. The MHP is in process of revamping our tracking of psychiatric service request dates to align with the MHP's approach to behavioral health healthcare which is client driven services. This approach speaks to the fact that not all clients are interested in psychiatric medication interventions.
- **Proposed Evidence/Documentation of Correction**
 - 1) Sample of Appointment Capacity Report
 - 2) Revamped Psychiatric Service Requests Data
 - **Ongoing Monitoring**
 - 1) The MHP monitors and augments the psychiatric appointment capacity bi-weekly.
 - 2) The MHP will monitor revamped data tracking to ensure timeframes are being met.
 - **Person Responsible:** Mila Green, PhD, Deputy Mental Health Director, Deputy Adult and Aging Branch Director, Quality Management Manager
 - **Implementation Timeline**
 - 1) The MHP has implemented these interventions.

DHCS FINDING 1.2.6

- The MHP did not furnish evidence to demonstrate compliance with the 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 have an established ICC Coordinator, as appropriate, who serves as the single point of accountability.
- While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has an established ICC coordinator who serves as the single point of accountability. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that they do not have an ICC coordinator as a specific position but that each CFT team has an assigned facilitator. Furthermore, the MHP provided a post review evidence document that states that staff are assigned on a case-by-case basis to provide facilitation for CFTs. This document shows that some of the ICC responsibilities are assigned to those staff but the MHP does not designate one person who performs all of the ICC coordinator

duties, nor does it designate a job title or class specification. DHCS deems the MHP out of compliance with the 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.

Finding 1.2.6 Yolo MHP Corrective Action

- **Description**
 - 5) The MHP will develop a mechanism within the MHP's electronic health record (EHR), Avatar, to ensure a single point of accountability for ICC, IHBS, and TFC are identified. This will be accomplished by developing a form within the EHR that identifies the staff person responsible, including the job title and class specification for that individual; this form will be updated if the ICC Coordinator changes.
 - 6) The MHP will work with contracted providers to ensure that job descriptions for any individual that is identified as the ICC Coordinator reflects this as a component of the responsibilities for that role.
 - 7) The MHP intends to ensure that families remain informed about the identity of the ICC Coordinator by developing a noticing process that provides documentation to the family.
- **Proposed Evidence/Documentation of Correction**
 - 1) EHR form development plan and implementation timeline
 - 2) Sample of ICC Coordinator role and responsibilities
 - 3) Sample of ICC Notification
- **Ongoing Monitoring**
 - 1) The MHP will conduct routine monitoring of the developed form in the EHR to ensure ongoing compliance.
 - 2) The MHP will develop a ICC Coordinator listing that will be routinely reviewed and updated.
- **Person Responsible:** Tony Kildare, LCSW, Child, Youth, and Family Branch Clinical Manager
- **Implementation Timeline**
 - 1) The MHP has begun collaborating with internal Software Specialist in the development of the Form in the EHR System.

DHCS FINDING 1.2.7

- **Repeat Deficiency.** The MHP did not furnish evidence to demonstrate compliance with the 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 medical necessity criteria for TFC.

- This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that TFC services are not being provided at this time, but the MHP has made efforts towards seeking a provider. However, the MHP's post evidence submission shows that no attempts were made to contract with a provider, only informal conversations with one (1) provider. DHCS deems the MHP out of compliance with the Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care Services (TFC) for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

Finding 1.2.7 Yolo MHP Corrective Action

- **Description**
 - 1) The MHP intends to develop a request for proposal (RFP) to solicit a vendor to provide Therapeutic Foster Care (TFC) in Fiscal Year 22/23.
 - 2) The MHP plans to confer with other counties that have successfully implemented TFC to develop an accurate projection of anticipated costs and will request funding to support TFC, to be included in the FY 22/23 budget.
- **Proposed Evidence/Documentation of Correction**
 - 1) Request for Proposal
- **Ongoing Monitoring**
 - 1) The MHP will add TFC as a standing agenda item for Leadership Meetings to ensure ongoing development.
- **Person Responsible:** Tony Kildare, LCSW, Child, Youth, and Family Branch Clinical Manager
- **Implementation Timeline**
 - 1) The MHP will begin conferring with counties immediately to collect anticipated costs.
 - 2) The MHP intends to develop the RFP in FY 21/22 and post it in FY 22/23.

DHCS FINDING 1.2.8

- **Repeat Deficiency.** The MHP did not furnish evidence to demonstrate compliance with the 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 medical necessity criteria need TFC.
- This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that it does not have a mechanism

in place to determine if children and youth meet TFC criteria. DHCS deems the MHP out of compliance with the Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

Finding 1.2.8 Yolo MHP Corrective Action

- **Description**
 - 1) As stated in 1.2.7, the MHP intends to develop an RFP to locate a vendor to provide TFC services in FY 22/23. MHP will ensure that all youth are screened for TFC criteria upon establishing a contracted with an appropriate provider.
- **Proposed Evidence/Documentation of Correction**
 - 1) Completed Request for Proposal
- **Ongoing Monitoring**
 - 1) The MHP will add TFC as a standing agenda item for Leadership Meetings to ensure ongoing development.
- **Person Responsible:** Mila Green, PhD, Deputy Mental Health Director, Deputy Adult and Aging Branch Director, Quality Management Manager
- **Implementation Timeline**
 - 1) The MHP will begin conferring with counties immediately to collect anticipated costs.
 - 2) The MHP intends to develop the RFP in FY 21/22 and post it in FY 22/23.

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

DHCS FINDING 3.3.3

- The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5. The MHP must ensure the MHP Quality Assessment and Performance Improvement 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 Quality Improvement program.
- While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP's QAPI program includes active participation from beneficiaries and family members in the planning, design, and execution of the Quality Improvement program. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated neither family members nor beneficiaries are currently involved in the QAPI program. DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5.

Finding 3.3.3 Yolo MHP Corrective Action

- **Description**
 - 1) The MHP intends to relaunch the Quality Improvement Committee (QIC) for calendar year 2022
- **Proposed Evidence/Documentation of Correction**
 - 1) QIC Relaunch Announcement
 - 2) QIC Meeting Agenda
- **Ongoing Monitoring**
 - 1) The MHP will continue to include all partners, stakeholders and beneficiaries in quality improvement efforts as applicable.
- **Person Responsible:** Mila Green, PhD, Deputy Mental Health Director, Deputy Adult and Aging Branch Director, Quality Management Manager
- **Implementation Timeline**
 - 1) January 2022 the MHP will notify Vendors and Stakeholders of intent to relaunch.
 - 2) The MHP anticipates the relaunch meeting to take place within calendar year 2022.

ACCESS AND INFORMATION REQUIREMENTS

DHCS FINDING 4.3.1

- The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 410(c)(4). The MHP must provide training for staff responsible for the statewide toll-free 24-hour telephone line to ensure linguistic capabilities.
- While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provided training for staff responsible for the statewide toll free 24 hour telephone line. This requirement was not included in any evidence provided by the MHP. Per the review discussion, the MHP stated training is provided to staff and contracted providers, but the MHP does not require that evidence be submitted to the MHP as proof that the training occurred and does not track the training. DHCS deems the MHP out of compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 410(c)(4).

Finding 4.3.1 Yolo MHP Corrective Action

- **Description**
 - 1) Per the MHP's executed contract with the Access/Crisis Line Contractor it is required that they provide cultural competency training on an annual basis to staff providing mental health services. This training shall address the ethnic, cultural, and language needs of clients. Training can

be provided by the MHP on a space available basis or obtained by Contractor from an independent source(s). Contractor shall provide the MHP with documentation of the cultural competency trainings by submitting required reports.

- **Proposed Evidence/Documentation of Correction**
 - 1) Contractor's training records
- **Ongoing Monitoring**
 - 1) The MHP will monitor and validate compliance with this requirement through the regularly scheduled Vendor/Contractor meetings.
- **Person Responsible:** Mila Green, PhD, Deputy Mental Health Director, Deputy Adult and Aging Branch Director, Quality Management Manager
- **Implementation Timeline**
 - 1) The MHP began holding regularly scheduled Contractor/Vendor meetings at the start of the FY 21/22.

DHCS FINDING 4.3.2

- DHCS' review team made seven (7) calls to test the MHP's statewide 24/7 toll-free number. The seven (7) test calls must demonstrate compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1). The toll-free telephone number provides information to beneficiaries to the below listed requirements:
 1. The MHP provides a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county.
 2. The toll-free telephone number provides information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met.
 3. The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.
 4. The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.
- Based on the test calls, DHCS deems the MHP in *partial compliance* with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1).
 1. Test Call 1, *In Compliance*: The caller was provided with information regarding how to obtain SMHS for a child having behavioral issues.
 2. Test Call 2, *Partial Compliance*: The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, but was not provided information about services needed to treat a beneficiary's urgent condition.
 3. Test Call 3, *Partial Compliance*: The caller was provided with information about how to access SMHS, including SMHS required to assess whether

- medical necessity criteria are met, but was not provided information about services needed to treat a beneficiary's urgent condition.
4. Test Call 4, *In Compliance*: The caller was provided with information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and was provided information about services needed to treat a beneficiary's urgent condition.
 5. Test Call 5, *In Compliance*: The caller was provided information on how to access SMHS including SMHS required to assess whether medical necessity criteria are met. The caller was provided information on how to treat an urgent condition.
 6. Test Call 6, *Out of Compliance*: The caller was not provided information about how to use the beneficiary problem resolution and fair hearing processes.
 7. Test Call 7, *In Compliance*: The caller was provided information about how to use the beneficiary problem resolution and fair hearing processes.

Finding 4.3.2 Yolo MHP Corrective Action

- **Description**
 - 1) The MHP has implemented a process improvement to increase the number of monthly test calls, frequency of checking the log, consistent and regular feedback loop.
 - 2) The MHP has created multiple scenarios/scripts and identified staff who are to routinely complete test calls.
- **Proposed Evidence/Documentation of Correction**
 - 1) Test Call Log
 - 2) Sample of scenarios/scripts created by the MHP
- **Ongoing Monitoring**
 - 1) The MHP will routinely monitor the test call log to ensure compliance.
- **Person Responsible:** Mila Green, PhD, Deputy Mental Health Director, Deputy Adult and Aging Branch Director, Quality Management Manager
- **Implementation Timeline**
 - 1) The MHP will implement these interventions within FY 22/23.

DHCS FINDING 4.3.4

- **Repeat Deficiency.** The MHP did not furnish evidence to demonstrate compliance with California Code for Regulations, title 9, chapter 11, 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.
- While the MHP submitted evidence to demonstrate compliance with this requirement, five (5) out of the five (5) required DHCS test calls were not logged on the MHP's written log of initial requests. Per the discussion during the review,

the MHP stated there have been issues with logging of calls such as a delay of up to two weeks. Note: Only calls requesting information about SMHS, including services needed to treat a beneficiary's urgent condition, are required to be logged. DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 405(f).

Finding 4.3.4 Yolo MHP Corrective Action

- **Description**
 - 1) The MHP is aware that this is a recurring problem with our current vendor and have engaged in multiple performance improvement projects over the life of the contract. Based upon this finding and additional quality concerns, the MHP is in process of securing a new Access and Crisis Line vendor in collaboration with CalMHSA.
- **Proposed Evidence/Documentation of Correction**
 - 1) Highlighted focus of the new vendor contract.
- **Ongoing Monitoring**
 - 1) The MHP will review Test Call Data quarterly and address any deficiencies appropriately.
- **Person Responsible:** Mila Green, PhD, Deputy Mental Health Director, Deputy Adult and Aging Branch Director, Quality Management Manager
- **Implementation Timeline**
 - 1) The MHP in collaboration with CalMHSA has completed the RFP process and is now in the interview phase with the potential new vendor(s).
 - 2) The intended start date of the new Access and Crisis Line vendor is early FY 22/23.

COVERAGE AND AUTHORIZATION OF SERVICES

DHCS FINDING 5.2.8

- The MHP did not furnish evidence to demonstrate compliance with MHSUDS IN 19-026. The MHP 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. DHCS reviewed samples of authorizations to verify compliance with regulatory requirements. The service authorization sample verification findings are detailed below:
 - 1) Four (4) Service Authorizations were In Compliance, 21 were Out of Compliance (16% In Compliance)

- While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP reviews and makes 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. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that the authorization requests were received via email. DHCS provided the MHP with five (5) additional business days to locate and-submit the emails as evidence for verification. However, the post review evidence submitted by the MHP stated that majority of the submissions were sent via Barracuda encryption, which are automatically deleted after a period of time. Without evidence, DHCS was unable to validate the MHP met authorization timeliness standards and requirements during the triennial review period. DHCS deems the MHP out of compliance with MHSUDS 19-026.

Finding 5.2.8 Yolo MHP Corrective Action

- **Description**
 - 1) The MHP's implementation of MHSUDS IN 19-026 involved development of a tool to ensure that criteria for services that required prior authorization were being considered prior to approval. Although there was an unanticipated delay with implementation of the tool, service authorization requests were being reviewed and approved by the requirements of MHSUDS IN 19-026 but, the documentation of the approvals was pending implementation of the authorization tool. This delay was exacerbated by a shift in management that coincided with the onset of the COVID-19 pandemic. This documentation delay was addressed by the clinical manager who formally approved all outstanding authorizations at a single point in time; it should be noted that some of these authorization requests predated the start date of the clinical manager and that the date of approval was ***not*** backdated to the actual date of approval. Frankly, this is not an area in which the MHP is truly deficient and is an anomaly related to a specific timeframe at the onset of implementation of MHSUDS IN 19-026. This finding has since been rectified and should not be an issue in the future. The MHP ensures that determinations for requests for service authorization for any services identified in MHSUDS IN 19-026 are made within the required timeframes and that the documentation of support are present for each case in the MHP's EHR.
- **Proposed Evidence/Documentation of Correction**
 - 1) Sample IHBS Form
 - 2) Sample THB Referral Form
- **Ongoing Monitoring**
 - 1) The MHP will conduct routine monitoring of the EHR to ensure compliance with the requirements identified in MHSUDS IN 19-026.
- **Person Responsible:** Tony Kildare, LCSW, Child, Youth, and Family Branch Clinical Manager

- **Implementation Timeline**
 - 1) The MHP implemented MHSUDS IN 19-26 requirements on October 4, 2020.

BENEFICIARY RIGHTS AND PROTECTIONS

DHCS FINDING 6.1.5

- The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 12, Federal Code of Regulations, title 42, section 438, subdivision 406(b)(1), and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-010E. The MHP must acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing meeting the below listed requirements:
 1. The MHP shall acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing.
 2. The acknowledgment letter shall include the following:
 - a. Date of receipt
 - b. Name of representative to contact
 - c. Telephone number of contact representative
 - d. Address of Contractor
 3. The written acknowledgement to the beneficiary must be postmarked within five (5) calendar days of receipt of the grievance.
- While the MHP submitted evidence to demonstrate compliance with this requirement, two (2) of 33 acknowledgment letters were not sent within five (5) calendar days of receipt of the grievance. In addition, DHCS reviewed grievance, appeals, and expedited appeals samples to verify compliance with this requirement. The sample verification findings are as detailed below:
 1. Grievance Acknowledgement ***94% In Compliance***
 2. Expedited Appeal Acknowledgement ***100% In Compliance***
- DHCS deems the MHP in partial compliance with the MHP contract, exhibit A, attachment 12, Federal Code of Regulations, title 42, section 438, subdivision 406(b)(1), and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-010E.

Finding 6.1.5 Yolo MHP Corrective Action

- **Description**
 - 1) The MHP has hired additional QM staff to assist with processing grievances.
 - 2) The Grievance Log has been updated with a “Date Acknowledgement Due” column with a formula that calculates the

five-calendar day due date. As well as an “Acknowledgement Sent Within Timelines” column that indicates “true” or “false” automatically based upon the date of receipt and date of acknowledgement sent.

- **Proposed Evidence/Documentation of Correction**
 - 1) Updated Grievance Log
- **Ongoing Monitoring**
 - 1) The MHP will regularly monitor the log to ensure compliance.
- **Person Responsible:** Mila Green, PhD, Deputy Mental Health Director, Deputy Adult and Aging Branch Director, Quality Management Manager
- **Implementation Timeline**
 - 1) The MHP has implemented the updated Grievance Log and are 100% in compliance with this requirement.