

**COUNTY OF SAN DIEGO MHP PLAN OF CORRECTION (POC)**

August 10, 2018

**To:** Program Oversight and Compliance  
Branch Mental Health Services Division  
California Department of Health Care Services

**RE: County of San Diego MHP Plan of Correction**

San Diego County Behavioral Health Services (BHS) will monitor, provide oversight and technical assistance for all of its providers of Specialty Mental Health Services under the County's MHP to ensure compliance with County, State, and Federal standards. Specific to the above referenced review, the following POC has been implemented to address the findings outlined below.

**MHP COMPLIANCE REVIEW OUT OF COMPLIANCE ITEMS AND PLAN OF CORRECTION**

<b>1. Section C, Question 1a. approved or denied by licensed mental waivered/registered professionals.</b>	<b>TARs health or</b>
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**FINDING:**

The MHP did not furnish evidence it complies with regulatory requirements regarding Treatment Authorization Requests (TARs) for hospital services. DHCS reviewed the MHP's OPTUM Health San Diego (OPTUM) Policies and Procedures 301-02-07, Utilization Management for Inpatient Review and Authorization. The Policies and Procedures were determined to document evidence of compliance with regulatory and/or contractual requirements. However, DHCS inspected a sample of 100 TARs to verify compliance with regulatory requirements and found these items in partial compliance.

**MHP PLAN OF CORRECTION:**

As Optum is the Administrative Services Organization (ASO) for the MHP, the MHP will monitor Optum and their updated policies and processes with regards to the TARS. The updated policy is as follows: The Optum Utilization Management Manager will maintain the Licensed Clinician Signature Log. All clinicians making authorization decisions will sign the Licensed Clinician Signature Log during new hire process and any time there is a change to their personal information. All clinicians will re-sign the Licensed Clinician Signature Log annually to ensure updated signatures. The log will also include a section that confirms the licensure has been verified.

Additionally, the MHP, as part of the annual ASO Contract review, will monitor TAR policies and practices to ensure that all TARs are signed by license/register/waiver mental health clinicians and the

Clinician Signature Log is updated when there are personnel changes and also annually. If Optum is found out of compliance, the MHP will issue a Corrective Action Plan for the deficiency. The contract review tool has been updated and attached as Appendix C 1a.

**EVIDENTIARY APPENDIX:**

Appendix C 1  
Appendix  
C1a

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**2. Section C Question 1b. TARs approved or denied within 14 calendar days.**

**FINDING:**

The MHP did not furnish evidence it complies with regulatory requirements regarding Treatment Authorization Requests (TARs) for hospital services. DHCS reviewed the MHP's OPTUM Health San Diego (OPTUM) Policies and Procedures 301-02-07, Utilization Management for Inpatient Review and Authorization. The Policies and Procedures were determined to document evidence of compliance with regulatory and/or contractual requirements. However, DHCS inspected a sample of 100 TARs to verify compliance with regulatory requirements and found these items in partial compliance.

**MHP PLAN OF CORRECTION:**

As Optum is the ASO for the MHP, the MHP will monitor Optum and their updated policies and processes with regards to the TARS. The updated policy is as follows: Optum Utilization Management Department created a TAR Check List for Utilization Management personnel to utilize when logging in and out TARs. The check list has each part of the process listed to ensure that no steps are missed when processing the TAR. Each Utilization Management employee that process TARs will utilize this check list to ensure no steps are missed. The Optum Utilization Management Department logs all incoming TARs in a database. To track the turnaround times, a weekly report is produced to identify any TARs that are near the due date. This report is reviewed each week to ensure all TARs are approved or denied within 14 calendar days.

Additionally, the MHP, as part of the annual ASO Contract review, will monitor TAR policies and practices to ensure that all TARs are processed within the required timeline. If Optum is found out of compliance, the MHP will issue a Corrective Action Plan for the deficiency. The contract review tool currently monitors for this item.

**EVIDENTIARY APPENDIX:**

Appendix C 2

**3. Section C, Question 2b. Are payment authorization requests being approved or denied by licensed mental health professionals or waived/registered professionals of the beneficiary's MHP?**

**FINDING:**

horization requests (SARs) for non-hospital SMHS services. DHCS reviewed the OPTUM Policies and Procedures for Standard Authorization Request, Outpatient Review and Authorization. In addition, DHCS inspected a sample of 51 SARs to verify compliance with regulatory requirements, finding both items to be in partial compliance.

**MHP PLAN OF CORRECTION:**

As Optum is the ASO for the MHP, the MHP will monitor Optum and their updated policies and processes. The Optum Utilization Management Manager will maintain the Licensed Clinician Signature Log. All clinicians making authorization decisions will sign the Licensed Clinician Signature Log during new hire process and any time there is a change to their personal information. All clinicians will re-sign the Licensed Clinician Signature Log annually to ensure updated signatures. The log will also include a section that confirms the licensure has been verified.

Additionally, the MHP, as part of the annual ASO Contract review, will monitor SAR policies and practices to ensure that all SARs are signed by licensed, registered, waived mental health professionals within the required timelines. If Optum is found out of compliance, the MHP will issue a Corrective Action Plan for the deficiency. See Appendix C 1a for monitoring tool.

**EVIDENTIARY APPENDIX:**

Appendix C 1

Appendix C

1a

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4. **Section C, Question 2c. For standard authorization decisions, does the MHP make an authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and within 14 calendar days following receipt of the request for service with a possible extension of up to 14 additional days?**

**FINDING:**

The MHP did not furnish evidence it complies with regulatory requirements regarding standard authorization requests (SARs) for non-hospital SMHS services. DHCS reviewed the OPTUM Policies and Procedures for Standard Authorization Request, Outpatient Review and Authorization. In addition, DHCS inspected a sample of 51 SARs to verify compliance with regulatory requirements, finding both items to be in partial compliance.

**MHP PLAN OF CORRECTION:**

As Optum is the ASO for the MHP, the MHP will monitor Optum and their updated policies and processes. Optum Utilization Management Department logs all incoming requests in a database. To track the turnaround times, a report weekly is produced to identify any work products that are near the due date. This report is reviewed each week to ensure all authorization decisions are made within 14 calendar days.

Additionally, the MHP, as part of the annual ASO Contract review, will monitor SAR policies and practices to ensure that all SARs are authorized in a timely manner that comply with regulatory requirements. If Optum is found out of compliance, the MHP will issue a Corrective Action Plan for the deficiency. See Appendix C 1a for monitoring tool.

**EVIDENTIARY APPENDIX:**

Appendix C 4  
Appendix C  
1a

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**5. Section G, Question 2a. Does the MHP have an ongoing monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified as per title 9 regulations?**

**FINDING:**

The MHP did not furnish evidence 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 per title 9 regulations. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: The Organizational Provider Operations Handbook (OPOH) for Quality Management Program, Medi-Cal Certification and Recertification. Protocol question G2b was found in partial compliance.

In addition, DHCS reviewed its Online Provider System (OPS) and generated an Overdue Provider Report, which indicated the MHP has providers overdue for certification and/or recertification.

**MHP PLAN OF CORRECTION:**

In Appendix G 1, the MHP has provided the updated provider contact list, including the host counties direct contact responsible for the recertifications. In Appendix G 2, the MHP has provided this fiscal year's recertification tracking grid, which includes all current communication and follow up. The MHP has made process changes to the monitoring of certifications and recertifications. The MHP continues to have all administrative tracking duties under one staff. The MHP has a data base and produces a report that tracks all certifications and recertification for each fiscal year. All new certifications are entered into the database. All recertifications for the fiscal year are scheduled and assigned at the start of each fiscal year. The MHP recognizes that with out of county programs it is dependent on the host county to complete the recertifications. In order to avoid a late recertification in the future, the MHP has received a list of those responsible for recertifications at other counties and going forward the MHP will contact both the host county and the provider for the required documents to be submitted in a timely manner.

**EVIDENTIARY APPENDIX:**

Appendix G 1

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**6. Section G, Question 2b. Is there evidence the MHP's monitoring system is effective?**

**FINDING:**

The MHP did not furnish evidence it has an ongoing and effective monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and for Quality Management Program, Medi-Cal Certification and Recertification. Protocol question G2b was found in partial compliance.

In addition, DHCS reviewed its Online Provider System (OPS) and generated an Overdue Provider Report, which indicated the MHP has providers overdue for certification and/or recertification.

**MHP PLAN OF CORRECTION:**

In Appendix G 2, the MHP has provided this fiscal year's recertification tracking grid, which includes all current communication and follow up. The MHP has made process changes to the monitoring of certifications and recertifications. The MHP continues to have all administrative tracking duties under one staff. The MHP has a data base and produces a report that tracks all certifications and recertification for each fiscal year. All new certifications are entered into the database. All recertifications for the fiscal year are scheduled and assigned at the start of each fiscal year. The MHP recognizes that with out of county programs we are dependent on the host to complete the recertifications. In order to avoid a late recertification in the future, the MHP has received a list of those responsible for recertifications at other counties and going forward the MHP will contact both the host county and the provider for the required documents to be submitted in a timely manner.

**EVIDENTIARY APPENDIX:**

Appendix G 2

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**7. Section H, Question 1a. Does the MHP have a mandatory compliance plan that is designed to guard against fraud and abuse as required in CFR, title 42, subpart E, section 438.608?**

**FINDING:**

The MHP did not furnish evidence it has a mandatory compliance plan designed to guard against fraud, waste and abuse and written policies, procedures, and standards of conduct that articulate the organization's commitment to comply with all applicable Federal and State standards. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: OPOH Policies and Procedures for Compliance and Confidentiality. The MHP's Compliance Plan did not include the following items: (1) Effective lines of communication between the compliance officer and the organization's employees (v). (2) Enforcement of standards through well-publicized disciplinary guidelines (vi). These standards are required by Title 42 CFR 438.608 Program Integrity requirements under the contract. It was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements.

**MHP PLAN OF CORRECTION:**

The MHP updated the Compliance Plan to include more specific language regarding communication between the HHS Compliance office and employees, see Appendix H 1. HHS Compliance policies and procedures are made available to employees through various methods including both internal and external website postings. Policies and procedures are communicated to employees through the County of San Diego Learning Management System (LMS), live trainings, and through periodic Bulletins which are distributed via email to all employees, as well as posted on the Compliance website. Additional program specific policies and procedures are developed with input from the Compliance Officer and

communicated specifically to HHSAs employees within individual programs. These policies and procedures are made available on HHSAs program internal websites, as well as communicated through LMS, live training and departmental meetings. Methods for communicating suspected or actual violations of any statute, regulation or guideline applicable to federal or State healthcare programs, any law or regulation, the County Code of Ethics, HHSAs Code of Conduct, or program policies and procedures, are communicated to employees and members of the public on both internal and external Compliance websites, within all trainings provided both live and through LMS, as well as via Hotline posters which are posted in all staff work areas. Issues reported are investigated thoroughly and vetted through the HHSAs Human Resources Department for appropriate action. Human Resources disciplinary guidelines are communicated to all employees at time of hire, and reinforced through the annual Code of Conduct certification. See Appendix H 2.

### **EVIDENTIARY APPENDIX:**

Appendix H 1

Appendix H 2

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### **8. Section H, Question 4c. Does the MHP require providers, or any person with a 5 percent or more direct or indirect ownership interest in the provider to submit a set of fingerprints per 42 CFT 455.434(b)(1)?**

#### **FINDING:**

The MHP did not furnish evidence it requires its providers to consent to criminal background checks as a condition of enrollment and requires providers, or any person with a 5 percent or more direct or indirect ownership interest in the provider to submit a set of fingerprints. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Health and Human Services Agency (HHSAs) Compliance Program Oversight Committee Policies and Procedures. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, there was no evidence provided that the MHP requires that providers are any person with a 5% or more direct or indirect ownership interest in the provider submit fingerprints per 42CFR 455.434(b)(1).

#### **MHP PLAN OF CORRECTION:**

The Organizational Providers Operation Handbook (OPOH), Provider Contracting section, has been updated to reflect the fingerprinting and background check requirement. See Appendix H 4. Furthermore, the MHP has developed a contract exhibit outlining this requirement (See Appendix H 5), as well as other Medicaid Final Rule requirements. The exhibit is planned to be completed by November 15, 2018. The MHP will monitor Contractor policies and practices through the Site Review Tool to ensure this requirement is followed (See Appendix H 6). This tool is currently in the process of being updated and completion of review will be completed by



November 15, 2018. Lastly, the MHP is currently developing a centralized process to meet the necessary requirements for those responsibilities related to the screening and enrollment of all network providers, which will also include 42CFR 455.434 requirements. The MHP will contract with its ASO to perform these duties and is currently in discussions to build the process and policies that will accompany it. The timeline for implementation is July 1, 2019.

**EVIDENTIARY APPENDIX:**

Appendix H 4

Appendix H 5

Appendix H 6

