

Medi-Cal Behavioral Health Corrective Action Plan (CAP)

INYO

Compliance Review Date: 9/24/2024

Corrective Action Plan Fiscal Year: 2024-25

SMHS

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
1.2.1 Assessment of the need of ICC and IHBS	County will review and update policies and procedures. Retrain staff on new policy and procedures. The training will be tracked and the use of the policy will be monitored by meeting minutes, EHR notes and review of reports that will be tracked quarterly.	August 15, 2025	Updated Policy and Procedure. Training records. Quarterly Monitoring Report.	
2.1 Coordination of MCP Referrals	County is revising referral procedures to track MCP referrals. The training in the new procedure will be tracked and for the first 6 months, this will be monitored monthly and	August 1, 2025	Referral SOP, Training Record and quarterly monitoring report.	



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	based on usage reports will be monitored quarterly.			
4.1 Format requirements for Braille	County will develop an SOP to ensure alternative formats, including braille are available upon request. This will be done by using a third-party vendor, such as Hola Doctor and Language Line to produce documents to meet this requirement. The materials will be monitored by Front Office staff for updates and availability.	Action will be implemented by August 15, 2025.	Written process of requesting documents in braille. Evidence of successful process is braille documents.	
4.4.1 Telehealth Member Consent	County is working with EHR to updated the process and form. It will be monitored on a monthly for the first 6 months and then monitored on a quarterly basis to ensure compliance, if compliant will be monitored on an annual basis.	Implementation August 1, 2025	Update SOP and form. Monitoring report.	

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5.1.1 Authorization of Crisis Residential Treatment Services (CRTS and Adult Residential Treatment Services (ARTS)	County will develop and implement policy and procedures related to CRT and ARTs. It will be monitored when there is a qualifying case to use the policy. Staff will be trained in the process.	9/1/2025	Completed Policy and Procedure, Training documents.	
5.2.1 Concurrent Review	County will develop and implement policy and procedure on requirement for concurrent review. Staff will be trained. Process will be monitored on a quarterly basis through EHR reports.	9/1/2025	Completed Policy and Procedure, Training documents. Quarterly Monitoring Reports.	

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Date: 5/29/2025

Title: PIQA Sr. Manager

