

Medi-Cal Behavioral Health Corrective Action Plan (CAP)

MADERA

Compliance Review Date: 3/3/2025

Corrective Action Plan Fiscal Year: July1, 2023-June 30, 2024

SMHS

Deficiency Number and Finding	Corrective Action Description and Mechanism for Monitoring	Corrective Action Implementation Date	Evidence of Correction	DHCS Response
<p>Category 2- Care Coordination and Continuity of Care2.1 COORDINATION OF CARE REQUIREMENTS 2.1.1 Coordination of Services with Managed Care Organizations</p> <p>Finding: The Plan did not coordinate with MCPs to facilitate care transitions and guide referrals for all members</p>	<p>The MHP has implemented policy and procedure MHP 69.00 to coordinate with MCPs to facilitate transitions and guide referrals for all members referred to the managed care delivery system. The MHP will continue to oversee and monitor the coordination of services with managed care organizations.</p>	<p align="center">04/01/2025</p>	<p>Madera - Evidence 2.1.1 050225 MHP 69.00 Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services</p>	



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<p>transitioning to the managed care delivery system. In a verification study, 14 member records revealed the following:</p> <ul style="list-style-type: none"> • 12 of 14 records did not contain evidence that the new provider accepted the care of the members. For five records, there is no documentation that the MCP contacted members or scheduled an appointment; and for seven, there was no evidence that the MCP communicated with the Plan, or that Plan attempted to follow-up after referral. • In addition, for six of the 12 samples, 				



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<p>the Plan provided evidence of referral to the MCP, including the screening tool; however, the records did not include evidence of any follow-up attempts made by the Plan or communication from the MCP.</p> <ul style="list-style-type: none"> • Also, for two of the 12 samples, the Plan's documents showed large gaps in coordination since the MCP contacted the Plan 30 and 77 calendar days after referral. For both samples the Plan did not provide evidence of any follow-up attempt. During interviews and in a written 				

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<p>narrative, the Plan stated that its process, when referring members to MCPs, included the following:</p> <ol style="list-style-type: none"> 1. The Plan completes the Medi-Cal Screening Tool and referral documents and sends them to the MCP, which is expected to provide a status update on the transition of care. 2. If MCP does not provide a response within this timeframe, the Plan will proactively reach out. 3. Once the MCP confirms that the client has transitioned to its care and has a 				



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<p>scheduled appointment, the Plan will finalize the process in its Access to Service documentation and update its referral tracking system. However, the verification study results did not support the Plan's described process. The Plan stated that its team conducted daily tracking and monitoring of its access to service tracking system, which contained data pulled from electronic health records (EHR), to ensure that their clients are aligned with the appropriate services and that all necessary follow-</p>				

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<p>ups are completed. However, review of the Plan's reports and monitoring data revealed significant variances and missing relevant information such as transition of care, bidirectional contact between the organizations, date of screening, assessment date, and timeliness on both reports. An example of a lack of coordination is noted in one sample with an Access to Services form showing case closure on July 25, 2023; however, the same case was referred to the MCP on August 10, 2023. This did not</p>				

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<p>demonstrate the Plan followed its procedures to close a referral only after the referral loop was completed. If the Plan does not ensure care coordination with MCPs, this can affect the facilitation of member transitions and referrals resulting in delays or missed referrals for medically necessary services.</p>				
<p>Category 5 – Coverage and Authorization of Services 5.2 CONCURRENT REVIEW AND PRIOR AUTHORIZATION REQUIREMENTS 5.2.1 Concurrent</p>	<p>The MHP implemented the written P&P MHP 18.00 AUTHORIZATION OF OUTPATIENT SMHS and MHP 66.00 CONCURRENT REVIEW AND AUTH OF INPATIENT SMHS.</p>	<p>05/01/2025</p>	<p>Madera - Evidence 5.2.1 050225 MHP 18.00 AUTHORIZATION OF OUTPATIENT SMHS Madera - Evidence 5.1.2 050225 MHP 66.00</p>	



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<p>Review of Adult Residential Treatment (ART) and Crisis Residential Treatment (CRT)</p> <p>Finding: The Plan did not conduct a concurrent review for authorization of all CRTS and ARTS In a verification study, six of six member records included referral forms and progress notes for stays of two to 33 days in CRT facilities. However, the six records did not contain evidence of concurrent review for treatment authorization. In an interview, the Plan stated that</p>			<p>CONCURRENT REVIEW AND AUTH OF INPATIENT SMHS</p>	

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<p>during the audit period, there was no concurrent review conducted for ARTS and CRTS due to staff shortage. The Plan stated that it provided ARTS but did not conduct concurrent review for these services. However, the Plan did not provide a universe of members receiving ARTS.</p> <p>In a written narrative, the Plan stated that a meeting had been scheduled with the Crisis Residential Unit to re-establish the concurrent review process and ensure a clear referral process is followed and</p>				

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<p>monitored by the Plan. However, the Plan did not provide any evidence to support the re-establishment of the concurrent review process or the monitoring process. If the Plan does not utilize or implement concurrent review and authorization of all CRTS and ARTS, members' ability to receive medically necessary services can be negatively impacted.</p>				
<p>5.4 NOTICE OF ADVERSE BENEFIT DETERMINATION REQUIREMENTS 5.4.1 Provision of Notice of Adverse Benefit Determination</p>	<p>Madera MHP has implemented the written policies and procedures to ensure that the Plan provides timely Notices of Action and Benefits Determinations (NOABDs) to its members at least 10 days prior to the effective date of the action.</p>	<p>05/01/2025</p>	<p>Madera - Evidence 5.4.1 050225 P&P MHP 21.00 NOTICE OF ADVERSE BENEFIT DETERMINATION</p>	

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<p>Finding: The Plan did not provide Notices of Adverse Benefit Determination at least ten days before the date of action to its members.</p> <p>A verification study was conducted to verify compliance with NOABD requirements. The review found that for all the eight sampled members, the Plan provided the notice 14 days after the determination.</p> <p>The Plan submitted a NOABDs data universe that revealed the Plan's provision of all types of NOABDs were sent 14 days after a</p>				

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<p>determination. As a Corrective Action Plan to address the Fiscal Year 2021-2022 deficiency of non-timeline NOABDs, the Plan implemented remedial activities on October 31, 2022. The Plan developed a dynamic form in the Plan's EHR system, named Access to Services, to track and monitor urgent and non-urgent requests, including psychiatric service requests timeliness data. In addition, daily monitoring of Access to Services entries and weekly export of Access to Services data for</p>				

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<p>analysis gave the Plan the ability to track and ensure the provision of appropriate and timely NOABDs. However, review of data from the Plan's Members Access to Services database showed gaps of 16 days to 222 days between members' initial date of contact and the NOABD requested/ action dates indicating the Plan's non-implementation of its policies and procedures to comply with NOABD's timeliness requirements. If the Plan does not provide timely NOABDs to its members, these</p>				

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<p>members may miss opportunities for filing an appeal or a grievance and receiving mental health services timely. This is a repeat of the 2021-2022 audit finding – Notice of Adverse Benefit Determination Requirements</p>				

Submitted by: Eva Weikel

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Title: Madera County Behavioral Health Division Manager

