

Mendocino County Mental Health Services
Fiscal Year (FY) 21/22 Specialty Mental Health Triennial Review
Corrective Action Plan

System Review

Category 1: Network Adequacy and Availability of Services

Requirement

The MHP shall certify, or use another MHP's certification documents to certify, the organizational providers that subcontract with the MHP to provide SMHS, in accordance with California Code of Regulations, title 9, section 1810.435. (MHP Contract, Ex. A, Att. 8, sec. 8(D).)

DHCS Finding 1.4.4

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 8. The MHP must certify, or use another MHP's certification documents to certify, the organizational providers that subcontract with the MHP to provide SMHS, in accordance with California Code of Regulations, title 9, section 1810, subsection 435.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- P&P's_Medi-Cal Organizational Provider Selection, Retention, and Certification
- 2392 RCS Medi-Cal Certification and Transmittal
- 2392 RCS Recert Letter 8-21
- Application Medi-Cal Site Cert 2.2022
- Contracted Providers Verification Master Log 12-20-12-21
- Employee Verification Log_Dec2020-Dec2021
- Fire Inspection request-BLANK
- Medi-Cal Certification and Transmittal-BLANK
- Provider Certification and Re-Certification Protocol
- Provider-File-Update-MC-5829-1-BLANK
- Site Cert Sample
- 1.4 Site Cert Manzanita 23CQ Transmittal
- 1.4 Manzanita Site Cert Approval 23CQ

Internal documents reviewed:

- Mendocino County Provider Monitoring Report 3-24-22 SR

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP certified, or uses another MHP's certification documents to certify the organizational providers that subcontract with the MHP to provide SMHS. Of the 44

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MHP providers, one (1) provider had an overdue certification. Per the discussion during the review, the MHP explained the untimely recertification was due to logistical issues with the site inspection and that the MHP had implemented a CAP. Post review, the MHP resolved the overdue provider certification and submitted verifying documentation of the site's certification status.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 8.

Corrective Action Description

Mendocino County MHP has policies and procedures in place to assure contractors and subcontractors are certified to align with California Code of Regulations, title 9, section 1810, subsection 435. The MHP tracks the certification process for all contracted providers to ensure all contractors and subcontractors are certified.

Proposed Evidence/Documentation of Correction

P&P No. IV.B-5M: Medi-Cal Organizational Provider Selection, Retention and Certification; Certification Tracking Log

Ongoing Monitoring (if included)

The site certification document is reviewed monthly.

Person Responsible (job title): Program Specialist I

Implementation Timeline: August 30, 2022

Category 4: Access and Information Requirements

Requirement

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 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.

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

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.

The seven (7) test calls are summarized below.

TEST CALL #1

Test call was placed on Tuesday, December 21, 2021, at 1:20 p.m. The call was answered after two (2) rings via a live operator. The caller requested information about accessing mental health services in the county concerning his/her child's behavior. The operator provided the caller with information about the intake and assessment processes as well as the location and hours for the closest walk-in clinic.

The caller was provided information about how to access SMHS, including SHMS required to assess whether medical necessity criteria are met.

FINDING

The call is deemed *in 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 #2

Test call was placed on Tuesday, December 28, 2021, at 7:26 a.m. The call was answered after two (2) rings via a live operator. The caller requested information about accessing mental health services in the county for self-reported symptoms of depression lasting several weeks. The operator requested personally identifying information, which the caller provided. The operator explained the intake and assessment process, as well as the different types of services that the county offers once a level of need is determined. The operator provided clinic location information and explained how to access walk-in care, including crisis and urgent services.

The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

FINDING

The call is deemed *in 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 #3

Test call was placed on Friday, January 7, 2022, at 3:05 p.m. The call was answered after three (3) rings via a live operator. The caller requested information about accessing mental

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health services in the county to help manage feelings of isolation and fatigue he/she identified were related to caring for his/her elderly parent. The operator requested personally identifying information, which the caller provided. The operator explained the MHP's intake process and provided clinic locations and hours of operation.

The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was not provided information about services needed to treat a beneficiary's urgent condition.

FINDING

The call is deemed *in partial 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 #4

Test call was placed on Friday, December 31, 2021, at 7:45 a.m. The call was answered after two (2) rings via a live operator. The caller requested information about obtaining a refill for anxiety medication although he/she had not yet established a care provider in the county. The operator provided the caller instructions on how to transfer his/her Medi-Cal and establish care with a psychiatrist in the county. The operation provided clinic locations and phone numbers. The operator advised the caller that the process may take up to a month and suggested the caller contact his previous doctor in the interim to ask for a refill. The operator also advised the caller that if his/her condition worsened and was unable to refill his subscription, he/she should go to the nearest emergency room for assistance or immediate medication refill.

The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

FINDING

The call is deemed *in 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 #5

Test call was placed on Wednesday, December 8, 2021, at 9:57 a.m. The call was answered after three (3) rings via a live operator. The caller requested information about accessing mental health services in the county for symptoms of depression. The operator informed the caller that he/she could walk into one of the county clinics to make an appointment for an assessment for services. The operator also informed the caller that crisis services were available at the county clinics.

The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

FINDING

The call is deemed *in 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 was placed on Monday, January 10, 2022, at 12:28 p.m. The call was answered after three (3) rings via a live operator. The caller requested information about how to file a grievance regarding the services he/she had received in the county. The caller was transferred to a second operator who advised the caller that grievance forms were located in clinic lobbies. The operator provided clinic locations, hours of operation, and availability of walk-in services. In addition, the operator offered to mail the grievance form and beneficiary resolution information to the caller.

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The caller was provided information about how to use the beneficiary problem resolution and fair hearing process.

FINDING

The call is deemed *in 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 #7

Test call was placed on Saturday, January 8, 2022, at 6:35 p.m. The call was answered after one (1) ring via a live operator. The caller asked for assistance with filing a grievance regarding a county referred therapist. The operator attempted to locate the grievance form and beneficiary problem resolution informing materials on the county's website but stated he/she was having internet connectivity issues. The operator informed the caller of the county's business hours and instructed him/her to call back when someone would be able to help file the grievance.

The caller was not provided information about how to use the beneficiary problem resolution and fair hearing process.

FINDING

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

Mendocino County MHP is in the process of changing contracted providers for afterhours access line services. The MHP has completed a contract with AnswerNet and is in the process of training the new provider. The MHP also conducted two trainings for staff on answering and logging the access line during business hours. Trainings were held on April 27, 2022 and May 10, 2022.

Proposed Evidence/Documentation of Correction

AnswerNet Contract; Training Attendance Sheets

Ongoing Monitoring (if included)

Test calls are performed monthly, test call reports reviewed monthly.

Person Responsible (job title): Department Analyst I

Implementation Timeline: August 30, 2022

Requirement

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 4.3.4

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.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- P&P's MHP Access-Crisis Lines
- Access Line Instruction Manual
- 3-2-21 Access Line Staff Training
- 3-3-22 Access Line Staff Training
- 9-15-21 Access Line Staff Training
- Instructions for answering ACCESS Line (sent 10-8-15)
- Language Line Invoice
- 24_7 Access Line Test Call Report FY 21-22 Q1
- 24_7 Access Line Test Call Report FY 21-22 Q2
- Access Line Log
- January 2021 Test Call Summary
- April 2021 Test Call Summary
- September 2021 Test Call Summary
- Test Call Example
- Test Call Guideline Form
- Types of Call Scenarios

While the MHP submitted evidence to demonstrate compliance with this requirement, five of five required DHCS test calls were not logged on the MHP's written log of initial request.

DHCS deems the MHP *out of compliance* with California Code of Regulations, title 9, section 1810, subdivision 405(f).

Corrective Action Description

Mendocino County MHP is in the process of changing contracted providers for afterhours access line services. The MHP has completed a contract with AnswerNet and is in the process of training the new provider. The MHP also conducted two trainings for staff on answering and logging the access line during business hours. Trainings were held on April 27, 2022 and May 10, 2022.

Proposed Evidence/Documentation of Correction

AnswerNet Contract; Training Attendance Sheets; Access Line Call Log

Ongoing Monitoring (if included)

Test calls are performed monthly, test call reports reviewed monthly.

Person Responsible (job title): Department Analyst I

Implementation Timeline: August 30, 2022

Category 6: Beneficiary Rights and Protections

Requirement

The MHP shall have only one level of appeal for beneficiaries. (MHP Contract, Ex. A, Att. 12, sec. 1(B)(2); 42 C.F.R. § 438.402(b); 42 C.F.R. § 438.228(a).)

DHCS Finding 6.1.4

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 12, and Federal Code of Regulations, title 42, section 438, subdivision 402(b) and 228(a). The MHP must have only one level of appeal for beneficiaries. The MHP submitted the following documentation as evidence of compliance with this requirement:

6.1.4 P&P Beneficiary Problem Resolution - Grievance, Appeal, and Change of Provider Request Processes

- Patients Rights Advocacy brochure English 14 pt font
- Patients Rights Advocacy brochure Spanish 14 pt font
- Grievance & Appeal Process Brochure English Large Print
- Grievance & Appeal Process Brochure Spanish Large Font
- Grievance Poster English
- Grievance Poster-Spanish
- Grievance, Appeal, & Expedited Appeal Brochure Eng 14
- Grievance, Appeal, & Expedited Appeal Brochure Sp 14pt
- Link to G&A Informing Materials Letterhead
- P&P's_Beneficiary Problem Resolution - Grievance and Appeal

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides beneficiaries only one level of appeal. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it would review its policies to ensure the needed language is present. Post review, the MHP submitted a compliant beneficiary resolution policy that it will implement moving forward.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 12, and Federal Code of Regulations, title 42, section 438, subdivision 402(b) and 228(a).

Corrective Action Description

Mendocino County MHP updated the policy and procedure to ensure compliance with the MHP contract, exhibit A, attachment 12, and Federal Code of Regulations, title 42,

section 438, subdivision 402(b) and 228(a). The policy and procedure has been amended to ensure that the MHP has only one level of appeal for beneficiaries.

Proposed Evidence/Documentation of Correction

P&P IV.D-2B: Beneficiary Problem Resolution: Grievance, Appeal, Expedited Appeal and State Fair Hearing Processes

Ongoing Monitoring (if included)

NA

Person Responsible (job title): Program Specialist I

Implementation Timeline: August 30, 2022

Chart Review

Medical Necessity

Requirement

The proposed and actual intervention(s) meet the intervention criteria listed below: (CCR, tit. 9, § 1830.205(b)(3)(A)-(C)).

- a) The focus of the proposed and actual intervention(s) addresses the condition identified in No. 2 (1-3) above, or for full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that the SMHS can correct or ameliorate per No. 2 (4).
- b) The expectation is that the proposed and actual intervention(s) will do at least one (1) of the following (A, B, C, or D):
 - A. Significantly diminish the impairment.
 - B. Prevent significant deterioration in an important area of life functioning.
 - C. Allow the child to progress developmentally as individually appropriate.
 - D. For full-scope MC beneficiaries under the age of 21 years, correct or ameliorate the condition.
- c) The condition would not be responsive

DHCS Finding 8.1.3

The intervention(s) documented on the progress note(s) for the following Line number(s) did not meet medical necessity since the service provided did not specifically address the mental health condition or impairment identified in the assessment, and was solely:

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- Clerical: **Line number 4. RR10f, refer to Recoupment Summary for details.** The Progress note for the service claimed on 6/24/21 as TCM for 27 minutes, describes the case manager faxing records associated with a request from the Department of Social Services.

CORRECTIVE ACTION PLAN 8.1.3:

The MHP shall submit a CAP that describes how the MHP will ensure that:

- 1) Each progress note describes how services reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning.
- 2) Services provided and claimed are not solely clerical.

Corrective Action Description

Mendocino County MHP is in the process of conducting trainings for staff, contracted providers, and subcontracted providers on progress note documentation. The training includes the require to document medical necessity and ensure services provided address the mental health condition or impairment identified in the assessment. The MHP also conducts chart audits throughout the year to ensure compliance with policies and procedures.

Proposed Evidence/Documentation of Correction

Progress Note Training

Ongoing Monitoring (if included)

Chart Audits

Person Responsible (job title): Mental Health Clinician

Implementation Timeline: August 30, 2022

Client Plans

Requirement

The client plan has been updated at least annually and/or when there are significant changes in the beneficiary’s condition. (MHP Contract, Ex. A, Att. 9, Sec. 1(B)(3)).

DHCS Finding 8.4.2a

One or more client plan(s) was not completed in accordance with the MHP’s initial timeliness standards, or updated at least annually. Specifically:

- **Line number 2.** The initial Client Plan was completed late based on the MHP’s documentation standards of timeliness. Based on the MHP’s documentation standards, “providers have up to sixty (60) days to complete a client’s Initial client plan.”

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- The beneficiary’s case had an Episode Opening Date of 9/11/20, but the Initial Client Plan was not completed as signed until 12/28/20. This was prior to the Review Period, and there was no evidence that planned services were provided prior to the Client Plan completion.

CORRECTIVE ACTION PLAN 8.4.2a:

Due to the transition to the new Documentation Standards that will take effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its policies and all current documentation requirements.

Corrective Action Description

Due to the transition to the new Documentation Standards that will take effect July 1, 2022, a CAP is not required for this item. Mendocino County MHP shall ensure contractors and subcontractors adhere to policies and procedures.

Proposed Evidence/Documentation of Correction

N/A

Ongoing Monitoring (if included)

NA

Person Responsible (job title): NA

Implementation Timeline: NA

Progress Notes

Requirement

Items that shall be contained in the client record (i.e., Progress Notes) related to the beneficiary’s progress in treatment include all of the following:

- 1) Timely documentation of relevant aspects of client care, including documentation of medical necessity.
- 2) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions.
- 3) Interventions applied, beneficiary’s response to the interventions, and the location of the interventions.
- 4) The date the services were provided.
- 5) Documentation of referrals to community resources and other agencies, when appropriate.
- 6) Documentation of follow-up care or, as appropriate, a discharge summary.
- 7) The amount of time taken to provide services.
- 8) The following:
 - a) The signature of the person providing the service (or electronic equivalent).

- b) The person’s type of professional degree and,
- c) Licensure or job title.

(MHP Contract, Ex. A, Att. 9, Sec. 1(C)(1)(a)-(h)).

DHCS Finding 8.5.1

Progress notes did not include all required elements specified in the MHP Contract, and/or were not in accordance with the MHP’s written documentation standards. Specifically:

- **Line numbers 1, 3, and 5.** One or more progress note was not completed within the MHP’s written timeliness standard of 14 calendar days after provision of service. Five (1 percent) of all progress notes reviewed were completed late (99% compliance).

CORRECTIVE ACTION PLAN 8.5.1:

The MHP shall submit a CAP that describes how the MHP will ensure that progress notes document timely completion and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP’s written documentation standards.

Corrective Action Description

Mendocino County MHP is in the process of conducting trainings for staff, contracted providers, and subcontracted providers on progress notes. The training includes the MHP requirement that all progress notes be completed within 14 calendar days after provision of service. The MHP also conducts chart audits throughout the year to ensure compliance with policies and procedures.

Proposed Evidence/Documentation of Correction

Progress Note Training

Ongoing Monitoring (if included)

Chart Audits

Person Responsible (job title): Mental Health Clinician

Implementation Timeline: August 30, 2022

Requirement

When services are being provided to, or on behalf of, a beneficiary by two or more persons at the same time or on the same day, the progress notes shall include:

- 1) Documentation of each person’s involvement in the context of the mental health needs of the beneficiary.
- 2) The exact number of minutes used by persons providing the service.
- 3) Signature(s) of person(s) providing the service.

NOTE: A separate claim for reimbursement must be submitted for each SMHS provided by each practitioner. (CCR, tit. 9, § 1840.314(c); BHIN 20-060R, MHP Contract, Ex. A, Att. 9, Sec. 1(C)(1)(H)).

DHCS Finding 8.5.2

Documentation of services provided to, or on behalf of, a beneficiary by one or more persons at one point in time did not include all required components. Specifically:

- **Line numbers 5 and 7.** While progress note(s) themselves did not accurately document the number of group participants or the units of time for services rendered by more than one provider on one or more group progress notes, the MHP was able to provide separate documentation listing the number of participants and the units of time for services rendered by more than one provider in each group.

CORRECTIVE ACTION PLAN 8.5.2:

The MHP shall submit a CAP that describes how the MHP will ensure that progress notes:

- 1) Contain the actual number of clients participating in a group activity.
- 2) Document and differentiate the units of direct service, travel and documentation times for each provider/facilitator whenever a claim represents services rendered by more than one (1) provider within the same activity or session, including groups, “team meetings” and “case consultations”.

Corrective Action Description

Mendocino County MHP updated the policy and procedure to ensure that progress notes contain the actual number of clients participating in a group activity and that the progress note must document and differentiate the units of direct service, travel and documentation times for each provider whenever a claim represents services rendered by more than one provider within the same activity or session, including groups, team meetings and case consultations.

The MHP is in the process of conducting trainings for staff, contracted providers, and subcontracted providers on progress note documentation. The training includes the above requirement.

Proposed Evidence/Documentation of Correction

Progress Note Training

Ongoing Monitoring (if included)

Chart Audits

Person Responsible (job title): Mental Health Clinician

Implementation Timeline: August 30, 2022

Requirement

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Progress notes shall be documented at the frequency by type of service indicated below:

- 1) Every service contact for:
 - A. Mental health services
 - B. Medication support services
 - C. Crisis intervention
 - D. Targeted Case Management
 - E. Intensive Care Coordination
 - F. Intensive Home Based Services
 - G. Therapeutic Behavioral Services
- 2) Daily for:
 - A. Crisis residential
 - B. Crisis stabilization (one per 23-hour period)
 - C. Day treatment intensive
 - D. Therapeutic Foster Care
- 3) Weekly for:
 - A. Day treatment intensive (clinical summary)
 - B. Day rehabilitation
 - C. Adult residential

(MHP Contract, Ex. A, Att. 9, Sec. 1(C)(2)(a)-(c)).

DHCS Finding 8.5.3

Progress notes were not documented according to the contractual requirements specified in the MHP Contract. Specifically:

- **Line number 2:** The type of Specialty Mental Health Service (SMHS) (e.g., Medication Support, Targeted Case Management) documented on the progress note was not the same type of SMHS claimed. **RR5, refer to Recoupment Summary for details.**
The progress note for the service claimed as Collateral service on 5/20/21 for 50 minutes, describes a Targeted Case Management service of providers having a conference with CPS staff regarding decisions about the client's newborn child.

CORRECTIVE ACTION PLAN 8.5.3:

The MHP shall submit a CAP that describes how the MHP will:

- 1) Ensure that all Specialty Mental Health Services claimed are:
 - a) Actually provided to the beneficiary.
 - b) Appropriate, relate to the qualifying diagnosis and identified functional impairments and are medically necessary as delineated in the CCR, title 9, chapter 11, sections 1830.205(a)(b).
 - c) Claimed for the correct service modality billing code, and units of time.

Corrective Action Description

Mendocino County MHP is in the process of conducting trainings for staff, contracted providers, and subcontracted providers on progress notes. The training includes the MHP requirement that services provided and billed for are the actual service provided, relates to the qualifying diagnosis and identified functional impairment, are medically necessary, and that the correct modality billing code is used. The MHP also conducts chart audits throughout the year to ensure compliance with policies and procedures.

Proposed Evidence/Documentation of Correction

Progress Note Training

Ongoing Monitoring (if included)

Chart Audits

Person Responsible (job title): Mental Health Clinician

Implementation Timeline: August 30, 2022

Provision of ICC Services and IHBS for Children and Youth

Requirement

The MHP must make individualized determinations of each child's/youth's need for ICC and IHBS, based on the child's/youth's strengths and needs.

(Medi-Cal Manual for ICC, IHBS, and TFC Services for Medi-Cal Beneficiaries, (3d ed. 2018), p. 9).

DHCS Finding 8.6.1

- 1) The MHP did not furnish evidence that it has a standard procedure for providing and documenting individualized determinations of eligibility for ICC services and IHBS on behalf of beneficiaries under age 22 that is based on their strengths and needs.

Although the MHP provided written policies and procedures that were written in a manner consistent with current state regulations and guidance (e.g. *Medi-Cal Manual For Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, Third Edition, January 2018*), a review of chart materials did not demonstrate that MHP staff have a clear practice of making written individualized determinations of eligibility for ICC services and IHBS.

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Within chart records, although there was evidence of a variety of children's services being provided to children and youth, it was challenging to identify specific documentation that confirmed that determinations

CORRECTIVE ACTION PLAN 8.6.1:

The MHP shall submit a CAP that describes how it will ensure that:

- 1) Written documentation is in place describing the process for determining and documenting eligibility and need for ICC Services and IHBS.
- 2) Training is provided to all staff and contract providers who have the responsibility for determining eligibility and need for ICC and IBHS.
- 3) Each beneficiary under age 22 who is authorized to receive Specialty Mental Health Services also receives an individualized determination of eligibility and need for ICC Service and IHBS prior to or during the development of the beneficiary's Initial Client Plan.

Corrective Action Description

Mendocino County MHP updated the policy and procedure to ensure compliance with providing and documenting individualized determinations of eligibility and need for ICC services, and IHBS on behalf of beneficiaries under age 22 that is based on their strengths and needs. Mendocino County MHP is in the process of finalizing trainings for all staff and contract providers who have the responsibility for determining eligibility and need for ICC and IBHS; target completion date is November 1, 2022.

Proposed Evidence/Documentation of Correction

P&P II.B-6M: Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS)

Ongoing Monitoring (if included)

Chart Audit

Person Responsible (job title): Mental Health Clinician

Implementation Timeline: August 30, 2022