

**Shasta County Mental Health Services
Fiscal Year (FY) 22-23 Specialty Mental Health Triennial Review
Corrective Action Plan**

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System Review

NETWORK ADEQUACY

Requirement 1.2.7

The MHP did not furnish evidence to demonstrate compliance with the BHIN No. 21-073 and 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 beneficiary access criteria for SMHS as medically necessary.

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

- TFC Contract Children First TFC 2223 DRAFT
- TFC P&P Assessment and Approval DRAFT
- TFC P&P Placement and Ongoing Management DRAFT
- Narrative

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides 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 it was in the process of finalizing a contract with a TFC provider and drafting necessary policies. The MHP anticipates this service will be available in fiscal year 2023-2024.

DHCS deems the MHP out of compliance with the BHIN No. 21-073 and 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.

Repeat deficiency Yes

Corrective Action Description

Shasta County MHP has contracted with Children First for TFC services. The contract will go before the Shasta County Board of Supervisors on December 5, 2023, for final approval.

Proposed Evidence/Documentation of Correction

Final executed contract for TFC services with Children First.

Ongoing Monitoring (if included)

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Monitoring for services provided will occur via contract reporting requirements as well as through the EHR. Outcome monitoring would also be via the EHR as well as Child Welfare outcomes (stepping down from care, reunification, placement stabilization, improved CANS etc).

Person Responsible (job title)

Deputy Branch Director

Implementation Timeline: TFC services are to be implemented before March 31, 2024.

Requirement 1.2.8

The MHP did not furnish evidence to demonstrate compliance with the BHIN No. 21-073 and 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 beneficiary access criteria for SMHS need TFC.

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

- TFC Contract Children First TFC 2223 DRAFT
- TFC P&P Assessment and Approval DRAFT
- TFC P&P Placement and Ongoing Management DRAFT
- Wrap CFT meeting template, August 2022
- Engagement Phase for Hi Fi Wrap
- Initial Plan Development Phase for Hi Fi Wrap
- Implementation
- Transition Phase for Hi Fi Wrap
- ISFC - Eligibility Requirements, December 7, 2016
- ISFC- Assessing for ISFC Appropriateness, December 7, 2016
- ISFC - Approval & Coordination, December 7, 2016
- ISFC - Placement & Ongoing Case Management, December 7, 2016
- ISFC - Transition to Lower Level of Care Wrap Policy, December 7, 2016
- Interagency Placement Committee (IPC) DRAFT
- Plan of Care TEMPLATE
- IPC Samples

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP assesses all children and youth to determine if they meet medical necessity criteria for TFC Services. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it

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assesses children and youth for an array of intensive services it provides in lieu of TFC. Post review, the MHP submitted additional evidence, including Intensive Services Foster Care (ISFC) criteria and policies; however, it is not evident that the MHP assesses for TFC as required in the contract.

DHCS deems the MHP out of compliance with the BHIN No. 21-073 and Medi-Cal Manual for Intensive Care Coordination, Intensive Home-Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

Repeat deficiency Yes

Corrective Action Description

Shasta County MHP will implement policies related to TFC concurrent with the start of TFC services through Children First.

Proposed Evidence/Documentation of Correction

Final executed policies for TFC services (TFC Assessment and Approval Policy & TFC Placement and Ongoing Management Policy)

Ongoing Monitoring (if included)

Monitoring for services provided will occur via contract reporting requirements as well as through the EHR. Outcome monitoring would also be via the EHR as well as Child Welfare outcomes (stepping down from care, reunification, placement stabilization, improved CANS etc).

Person Responsible (job title)

Deputy Branch Director

Implementation Timeline: TFC services are to be implemented before March 31, 2024.

[Requirement 1.4.3](#)

The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 438, subdivision 12(a) (1) and MHP Contract, exhibit A, attachment 8, section 7(F). The MHP must comply with following:

- The MHP shall give practitioners or groups of practitioners who apply to be MHP contract providers and with whom the MHP decides not to contract written notice of the reason for a decision not to contract.

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

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- Children's Services Contract Cancellation Template
- Contract Termination Letter Template
- Contract Termination SAMPLE
- Memorandum

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP gives practitioners, or groups of practitioners it decides not to contract with, a written notice of the reason for its decision not to contract. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that it has not refused to contract with a provider during the review period and it does not have a template notification. The MHP acknowledged this requirement will be addressed via corrective action.

DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 438, subdivision 12(a)(1) and MHP Contract, exhibit A, attachment 8, section 7(F).

Corrective Action Description

Shasta County MHP will draft a template notification designed to give practitioners, or groups of practitioners it decides not to contract with, a written notice of the reason for its decision not to contract.

Proposed Evidence/Documentation of Correction

Decision Not to Contract Notification Template

Ongoing Monitoring (if included)

A record of decisions not to contract will be maintained by contracts analysts.

Person Responsible (job title)

Staff Services Analysts

Implementation Timeline: Implementation will be before June 30, 2024.

CARE COORDINATION

Requirement 2.2.1

The MHP did not furnish evidence to demonstrate compliance with the MHSUDS IN No. 18-059; MHP contract, exhibit A, attachment 10, section 1(F); and Code of Federal Regulations, title 42, section 438, subdivision 62(b)(2). The MHP Continuity of Care written notifications to the beneficiary must comply with Title 42 of the Code of Federal Regulations, part 438.10(d) and include the following:

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- The MHP’s denial of the beneficiary’s continuity of care request.
- A clear explanation of the reasons for the denial.
- The availability of in-network SMHS.
- How and where to access SMHS from the MHP.
- The beneficiary’s right to file an appeal based on the adverse benefit determination; and,
- The MHP’s beneficiary handbook and provider directory.

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

- Continuity of Care Request - Acknowledgment Letter
- Continuity of Care Request - Approval Notice
- Continuity of Care Request - Notice of Adverse Benefit Determination
- Continuity of Care Request Form
- Continuity of Care Tracker
- Policy and Procedure Continuity of Care DRAFT

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP’s written notifications included the required information. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it was unaware that it was required to comply with continuity of care requirements. Post review, the MHP submitted additional evidence demonstrating its efforts to re-implement this process moving forward.

DHCS deems the MHP out of compliance with the MHSUDS IN No. 18-059; MHP contract, exhibit A, attachment 10, section 1(F); and Code of Federal Regulations, title 42, section 438, subdivision 62(b)(2).

Corrective Action Description

Shasta County MHP has updated its Continuity of Care notification templates to reflect the required information as well as updated its policy.

Proposed Evidence/Documentation of Correction

Updated Continuity of Care Notification Template
Updated Continuity of Care Policy

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Grievance Coordinator

Implementation Timeline: Implementation will be before June 30, 2024.

Requirement 2.2.2

The MHP did not furnish evidence to demonstrate compliance with the MHSUDS IN No.18-059; MHP contract, exhibit A, attachment 10, section 1(F); and Code of Federal Regulations, title 42, section 438, subdivision 62(b)(2). The MHP must notify the beneficiary, and/or the beneficiary's authorized representative, 30 calendar days before the end of the continuity of care period about the process that will occur to transition a beneficiary's care at the end of the continuity of care period.

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

- Continuity of Care Request - Acknowledgment Letter
- Continuity of Care Request - Approval Notice
- Continuity of Care Request - Notice of Adverse Benefit Determination
- Continuity of Care Request Form
- Continuity of Care Tracker
- P&P Continuity of Care (DRAFT)

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP notifies the beneficiary, and/or the beneficiary's authorized representative, 30 calendar days before the end of the continuity of care period about the process that will occur to transition a beneficiary's care at the end of the continuity of care period. Per the discussion during the review, the MHP stated it was unaware that it was required to comply with continuity of care requirements. Post review, the MHP submitted additional evidence demonstrating its efforts to re-implement this process moving forward.

DHCS deems the MHP out of compliance with the MHSUDS IN No. 18-059; MHP contract, exhibit A, attachment 10, section 1(F); and Code of Federal Regulations, title 42, section 438, subdivision 62(b)(2).

Corrective Action Description

Shasta County MHP has updated its Continuity of Care policy to reflect the requirement to notify beneficiaries and/or their authorized representative 30 calendar days before the end of the continuity of care period about the process that will occur to transition a beneficiary's care at the end of the continuity of care period.

Proposed Evidence/Documentation of Correction

Continuity of Care Policy

Continuity of Care Log

Ongoing Monitoring (if included)

Continuity of Care will be monitored using an Excel spreadsheet by the Grievance Coordinator.

Person Responsible (job title)

Grievance Coordinator

Implementation Timeline: Implementation will be before June 30, 2024.

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

Requirement 3.1.8

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section 1(H). The MHP must implement mechanisms to monitor the safety and effectiveness of medication practices meeting the below listed requirements:

1. Under the supervision of a person licensed to prescribe or dispense medication.
2. Performed at least annually.
3. Inclusive of medications prescribed to adults and youth.

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

- Adult med monitoring screening tool
- Children’s med monitoring screening tool
- Med Monitoring Feedback loop form
- Med Monitoring Log
- Quarter 4 of 2022 Medication Monitoring Results
- Re_ Quarter 4 of 2022 Medication Monitoring Results
- P&P Medication Monitoring- Adult and Children’s, May 14, 2019
- Example Medication Consent
- Med Staff Doc Training Youth, May 2022
- Sign-In Sheet 1-31-20
- Sign-In Sheet 2-3-20 FEX
- Sign-In Sheet 2-4-20 FEX
- 2021 Med Mon Statement
- Medication Practices Training Materials

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP implements mechanisms to monitor the safety and effectiveness of medication practices. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it is working on developing standards, training, and tools for monitoring its providers for

medication practices. Post review, the MHP submitted additional evidence including a statement that it did not conduct any medication monitoring activities during 2021.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, section 1(H).

Corrective Action Description

As of 2022, the MHP reinstated mechanisms to monitor the safety and effectiveness of medication practices. These practices are under the supervision of a person licensed to prescribe or dispense medication (MHP medical director), performed quarterly, and are included medications prescribed to both adults and youth. The Medication Monitoring Policy has been updated to include all current requirements.

Proposed Evidence/Documentation of Correction

Medication Monitoring Policy
Medication Monitoring Screening Tools and Feedback Loop Form
Medication Monitoring Log and Summary Report

Ongoing Monitoring (if included)

The results of the medication monitoring reports go to the MHP's medical director and will be reported to the Quality Improvement Committee at least quarterly starting in December 2023.

Person Responsible (job title)

Medical Director
Utilization Management Team – Staff Services Analysts and Licensed Clinical Staff
(e.g., RNs, LMFTs, LSCWs, LPCCs)

Implementation Timeline: Medication monitoring has already been implemented. The updated policy will be finalized by June 30, 2024.

Requirement 3.3.3

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section (3)(E) and California Code of Regulations title 9, section 1810, subdivision 440(a)(2)(A)-(C). The MHP must ensure the MHP Quality Assessment and Performance Improvement (QAPI) program includes active involvement in the planning, design and execution of the QI Program by the Contractor's practitioners and providers, beneficiaries who have accessed SMHS through the Contractor, family members, legal representatives, or other persons similarly involved with beneficiaries.

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

- QIC Meeting Minutes
- QI Goal Reports
- FY22-23 Q3 Quarterly No-Show Report
- MHADAB 2-1-23 Minutes
- MHADAB 3-1-23 Minutes
- MHADAB 4-5-23 Minutes
- MHADAB Grievance Presentation
- QIC Data Meeting Minutes 2023.05.17
- QIC Meeting Minutes 2023.03.14
- QIC Meeting Minutes 2023.04.20
- QIC Meeting Minutes TEMPLATE

DHCS Finding

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 beneficiary family members, in the planning, design and execution of the Quality Improvement program. Per the discussion during the review, the MHP stated that it would submit additional meeting minutes to demonstrate compliance with this requirement. Post review, the MHP submitted additional Quality Improvement Committee meeting minutes that documented increased contracted provider involvement; however, the evidence failed to show involvement of beneficiaries, family members, or legal representatives as required by the contract.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, section (3)(E) and California Code of Regulations title 9, section 1810, subdivision 440(a)(2)(A)-(C).

Corrective Action Description

The MHP will increase solicitation of beneficiary and beneficiary family member participation in QAPI processes through distribution of flyers through MHP lobbies, wellness centers, community resource fairs, and other stakeholder meetings. Further feedback loops through additional mental health stakeholder meetings will also be created through increased Quality Improvement staff attendance and reports out at identified meetings. Feedback will be obtained through community comment periods through these various mechanisms and will be shared at Quality Improvement Committee meetings, with a standing agenda item prompt moving forward. Agendas, flyers, and increased stakeholder meeting minutes will be provided as evidence.

Proposed Evidence/Documentation of Correction

QIC Meeting Minutes

Flyers

Stakeholder Meeting Minutes

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Quality Improvement Coordinator

Implementation Timeline: Implementation will be before June 30, 2024.

Requirement 3.5.1

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section 6(A); Code of Federal Regulations, title 42, section 438, subdivision 236(b); and California Code of Regulations, title 9, section 1810, subdivision 326. The MHP must have practice guidelines, which meet the requirements of the MHP Contract.

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

- Contract Boilerplate Adult
- Contract Boilerplate Children
- Contract Boilerplate MHP Exhibits
- Contract Boilerplate STRTP In-County
- Contract Boilerplate STRTP OOC
- Mental Health Provider Resources Provider Guideline Webpage with documents attached
- Policy and Procedure Practice Guidelines Development and Implementation DRAFT
- System of Care for Children and Youth MOU
- Child and Adolescent Needs and Strengths (CANS) Reference Guide
- Early Childhood Mental Health Treatment Overview
- Integrated Family Wellness Program (IFWP) handbook
- Neurosequential Model of Therapeutics (NMT): Clinical Practice Tools
- Shasta County PEI Program
- STAR Team PowerPoint
- Triple P PASS Manual 2013

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has practice guidelines, which meet the requirements of the MHP Contract. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it does not have formal practice guidelines. Post review, the MHP submitted additional evidence including a Child and Adolescent Needs and Strengths (CANS) reference guide and Integrated

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Family Wellness Program (IFWP) handbook; however, the evidence did not demonstrate compliance to the requirement.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, section 6(A); Code of Federal Regulations, title 42, section 438, subdivision 236(b); and California Code of Regulations, title 9, section 1810, subdivision 326.

Corrective Action Description

Shasta County MHP has developed a Practice Guidelines Policy that guides county staff in the development of practice guidelines.

Proposed Evidence/Documentation of Correction

Practice Guidelines Policy

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Clinical Program Coordinator

Implementation Timeline: Implementation will be before June 30, 2024.

[Requirement 3.5.2](#)

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section 6(c); Code of Federal Regulations, title 42, section 438, subdivision 236(c); and California Code of Regulations, title 9, section 1810, subdivision 326. The MHP must disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries.

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

- Contract Boilerplate Adult
- Contract Boilerplate Childrens
- Contract Boilerplate MHP Exhibits
- Contract Boilerplate STRTP In-County
- Contract Boilerplate STRTP OOC
- Mental Health Provider Resources Provider Guideline Webpage with documents attached
- Policy and Procedure Practice Guidelines Development and Implementation DRAFT
- Child and Adolescent Needs and Strengths (CANS) Reference Guide
- Early Childhood Mental Health Treatment Overview
- Integrated Family Wellness Program (IFWP) handbook

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- Neurosequential Model of Therapeutics (NMT): Clinical Practice Tools
- Shasta County PEI Program
- STAR Team PowerPoint
- Triple P PASS Manual 2013

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP disseminates practice guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries. Per the discussion during the review, the MHP acknowledged that it does not have developed practice guidelines that can be disseminated as required in the contract. Post review, the MHP submitted additional evidence including a CANS reference guide and IFWP handbook; however, the evidence did not demonstrate compliance to the requirement.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, section 6(c); Code of Federal Regulations, title 42, section 438, subdivision 236(c); and California Code of Regulations, title 9, section 1810, subdivision 326.

Corrective Action Description

Shasta County MHP has developed a Practice Guidelines Policy that guides county staff in the development of practice guidelines as well as disseminating those guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries as required.

Proposed Evidence/Documentation of Correction

Practice Guidelines Policy

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Clinical Program Coordinator

Implementation Timeline: Implementation will be before June 30, 2024.

Requirement 3.5.3

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section 6(D); Code of Federal Regulations, title 42, section 438, subdivision 236(d); and California Code of Regulations, title 9, section 1810, subdivision 326. The MHP must take steps to assure that decisions for utilization management, beneficiary education, coverage of services, and any other area to which the guidelines apply are consistent with the guidelines adopted.

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

- Contract Boilerplate Adult
- Contract Boilerplate Childrens
- Contract Boilerplate MHP Exhibits
- Contract Boilerplate STRTP In-County
- Contract Boilerplate STRTP OOC
- Mental Health Provider Resources Provider Guideline Webpage with documents attached
- Policy and Procedure Practice Guidelines Development and Implementation DRAFT
- Child and Adolescent Needs and Strengths (CANS) Reference Guide
- Early Childhood Mental Health Treatment Overview
- Integrated Family Wellness Program (IFWP) handbook
- Neurosequential Model of Therapeutics (NMT): Clinical Practice Tools
- Shasta County PEI Program
- STAR Team PowerPoint
- Triple P PASS Manual 2013

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP takes steps to assure that decisions for utilization management, beneficiary education, coverage of services, and any other area to which the guidelines apply are consistent with the guidelines adopted. Per the discussion during the review, the MHP stated it provides wraparound services but acknowledged it does not have practice guidelines established. Post review, the MHP submitted additional evidence including a CANS reference guide and IFWP Handbook; however, the evidence did not demonstrate compliance to the requirement.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, section 6(D); Code of Federal Regulations, title 42, section 438, subdivision 236(d); and California Code of Regulations, title 9, section 1810, subdivision 326.

Corrective Action Description

Shasta County MHP has developed a Practice Guidelines Policy that guides county staff in the development of practice guidelines as well as the requirement that the guidelines be followed.

Proposed Evidence/Documentation of Correction

Practice Guidelines Policy

Ongoing Monitoring (if included)

TBD

Person Responsible (job title)

Clinical Program Coordinator

Implementation Timeline: Implementation will be before June 30, 2024.

ACCESS AND INFORMATION REQUIREMENTS

Requirement 4.2.4

Regulations, title 9, 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:

- Access to Services Journal for requested dates
- Memorandum

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, one of five required DHCS test calls was not logged on the MHP’s written log of initial request. The table below summarizes DHCS’ findings pertaining to its test calls:

Test Call #	Date of Call	Time of Call	Log Results		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
1	4/5/2023	7:32 a.m.	IN	IN	IN
2	4/11/2023	1:51 p.m.	IN	IN	IN
3	5/1/2023	11:50 a.m.	IN	IN	IN
4	5/16/2023	7:37 a.m.	IN	IN	IN
5	5/3/2023	11:44 a.m.	OOC	OOC	OOC
Compliance Percentage			80%	80%	80%

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 partial compliance with California Code of Regulations, title 9, section 1810, subdivision 405(f).

Repeat deficiency Yes

Corrective Action Description

All affected county staff as well as all afterhours contracted staff has been trained in the importance of and the requirements for capturing initial request for services information.

Proposed Evidence/Documentation of Correction

Signature acknowledgement of the requirements regarding call intake and documentation

Ongoing Monitoring (if included)

Ongoing testing of calls and completion of the call log

Person Responsible (job title)

Staff Services Analyst

Implementation Timeline: Implementation will be before June 30, 2024.

Requirement 4.3.5

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 410(c)(4). The MHP must plan for annual cultural competence training necessary to ensure the provision of culturally competent services:

1. There is a plan for cultural competency training for the administrative and management staff of the MHP.
2. There is a plan for cultural competency training for persons providing SMHS employed by or contracting with the MHP.
3. There is a process that ensures that interpreters are trained and monitored for language competence (e.g., formal testing).

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

- Interpreter Training Cultural Competency
- 4.3.5-6 CCC Meeting Minutes 2023.02.01
- 4.3.5-6 CCC Meeting Minutes 2023.03.01
- 4.3.5-6 CCC Meeting Minutes 2023.04.05
- Narrative dated 5/22/23 stating MHP is drafting policy

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP plans for annual cultural competence training necessary to ensure interpreters are trained and monitored for language competence (e.g., formal testing). This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it is working on a process to ensure

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interpreters are trained and monitored for language competence. The MHP did not submit any additional evidence post review.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 410(c)(4).

Corrective Action Description

While the Shasta County MHP does not currently employ any individuals who are certified interpreters, we do contract with several companies to ensure that we are able to cover any language needs for both interpretation and translation. We have confirmed that each of these companies monitor and test their contractors. The companies are listed below:

- 911 Interpreters
- Avantpage, Inc.
- Language Link
- TLC Sign Language Services LLC
- NorCal Services for Deaf and Hard of Hearing
- CyraCom International, Inc.

Shasta County has also contracted with a language proficiency testing contractor should an interpreter be hired. A policy is being developed to cover this situation should an official interpreter be brought on board.

Proposed Evidence/Documentation of Correction

- Statements from all contracted language service providers indicating that all their interpreters/translators are monitored.
- Contract with language proficiency testing vendor – International Effectiveness Centers
- Interpreter Certification and Testing Policy

Ongoing Monitoring (if included)

Annual recertifications will be completed through the language proficiency testing contractor should an interpreter be hired.

Person Responsible (job title)

Ethnic Services Coordinator

Implementation Timeline: Implementation to be completed by June 30, 2024.

COVERAGE AND AUTHORIZATION SERVICES

Requirement 5.2.1

The MHP did not furnish evidence to demonstrate compliance with BHIN No. 22-017; California Code of Regulations, title 9, section 1810, subdivision 440(b); and Code of Federal Regulations, title 42, section 438, subdivision 210(a)(4), (b)(1), (2). The MHPs are required to operate a utilization management (UM) program that ensures beneficiaries have appropriate access to SMHS. The UM program must evaluate medical necessity, appropriateness and efficiency of services provided to Medi-Cal beneficiaries prospectively, such as through prior or concurrent authorization review procedures.

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

- NOABD - Denials - Appeals - log
- Org Provider Document Submission Tracking Sheet
- Out of the County Group Home Tracking
- Inpatient Stays
- I - P Hospital Chart Tracking Sheet
- SARS
- TARS
- Hospital Concurrent Authorization Process 2-2021, February 25, 2021
- Remote Concurrent PHF Review Procedure, February 21, 2023
- Authorization of Outpatient SMHS policy No 2022 - 04, March 20, 2023
- Hospital Concurrent Authorization Process, February 2021
- Outpatient Auth P&P Statement
- Psynergy Adult Outpatient SMHS review PROCEDURE
- Sequoia ARTS CRAR with Instructions
- Concurrent review PP statement
- Value Options of California policies

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP operates a utilization management (UM) program that ensures beneficiaries have appropriate access to SMHS. Per the discussion during the review, the MHP stated it did not have an inpatient concurrent review policy implemented prior to March 20, 2023. Post review the MHP submitted a narrative stating that hospitals were notified of the concurrent review process, and it has procedures that adhere to these requirements; however, the policies and procedures provided by the MHP do not demonstrate compliance to this requirement.

DHCS deems the MHP out of compliance with BHIN No. 22-017; California Code of Regulations, title 9, section 1810, subdivision 440(b); and Code of Federal Regulations, title 42, section 438, subdivision 210(a)(4), (b)(1), (2).

Corrective Action Description

The MHP has appealed this finding and is awaiting the response to our appeal.

Proposed Evidence/Documentation of Correction

Updated contract with Acentra (Kepro)

Updated Kepro (Acentra) Inpatient Concurrent Review P&P

Ongoing Monitoring (if included)

Person Responsible (job title)

Clinical Program Coordinator

Implementation Timeline: Implementation to be completed by June 30, 2024, and evidence submitted May 27, 2024.

Requirement 5.2.2

The MHP did not furnish evidence to demonstrate compliance with BHIN 22-017; Code of Federal Regulations, title 42, section 438, subdivision 210(b)(1); and California Code of Regulations, title 9, section 1810, subdivision 440(b)(2)(i-ii). . The MHP must establish and implement written policies and procedures for the authorization of psychiatric inpatient hospital services in accordance with BHIN 22-017 and shall have mechanisms in effect to ensure consistent application of review criteria for authorization decisions and shall consult with the requesting provider when appropriate. Authorization procedures and utilization management criteria shall:

- a. Be based on medical necessity and consistent with current evidence- based clinical practice guidelines, principles, and processes.
- b. Be developed with involvement from network providers, including, but not limited to, hospitals, organizational providers, and licensed mental health professionals acting within their respective scopes of practice.
- c. Be evaluated, and updated as necessary, and at least annually, and be disclosed to the MHP’s beneficiaries and network providers.

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

- NOABD - Denials - Appeals - log
- Org Provider Document Submission Tracking Sheet
- Out of the County Group Home Tracking
- Inpatient Stays
- I - P Hospital Chart Tracking Sheet
- Hospital Concurrent Authorization Process 2-2021, February 25, 2021

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- Remote Concurrent PHF Review Procedure, February 21, 2023
- Psychiatric Inpatient Hospital and Psychiatric Health Facility Services (No. 2022), No issue date
- BOC CUR 100.2 Medical Necessity Request Determination Timeframes
- Concurrent Review Policy and Procedure Statement
- Value Options of California policies
- Auth of OP services P&P and initial services ext form
- Authorization of initial services_ including extension requests (IN 19-026)
- TARs

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP engaged and collaborated with network and organizational providers, hospitals, and other licensed mental health stakeholders to develop its inpatient concurrent review authorization policies and procedures. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it sent its providers a letter regarding the date concurrent review would begin. Post review, the MHP submitted additional evidence including policies developed by its contracted administrative entity; however, it is not evident that the policies and procedures were developed with involvement from network providers or are specific to concurrent review as required in the contract.

DHCS deems the MHP out of compliance with BHIN 22-017; Code of Federal Regulations, title 42, section 438, subdivision 210(b)(1); California Code of Regulations, title 9, section 1810, subdivision 440(b)(2) (i-ii).

Corrective Action Description

The MHP has appealed this finding and is awaiting the response to our appeal.

Proposed Evidence/Documentation of Correction

Email exchange between Clinical Program Coordinator and providers calling for authorization - more information

Minutes Shasta County Daily Go-Live Check In 03082019

Adventist Health Concurrent Review and Authorization

Heritage Oaks Concurrent Review and Authorization

Email exchange with Restpadd Redding RE_ calling for authorization - more information

Acentra Health Notes (10-04-23).docx

Email regarding CalMHSA Psychiatric Inpatient Concurrent Review Participation

Agreement with Shasta County

Ongoing Monitoring (if included)

Person Responsible (job title)

Clinical Program Coordinator

Implementation Timeline: Implementation to be completed by June 30, 2024, and evidence submitted May 27, 2024 and August 30, 2024.

Requirement 5.2.4

Code of Federal Regulations, title 42, section 438, subdivision 10(g)(2)(iv). The MHP must comply with the following communication requirements:

1. Notify DHCS and contracting providers in writing of all services that require prior or concurrent authorization and ensure that all contracting providers are aware of the procedures and timeframes necessary to obtain authorization for these services;
2. Disclose to DHCS, the MHP's providers, beneficiaries, and members of the public, upon request, the UM or utilization review policies and procedures that the MHP, or any entity that the MHP contracts with, uses to authorize, modify, or deny SMHS. The MHP may make the criteria or guidelines available through electronic communication means by posting them online;
3. Ensure the beneficiary handbook includes the procedures for obtaining benefits, including any requirements for service authorizations and/or referrals for SMHS; and,
4. Provide written notification regarding authorization decisions in accordance with the established timeframes for the type of authorization.

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

- Remote Denial Procedures for TARs
- Non-Acute Short - Doyle Days
- MD Invoice - HCIF Denial and NOABD Procedure
- Hospital Concurrent Authorization Process, February 25, 2021
- Remote Concurrent PHF Review Procedure, February 21, 2023
- SARs
- TARs
- Out of the County Group Home Tracking
- Inpatient Stays
- I - P Hospital Chart Tracking Sheet
- Psychiatric Inpatient Hospital and Psychiatric Health Facility Services (No. 2022), No issue date
- BOC CUR 100.2 Medical Necessity Request Determination Timeframes
- Concurrent Review Policy and Procedure Statement
- Value Options of California Policies

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- 5.2.4 Statement
- Adventist Health Concurrent Review and Authorization
- Adventist Health RE_ Concurrent Review and Authorization
- County Administrators signed letters
- Heritage Oaks Concurrent Review and Authorization
- mhp_beneficiary_handbook_2023final
- NVBH Re Concurrent Review and Authorization
- Concurrent Review-SRMC
- Calling for authorization - more info
- Minutes Shasta County Daily Go-Live Check In 03082019
- Minutes Shasta County Daily Go-Live Check In 03082019
- Restpadd Redding Concurrent Review and Authorization
- Restpadd Redding RE_ calling for authorization - more info
- Sierra Vista Concurrent Review and Authorization
- Sutter Ctr for Psychiatry Concurrent Review and Authorization
- Sutter-Yuba Concurrent Review and Authorization
- TARS

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP complies with notification requirements to DHCS regarding concurrent review procedures and relevant timeframes. Per the discussion during the review, the MHP stated that it did not have a consistent notification and communication process for concurrent review implementation. Post review, the MHP submitted additional evidence including a statement acknowledging that it has not notified DHCS of all services that require prior and concurrent review authorization.

DHCS deems the MHP out of compliance with BHIN 22-017 and Code of Federal Regulations, title 42, section 438, subdivision 10(g)(2)(iv).

Corrective Action Description

The MHP is updating its Concurrent Review Policy to include the following communication requirements:

1. Notify DHCS and contracting providers in writing of all services that require prior or concurrent authorization and ensure that all contracting providers are aware of the procedures and timeframes necessary to obtain authorization for these services;
2. Disclose to DHCS, the MHP's providers, beneficiaries, and members of the public, upon request, the UM or utilization review policies and procedures that the MHP, or any entity that the MHP contracts with, uses to authorize, modify, or deny SMHS. The MHP may make the criteria or guidelines available through electronic communication means by posting them online;

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3. Ensure the beneficiary handbook includes the procedures for obtaining benefits, including any requirements for service authorizations and/or referrals for SMHS; and,
4. Provide written notification regarding authorization decisions in accordance with the established timeframes for the type of authorization.

Proposed Evidence/Documentation of Correction

Concurrent Review Policy

Ongoing Monitoring (if included) N/A

Person Responsible (job title)

Clinical Program Coordinator

Implementation Timeline: Implementation to be completed by June 30, 2024.

[Requirement 5.2.9](#)

The MHP did not furnish evidence to demonstrate compliance with BHIN 22-017; Welfare and Institution Code 14197.1; Health and Safety Code 1367.01(e) & (h)(3-4); Code of Federal Regulations, title 42, section 431, subdivision 213(c); section 438, subdivision 404, section 438, subdivision 210(b)(3) & (c), section 431, subdivision 213(c), and MHSUDS IN 18-010E.

1. While LMHPs/LPHAs may review authorization requests and issue approvals within their scope of practice, all MHP decisions to modify or deny a treatment request shall be made by a physician or psychologist who has appropriate expertise in addressing the beneficiary's behavioral health needs. A psychologist may modify or deny a request for authorization for treatment for a patient only if a psychologist admitted the patient to the hospital. A psychologist may modify or deny a request for authorization for treatment consistent with the psychologist's scope of practice.
2. A decision to modify an authorization request shall be provided to the treating provider(s), initially by telephone or facsimile, and then in writing, and shall include a clear and concise explanation of the reasons for the MHP's decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity.
3. The decision shall also include the name and direct telephone number of the professional who made the authorization decision and offer the treating provider
4. the opportunity to consult with the professional who made the authorization decision.
5. If a MHP modifies or denies an authorization request, the MHP shall notify the beneficiary in writing of the adverse benefit determination before the hospital discontinues inpatient psychiatric hospital services. The notice to the beneficiary shall meet the requirements pertaining to notices of adverse benefit determinations.

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6. If a MHP denies a hospital's authorization request, the MHP must work with the treating provider to develop a plan of care. Services shall not be discontinued until the beneficiary's treating provider(s) has been notified of the MHP's decision and a care plan has been agreed upon by the treating provider that is appropriate for the medical, including behavioral health, needs of the beneficiary.
7. If the MHP and treating hospital provider do not agree on a plan of care, the provider, may, on behalf of the beneficiary and with the beneficiary's written consent, appeal the denial to the MHP, as provided for in the notice of adverse benefit determination. The hospital may provide the adverse benefit determination to the beneficiary after receiving notice from the MHP.

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

- TARs
- Second - Level Appeal Provider Care Cover Sheet
- Hospital Appeals new
- Appeal response template
- Hospital Concurrent Authorization Process 2.2021
- NOABD - Denials - Appeals - log
- Authorization delay
- NOABD Authorization Delay
- Modification Notice
- NOABD Delivery System Log
- Psychiatric Inpatient Hospital and Psychiatric Health Facility Services (No. 2022), No issue date
- SHA Audit Request Modified Authorization Sample 01
- Beacon Of California CUR 100.2 Medical Necessity Request Determination Timeframes
- Concurrent Review Policy and Procedure Statement
- Value Options of California policies

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP will work with a hospital treating provider to develop a treatment plan for a beneficiary if there is a disagreement with a modification or denial of an authorization as required per the regulation. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it sends an appropriate NOABD that includes the required information to the provider and beneficiary. Post review, the MHP submitted additional information, including a sample modified authorization; however, the modified authorization and accompanying documentation did not demonstrate the communication or resolution process outlined in the requirement.

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DHCS deems the MHP out of compliance with BHIN 22-017; Welfare and Institution Code 14197.1; Health and Safety Code 1367.01(e) & (h)(3-4); Code of Federal Regulations, title 42, section 431, subdivision 213(c); section 438, subdivision 404, section 438, subdivision 210(b)(3) & (c), section 431, subdivision 213(c); and MHSUDS IN 18-010E.

Corrective Action Description

The MHP has appealed this finding. We are awaiting the response to our appeal.

Proposed Evidence/Documentation of Correction

Contract with Acentra (see highlighted section started on page 83)

Ongoing Monitoring (if included)

Person Responsible (job title)

Clinical Program Coordinator

Implementation Timeline: Implementation to be completed by June 30, 2024 and evidence submitted May 27, 2024.

[Requirement 5.2.17](#)

The MHP did not furnish evidence to demonstrate compliance with BHIN 22-016 and BHIN 22-017. The MHP must establish written policies and procedures regarding retrospective authorization of SMHS (inpatient and outpatient). MHPs may conduct retrospective authorization of SMHS under the following limited circumstances:

- Retroactive Medi-Cal eligibility determinations;
- Inaccuracies in the Medi-Cal Eligibility Data System;
- Authorization of services for beneficiaries with other health care coverage pending evidence of billing, including dually-eligible beneficiaries; and/or,
- Beneficiary’s failure to identify payer.

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

Remote IP Retro Hospital Review Processing Procedure (Updated 10/21/2022)

- SARs
- TARs
- Authorization of Outpatient SMHS Policy, March 20, 2023
- Concurrent Review and Authorization of Psychiatric Inpatient Hospital Services for Shasta County Medi-Cal Beneficiaries, February 25, 2021
- Outpatient Auth P&P Statement
- Psynergy Adult Outpatient SMHS Review Procedure, April 28, 2017

- Sequoia ARTS CRAR with Instructions

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP established written policies and procedures regarding retrospective authorization. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it would submit the outpatient authorization policy that was active during the review period. Post review, the MHP submitted additional documentation, including a statement acknowledging that it did not have an active outpatient authorization policy prior to March 10, 2023.

DHCS deems the MHP out of compliance with BHIN 22-016 and BHIN 22-017.

Corrective Action Description

The MHP is finalizing its written policies regarding retrospective authorization.

Proposed Evidence/Documentation of Correction

Concurrent Review Policy

Authorization of Out-of-Network Mental Health Services

Ongoing Monitoring (if included) N/A

Person Responsible (job title)

Clinical Program Coordinator

Implementation Timeline: Implementation to be completed by June 30, 2024.

BENEFICIARY RIGHTS AND PROTECTIONS

Requirement 6.1.4

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 12, section 1(B)(2) and Code of Federal 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:

- NOABDs, Appeals, and State Hearings Policy and Procedure, April 19, 2023
- P&P Beneficiary Problem Resolution February 7, 2017
- Grievance Form
- Appeal form
- Beneficiary Informing Materials Webpage
- MHADAB Grievance Presentation

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- BHSS Branch Briefing Meeting Notes March 2023
- Memorandum

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has only one level of appeal for beneficiaries. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it would update its policy with the required language. Post review, the MHP submitted a memorandum, stating it is updating its policies and procedures to meet the requirements moving forward.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 12, section 1(B)(2) and Code of Federal Regulations, title 42, section 438, subdivision 402(b) and 228(a).

Corrective Action Description

The MHP has updated its Grievance Policy and Appeals Policy to include the appropriate language regarding one level of appeal.

Proposed Evidence/Documentation of Correction

Updated Grievance Policy
Updated Appeals Policy

Ongoing Monitoring (if included) N/A

Person Responsible (job title)

Grievance Coordinator

Implementation Timeline: Implementation will be before June 30, 2024.

Requirement 6.1.13

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 12, section 1(B)(15) and Code of Federal Regulations, title 42, section 438, subdivision 406(b)(2)(iii) and 228(a). The MHP must ensure that decision makers on grievances and appeals of adverse benefit determinations take into account all comments, documents, records, and other information submitted by the beneficiary or beneficiary’s representative, without regard to whether such information was submitted or considered in the initial adverse benefit determination.

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

- NOABDs, Appeals, and State Hearings Policy and Procedure, April 19, 2023

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- P&P Beneficiary Problem Resolution February 7, 2017
- Grievance Form
- Appeal form
- Beneficiary Informing Materials Webpage
- Grievances Logs and Samples
- Memorandum

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures that decision makers on grievances and appeals of adverse benefit determinations take into account all comments, documents, records, and other information submitted by the beneficiary or beneficiary’s representative, without regard to whether such information was submitted or considered in the initial adverse benefit determination. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it would update its policy with the required language. Post review, the MHP submitted a memorandum, stating it is updating its policies and procedures to meet the requirements moving forward.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 12, section 1(B)(15) and Code of Federal Regulations, title 42, section 438, subdivision 406(b)(2)(iii) and 228(a).

Corrective Action Description

The MHP has updated its Grievance Policy and Appeals Policy to include the appropriate language regarding decision makers on taking into account all comments, documents, records, and other information submitted by the beneficiary or beneficiary’s representative, without regard to whether such information was submitted or considered in the initial adverse benefit determination.

Proposed Evidence/Documentation of Correction

Updated Grievance Policy
Updated Appeals Policy

Ongoing Monitoring (if included)

All grievance review actions are recorded on the Grievance Log

Person Responsible (job title)

Grievance Coordinator

Implementation Timeline: Implementation will be before June 30, 2024.

Requirement 6.1.14

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 11, section 3(F)(3)(a-b) and Welfare and Institution Code, section 14727(a)(4) and (5). The MHP shall provide information to all beneficiaries, prospective beneficiaries, and members of the public on how to file a Discrimination Grievance with:

- a. The MHP and the Department if there is a concern of discrimination based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.
- b. The United States Department of Health and Human Services Office for Civil Rights if there is a concern of discrimination based on race, color, national origin, sex, age, or disability.

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

- NOABDs, Appeals, and State Hearings Policy and Procedure, April 19, 2023
- P&P Beneficiary Problem Resolution February 7, 2017
- Grievance Form
- Appeal form
- Beneficiary Informing Materials Webpage
- Grievances Logs and Samples
- Discrimination Grievances Policy DRAFT
- Memorandum

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides information to all beneficiaries, prospective beneficiaries, and members of the public on how to file a Discrimination Grievance. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it would update its policy with the required language. Post review, the MHP submitted a memorandum, stating it is updating its policies and procedures to meet the requirements moving forward.

DHCS deems the MHP out of compliance with MHP contract, exhibit A, attachment 11, section 3(F)(3)(a-b) and Welfare and Institution Code, section 14727(a)(4) and (5).

Corrective Action Description

The MHP has created a Discrimination Grievance Policy outlining all requirements, including providing all beneficiaries, prospective beneficiaries, and members of the public on how to file a Discrimination Grievance.

Proposed Evidence/Documentation of Correction

Grievance Policy

Ongoing Monitoring (if included)

Discrimination grievances are tracked on the Grievance Log and reviewed as required

Person Responsible (job title) Grievance Coordinator

Implementation Timeline: Implementation will be before June 30, 2024.

Requirement 6.1.16

The MHP did not furnish evidence to demonstrate compliance with the Welfare and Institution Code, section 14727(a)(4); Code of Federal Regulations, title 45, section 84.7; Code of Federal Regulations, title 34, section 106.8; Code of Federal Regulations, title 28, section 35.107; 42 United States Code, section 18116(a); California’s Medicaid State Plan, Section 7, Attachments 7.2-A and 7.2-B; and MHP Contract, exhibit A, Attachment 12, section 4(A)(2). The MHP shall adopt procedures to ensure the prompt and equitable resolution of discrimination-related complaints. The MHP shall not require a beneficiary to file a Discrimination Grievance with the MHP before filing the complaint directly with the DHCS Office of Civil Rights and the U.S. Health and Human Services Office for Civil Rights.

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

- NOABDs, Appeals, and State Hearings Policy and Procedure, April 19, 2023
- P&P Beneficiary Problem Resolution February 7, 2017
- Grievance Form
- Appeal form
- Beneficiary Informing Materials Webpage
- Grievances Logs and Samples
- Discrimination Grievances Policy DRAFT
- Memorandum

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement it is not evident that the MHP does not require a beneficiary to file a Discrimination Grievance with the MHP before filing the complaint directly with the DHCS Office of Civil Rights and the U.S. Health and Human Services Office for Civil Rights. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it would update its policy with the required language. Post review, the MHP submitted a memorandum, stating it is updating its policies and procedures to meet the requirements moving forward.

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DHCS deems the MHP out of compliance with the Welfare and Institution Code, section 14727(a)(4); Code of Federal Regulations, title 45, section 84.7; Code of Federal Regulations, title 34, section 106.8; Code of Federal Regulations, title 28, section 35.107; 42 United States Code, section 18116(a); California’s Medicaid State Plan, Section 7, Attachments 7.2-A and 7.2-B; and MHP Contract, exhibit A, Attachment 12, section 4(A)(2).

Corrective Action Description

The MHP has created a Discrimination Grievance Policy outlining all requirements, including not requiring a beneficiary to file a Discrimination Grievance with the MHP before filing the complaint directly with the DHCS Office of Civil Rights and the US Health and Human Services Office for Civil Rights.

Proposed Evidence/Documentation of Correction

Grievance Policy

Ongoing Monitoring (if included)

Discrimination grievances are tracked on the Grievance Log and reviewed as required

Person Responsible (job title) Grievance Coordinator

Implementation Timeline: Implementation will be before June 30, 2024.

Requirement 6.1.17

The MHP did not furnish evidence to demonstrate compliance with MHP Contract, exhibit A, Attachment 12, section 4(A)(3) and California Medicaid State Plan, section 7, attachments 7.2-A and 7.2-B. Within ten calendar days of mailing a Discrimination Grievance resolution letter to a beneficiary, the MHP must submit the following information regarding the complaint to the DHCS Office of Civil Rights:

- a) The original complaint.
- b) The provider’s or other accused party’s response to the complaint.
- c) Contact information for the personnel primarily responsible for investigating and responding to the complaint on behalf of the MHP.
- d) Contact information for the beneficiary filing the complaint, and for the provider or other accused party that is the subject of the complaint.
- e) All correspondence with the beneficiary regarding the complaint, including, but not limited to, the Discrimination Grievance acknowledgment letter and resolution letter sent to the beneficiary.
- f) The results of the MHPs investigation, copies of any corrective action taken, and any other information that is relevant to the allegation(s) of discrimination.

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

- NOABDs, Appeals, and State Hearings Policy and Procedure, April 19, 2023
- P&P Beneficiary Problem Resolution February 7, 2017
- Grievance Form
- Appeal form
- Beneficiary Informing Materials Webpage
- Grievances Logs and Samples
- Discrimination Grievances Policy DRAFT
- Memorandum

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP submits the required information regarding the complaint to the DHCS Office of Civil Rights within ten calendar days of mailing a Discrimination Grievance resolution letter to a beneficiary. Per the discussion during the review, the MHP stated it will update its policy with the required language. Post review, the MHP submitted a memorandum, stating it is updating its policies and procedures to meet the requirements moving forward.

DHCS deems the MHP out of compliance with MHP Contract, exhibit A, Attachment 12, section 4(A)(3) and California Medicaid State Plan, section 7, attachments 7.2-A and 7.2-B.

Corrective Action Description

The MHP has created a Discrimination Grievance Policy outlining all requirements, including reporting information regarding the complaint to the DHCS Office of Civil Rights within ten calendar days of mailing a Discrimination Grievance Resolution letter to a beneficiary.

Proposed Evidence/Documentation of Correction

Grievance Policy

Ongoing Monitoring (if included)

Discrimination grievances are tracked on the Grievance Log and reviewed as required

Person Responsible (job title) Grievance Coordinator

Implementation Timeline: Implementation will be before June 30, 2024.

Requirement 6.5.1

The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 438, subdivision 420(a)-(b) and MHP Contract Exhibit A, Attachment 12, section 9(B)(1)-(5). The MHP must continue the beneficiary's benefits if all of the following occur:

- a) The beneficiary files the request for an appeal within 60 calendar days following the date on the adverse benefit determination notice;
- b) The appeal involves the termination, suspension, or reduction of a previously authorized service;
- c) The services were ordered by an authorized provider;
- d) The period covered by the original authorization has not expired; and,
- e) The beneficiary timely files for continuation of benefits.

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

- NOABDs, Appeals, and State Hearings Policy and Procedure, April 19, 2023
- P&P Beneficiary Problem Resolution February 7, 2017
- P&P Grievances, April 19, 2023
- Grievance Form
- Appeal form
- Beneficiary Informing Materials Webpage
- Appeal Log FY20-21
- Appeal Log FY21-22
- Expedited Appeal Log FY20-21
- Expedited Appeal Log FY21-22
- Termination Notice-D1
- Notice Templates

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP continues the beneficiary's benefits under the required circumstances. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it was aware that its policy needed to be updated. Post review, the MHP submitted additional evidence, including notification templates; however, the templates do not include the required information for the continuation of benefits.

DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 438, subdivision 420(a)-(b) and MHP Contract Exhibit A, Attachment 12, section 9(B)(1)-(5).

Corrective Action Description

The MHP has updated its NOABD Templates to include language regarding the continuation of a beneficiary's specialty mental health services under the required circumstances following an appeal.

Proposed Evidence/Documentation of Correction

Updated NOABD Templates

Ongoing Monitoring (if included) N/A

Person Responsible (job title)

Clinical Program Coordinator

Implementation Timeline: Implementation will be before June 30, 2024.

PROGRAM INTEGRITY

Requirement 7.2.2

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 13. If the MHP identifies an issue or receives notification of a complaint concerning an incident of potential fraud, waste, or abuse, in addition to notifying DHCS, the MHP must conduct an internal investigation to determine the validity of the issue/complaint, and develop and implement corrective action, if needed. The MHP submitted the following documentation as evidence of compliance with this requirement:

- Compliance Work Plan FY21-22 FY 22-23
- Compliance Auditing and Monitoring policy, April 10, 2017
- Automatic reply External Shasta County MHP Identification of fraud
- Contract Boilerplate MHP Exhibits
- Fraud Report Securemail Shasta County MC 609
- Compliance Work Plan FY21-22 FY 22-23
- P&P Compliance Reporting and Investigating, April 10, 2017
- FY21-22 Compliance Training Tracker
- P&P False Health Care Claims, April 10, 2017

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP notifies DHCS when it identifies an issue or receives notification of a complaint concerning an incident of potential fraud, waste, or abuse. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it is working on a policy that outlines reporting to DHCS. Post review, the MHP submitted additional evidence, including its

reporting and investigating and false claims policies; however, the policies do not include this requirement.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 13.

Corrective Action Description

The MHP has updated its Compliance Reporting and Investigations Policy to include the requirement that it notifies DHCS when it identifies an issue or receives notification of a complaint concerning an incident of potential fraud, waste, or abuse.

Proposed Evidence/Documentation of Correction

Updated Compliance and Reporting Investigations Policy

Ongoing Monitoring (if included) N/A

Person Responsible (job title)

Clinical Program Coordinator

Implementation Timeline: Implementation will be before June 30, 2024.

Requirement 7.4.2

The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 455, subdivision, 106(a)(1),(2) and MHP Contract Exhibit A, Attachment 13, section 6(C)(1)(a)-(b). The MHP must submit the following disclosures to DHCS regarding the MHP’s management:

1. The identity of any person who is a managing employee of the MHP who has been convicted of a crime related to federal health care programs.
2. The identity of any person who is an agent of the MHP who has been convicted of a crime related to federal health care programs. For this purpose, the word "agent" has the meaning described in 42 Code of Federal Regulations part 455.101.

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

- Contract Boilerplate Children
- Contract Sample Mountain Valley
- Contract Sample NVCSS
- MVCFS Provider Disclosure Statement
- Utilization Management Audit Oversight Recoupment Standards
- P&P Compliance Reporting and Investigating, April 10, 2017

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP submits the required disclosures to DHCS. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it would submit its policy as additional evidence. Post review, the MHP submitted additional evidence, including its compliance reporting, and investigating policy; however, the policy does not include the required language.

DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 455, subdivision, 106(a)(1),(2), and MHP Contract Exhibit A, Attachment 13, section 6(C)(1)(a)-(b).

Corrective Action Description

The MHP has updated its Compliance Reporting and Investigations Policy to include the requirement that the following disclosures to DHCS regarding the MHP’s management:

1. The identity of any person who is a managing employee of the MHP who has been convicted of a crime related to federal health care programs.
2. The identity of any person who is an agent of the MHP who has been convicted of a crime related to federal health care programs. For this purpose, the word "agent" has the meaning described in 42 Code of Federal Regulations part 455.101.

Proposed Evidence/Documentation of Correction

Updated Compliance and Reporting Investigations Policy

Ongoing Monitoring (if included) N/A

Person Responsible (job title) Clinical Program Coordinator

Implementation Timeline: Implementation will be before June 30, 2024.