

**Plumas County Behavioral Health
Fiscal Year 2021/2022 Specialty Mental Health Triennial Review**

**Corrective Action Plan
Chart Review**

**8.1.2
Requirement**

Medical Necessity:

PCBH will ensure that all SMHS interventions are reasonably likely to correct or reduce the beneficiary's documented mental health condition, prevent the condition's deterioration, or help a beneficiary who is under age 21 to progress developmentally as individually appropriate.

DHCS Finding 8.1.2

Line number 3. The interventions documented on two Plan Development progress notes, dated 5/19/21 and 6/22/21, did not meet the definition of a valid Specialty Mental Health Service. **RR2c, refer to Recoupment Summary for details.**

Corrective Action Description

1. Training will be provided once a month during the monthly clinical meeting that includes all direct service providers. Including one training specific to Medi-Cal's requirement that the intervention must reasonably be likely to result in at least one of the following: a) significantly diminish the impairment; b) prevent deterioration in an important area of life functioning; c) allow the child to progress developmentally; d) correct or ameliorate the mental health condition of a beneficiary who is under age 21, will be discussed. The above deficiency will be used as an example of a non-compliant billable intervention.

2. Redistribute Documentation Policy and Procedure

Proposed Evidence/Documentation of Correction

1. Meeting minutes
2. Record of attendance
3. Medi-Cal definitions of services

Ongoing Monitoring:

Review of documentation to ensure interventions meet medical necessity through monthly chart audits by Quality Assurance Clinical team.

Person Responsible:

Quality Assurance Team; Jessica McGill, Tessa Sale, and Caylan Bakkie

Clinical Director; Sharon Sousa

Implementation Timeline: December 2024

8.5.1

Requirement

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.

DHCS Finding 8.5.1

Line numbers 1 through 10. One or more progress notes were not completed within the MHP's written timeliness standard "by the end of the next business day" after provision of service.

Line numbers 1, 3, 5, and 6. One or more progress note was missing the provider's professional degree, licensure, or job title.

Corrective Action Description

1. Training will be provided during the monthly clinical meeting, including one specific to the MHP's policy on the timeliness standard "by the end of the next business day".
2. Work with IT and EHR team to ensure provider's professional degree, licensure or job title are included in documentation through EHR.

8/31/23:

QA will audit no less than 30 charts at random during the month to ensure documentation standards are being met. If documentation standards are not being met, QA will reach out to providers to review what barriers are preventing provider from meeting documentation standards. Monitoring will increase for specific providers who do not meet documentation standards, as will training and support. The MHP will reach out to Kingsview to ensure provider's professional degree, licensure, or job title will automatically attached after documentation is signed and approved by provider.

11/08/23:

Plumas County Behavioral Health is extending the date of implementation from October to December of 2023. In previous years, Plumas County have faced staffing shortages that have impacted our ability to meet original deadlines. The recent addition of QA/QI staff has improved our capacity, but our focus has been directed towards the completion of the ACMA's and the associated evidence of submissions, among other DHCS submissions that require immediate attention. We have established a bi-weekly meeting schedule to review submission materials, compile any missing evidence and ensure that we are well-prepared for the December submission.

Proposed Evidence/Documentation of Correction

1. Meeting minutes from Clinical meeting
2. Record of attendance

Ongoing Monitoring:

Ongoing training at Monthly Clinical meeting and review of documentation to ensure progress notes are being completed according to timeliness standards and to ensure provider professional degree, licensure or job title are included in documentation.

Person Responsible (job title)

Quality Assurance Team; Jessica McGill, Tessa Sale, and Caylan Bakkie

Clinical Director; Sharon Sousa

Implementation Timeline: ~~September 2023~~, December 2023

8.5.3

Requirement

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

DHCS Finding 8.5.3

Line numbers 2 and 9: 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.**

Line number 1: The Individual Therapy service activity identified on the 5/13/21 progress note was not consistent with the specific service activity actually documented in the body of

the progress note, which appeared to describe Individual Rehab and not Individual Therapy. The intervention stated the beneficiary “is requesting a letter from clinician about why he missed so much work” for which “Had client help clinician create a letter,” with the beneficiary’s response as having “wrote letter together. Sent letter.”

Corrective Action Description

1. Training will be provided once a month during the monthly clinical meeting that includes all direct service providers. Including one training specific to ensure that all Specialty Mental Health Services claimed are claimed for the correct service modality billing code, and units of time.
2. Redistribute Documentation Policy and Procedure

Proposed Evidence/Documentation of Correction

1. Meeting minutes
2. Record of attendance
3. Distribute definitions of Specialty Mental Health Services and Service Modalities.

Ongoing Monitoring (if included)

1. Review of documentation to ensure Specialty Mental Health Services claimed are claimed for the correct service modality billing code, and units of time, through monthly chart audits by Quality Assurance Clinical team.

Person Responsible (job title)

Quality Assurance Team; Jessica McGill, Tessa Sale, and Caylan Bakkie

Clinical Director; Sharon Sousa

Implementation Timeline: December 2023

8.6.1

Requirement

The medical record associated with the following Line number(s) did not provide 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.

DHCS Finding 8.6.1

The MHP submitted the Authorization for Intensive Care Coordination and In Home-Based Services for Youth (Policy Number 200.8); however, it is dated 10/27/21, which is after the review period from April through June of 2021.

2) The medical record associated with the following Line numbers did not contain evidence that the beneficiary received an individualized determination of eligibility and need for ICC services and IHBS, and that if appropriate, such services were included in their Client Plan: Documentation of individualized determinations of eligibility for ICC and IHBS services submitted for review was limited and brief for line number 6 and altogether absent for line numbers 8, 9, and 10.

- **Line number 6.** Evidence of determination consisted of the statement “good candidate for IHBS” on the 10/4/19 Utilization Review form. However, ICC/IHBS services were not included on Client Plans dated 11/2/19 and 11/5/2020 and there was no explanation for why IHBS services were not included in their Client Plan.

- **Line numbers 8, 9, and 10.** No evidence of individualized determinations of each beneficiary’s need for ICC/IHBS services were submitted.

Line number 10’s Plumas County Comprehensive Intake Assessment, signed completed 5/13/21, documented an “Open CPS case, child recently placed in voluntary foster care placement...” which indicated the beneficiary had involvement with multiple child-serving systems and met eligibility criteria for ICC services and IHBS. *The MHP was given the opportunity to locate determinations of eligibility and need for ICC services and IHBS, but could not find written evidence in the medical record.*

Corrective Action Description

1. Update written documentation describing the process for determining and documenting eligibility and need for ICC Services and IHBS.
2. Training will be provided to all staff and contract providers who have the responsibility for determining eligibility and need for ICC and IBHS at monthly clinical meetings to ensure understanding that 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.

Proposed Evidence/Documentation of Correction

1. Copy of updated documentation
2. Meeting minutes
3. Record of attendance

Ongoing Monitoring (if included)

1. Review of documentation to ensure completion of documentation of need for ICC services through monthly chart audits by Quality Assurance Clinical team.

Person Responsible (job title)

Quality Assurance Team; Jessica McGill, Tessa Sale, and Caylan Bakkie

Clinical Director; Sharon Sousa

Implementation Timeline: December 2023

System Review

Category 1: NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

Requirement

Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i)

DHCS Finding 1.1.3

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i). The MHP must meet, and require its providers to meet, Department standards for timely access to care and services, taking into account the urgency of the need for services.

Triennial review will focus on timeliness of all urgent appointments and physician appointments.

1. Urgent care appointments for services that do not require prior authorization: within 48 hours of the request for appointment
2. Urgent care appointments for services that require prior authorization: within 96 hours of the request for appointment

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

- Link to Service Requests
- Urgent Requests for services
- Attached Image from Answering Service_ 05-03-21 & 05-04-21 PM & AM Logs
- Attached Image from Answering Service_ 05-04-21 & 05-05-21 PM & Am Logs
- Attached Image from Answering Service_ 05-23-21 & 05-24-21 PM & AM Logs
- Attached Image from Answering Service_ 05-24-21 & 05-25-21 PM & AM Logs
- Attached Image from Answering Service_ 05-30-21 & 05-31-21 PM & AM Logs
- Attached Image from Answering Service_ 05-31-21 & 06-01-21 PM & AM Logs
- Attached Image from Answering Service_ 06-01-21 & 06-02-21 PM & AM Logs

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP met the 48 hour timeline for urgent care appointments that do not require prior authorization. Of the 32 urgent care appointments reviewed, five (5) did not meet timeliness standards. Per the discussion during the review, the MHP stated that it tracks timely access in its electronic health records and internal dashboards. The MHP was provided the opportunity to submit additional evidence, including Notice of Adverse Beneficiary Determinations (NOABD) sent to beneficiaries for missing the timeliness requirement, however, no additional evidence was provided. DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i).

Corrective Action Description

County will monitor daily for compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i). The MHP will meet, and require its providers to meet, Department standards for timely access to care and services, taking into account the urgency of need for services. The Care coordinator will monitor daily request for services for urgent conditions and timely follow-up. Access staff will be provided additional training regarding department response for urgent/emergent requests. Plumas County will train and require staff to utilize the EHR to track CSI Access data.

Proposed Evidence/Documentation of Correction

EHR generated reports

Timeliness reports

Access Flow chart (urgent and routine)

Ongoing Monitoring (if included)

Daily for urgent conditions in order to meet deadlines.

Person Responsible (job title)

Care Coordinator

Jessica McGill (QA Manager)

Implementation Timeline:

September 2023

Requirement

Federal Code of Regulations, title 42, section 438, subdivision 206(b)(1).

DHCS Finding 1.2.3

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(b)(1). The MHP must maintain and monitor a network of appropriate providers that is supported by written agreements and is sufficient to provide access to ICC and IHBS services for all eligible beneficiaries, including those with limited English proficiency.

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

- Policy 202.2 Child and Family Team
- 200.8 Authorization for Intensive Care Coordination and In Home Based Services for Youth
- January 2021 Katie- A Meeting – Reminder
- Katie A March 2020
- RE_ July 2020 Katie - A Meeting
- FW_ May 2020 Katie – A

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP maintains and monitors a network of appropriate providers that is supported by written agreements and is sufficient to provide access to ICC and IHBS services for all eligible beneficiaries, including those with limited English proficiency. Per the discussion during the review, the MHP stated that it has one (1)

contracted provider that provides ICC and IHBS services. The MHP was provided the opportunity to submit the contract for its ICC and IHBS provider, however, no additional evidence was provided.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(b)(1).

Corrective Action Description

The MHP will maintain and monitor a network of appropriate providers that is supported by written agreements and is sufficient to provide access to ICC and IHBS services for all eligible beneficiaries, including those with limited English proficiency. The MHP will add a related question to the network provider monitoring tool. Update 200.8 Authorization for ICC and IHBS Youth Policy to include contracted providers.

Proposed Evidence/Documentation of Correction

Updated 200.8 Authorization for ICC and IHBS for Youth Policy to include contracted providers

Ongoing Monitoring (if included)

Annual Review of Policy and Procedure and training staff

Person Responsible (job title)

Jessica McGill (QA Manager)

Implementation Timeline:

October 2023

Requirement

Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

DHCS Finding 1.2.7

The MHP did not furnish evidence to demonstrate compliance with the 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 medical necessity criteria for TFC.

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

- Policy 202.2 Child and Family Team
- 200.8 Authorization for Intensive Care Coordination and In Home Based Services for Youth • January 2021 Katie- A Meeting – Reminder
- Katie A March 2020
- RE_ July 2020 Katie - A Meeting
- FW_ May 2020 Katie – A

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. Per the discussion during the review, the MHP stated it does not have any children that require TFC and that when this service is needed it

would transfer children and youth out of the county for treatment. The MHP stated it is working to develop a contract for this service but has been unsuccessful. DHCS deems the MHP out of compliance with the 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.

Corrective Action Description

The MHP will go out for new (RFP) annually. If any responses are received the MHP will send the RFP directly to foster agencies in Northern California. Additionally, the MHP will update forms to address TFC criteria and TFC screening tools. MHP will develop a TFC specific policy and train staff accordingly.

Proposed Evidence/Documentation of Correction

TFC Screening Tool

TFC Policy

TFC RFP

Ongoing Monitoring (if included)

Ongoing tracking and monitoring of clients meeting TFC criteria and those youth receiving TFC services.

Person Responsible (job title)

Tessa Sale (QA Clinician)

Caylan Bakkie (QA Clinician)

Implementation Timeline:

December 2023

Requirement

Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

DHCS Finding 1.2.8

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

- Policy 202.2 Child and Family Team
- 200.8 Authorization for Intensive Care Coordination and In Home Based Services for Youth
- January 2021 Katie- A Meeting – Reminder
- Katie A March 2020
- RE_ July 2020 Katie - A Meeting
- FW_ May 2020 Katie – A

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. Per the discussion during the review, the MHP stated it does not screen for TFC and it has not developed a TFC assessment. DHCS deems the MHP out of compliance with the Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

Corrective Action Description

The MHP will furnish evidence to demonstrate compliance with the 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 medical necessity criteria need TFC. The MHP evaluates for TFC along with ICC and IHBS, however we did not have a qualifying youth for TFC within the review period. MHP will provide clinical staff with additional documentation training to focus on the evaluation and provision of ICC, IHBS, and TFC and formal related evaluation.

Proposed Evidence/Documentation of Correction

TFC criteria

TFC screening tool

TFC Policy

Ongoing Monitoring (if included)

Monitor process for determining if youth that meet medical necessity criteria need TFC

Person Responsible (job title)

Jessica McGill (QA Manager)

Implementation Timeline:

September 2023

Requirement

Mental Health and Substance Use Disorder Services, Information Notice, No. 18-008, California Welfare and Institutions Code, section 14053, subdivision (a) and (b)(3), and Federal Code of Regulations, title 42, section 1396, subdivision d(a)(29)(B), (a)(16), (h)(1)(c), and Federal Code of Regulations, title 42, section 441.subdivision 13 and section 435, subdivision 1009.

DHCS Finding 1.3.2

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

- TAR Log 20-21

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP covers acute psychiatric inpatient hospital services provided in Institutions for Mental Disease (IMD) to Medi-Cal beneficiaries under the age of 21, or 65 years or older. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that it has a report that can track patients by age range to ensure compliance to this requirement. Post review, the MHP submitted a Treatment Authorization Request log to demonstrate beneficiary age range, however this log did not address the requirement. DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-008, California Welfare and Institutions Code, section 14053, subdivision (a) and (b)(3), and Federal Code of Regulations, title 42, section 1396, subdivision d(a)(29)(B), (a)(16), (h)(1)(c), and Federal Code of Regulations, title 42, section 441, subdivision 13, and section 435, subdivision 1009.

Corrective Action Description

The MHP will furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-008, California Welfare and Institutions Code, section 14053, subdivision (a) and (b)(3), and Federal Code of Regulations, title 42, section 1396, subdivision d(a)(29)(B), (a)(16), (h)(1)(c), and Federal Code of Regulations, title 42, section 441.subdivision 13 and section 435, subdivision 1009. The MHP must cover acute psychiatric inpatient hospital services provided in an Institution for Mental Disease (IMD) to Medi-Cal beneficiaries under the age of 21, or 65 years or older. The MHP provides for those services but failed to provide evidence for IMD related services for those under the age of 21 or over the age of 65. The MHP tracks these assignments by age through the Electronic Health Record and will supply that information upon request.

Proposed Evidence/Documentation of Correction

Updated EHR Log that includes missing data

Ongoing Monitoring (if included)

Monthly

Person Responsible (job title)

Jessica McGill (QA Manager)

Implementation Timeline:

September 2023

Requirement

MHP contract, exhibit A, attachment 8; California Code of Regulations, title 9, section 1810, subsection 435

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 contract 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:

- Medi-Cal Cert Log

INTERNAL DOCUMENTS REVIEWED:

- Provider Monitoring Report

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP certifies, or uses another MHP's certification documents to certify, the organizational providers that contract with the MHP to provide SMHS. This requirement was not included in any evidence provided by the MHP. Of the seven (7) MHP contracted providers, four (4) had overdue certifications. Per the discussion during the review, the MHP stated it tracks provider certification via a certification log. The

MHP provided its certification tracking log post review; however, it did not demonstrate the providers were certified.

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

Corrective Action Description

The MHP will 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 contract with the MHP to provide SMHS, in accordance with California Code of Regulations, title 9, section 1810, subsection 435. By completing ensuring all contracted providers have current certifications and the MHP is able to readily supply evidence upon request. MHP will monitor quarterly for certifications coming due within the following 2 quarters and work with contractors to ensure timely renewal.

Proposed Evidence/Documentation of Correction

Update Provider Certification Log.

Ongoing Monitoring (if included)

Quarterly, looking ahead at the upcoming two quarters to give providers 180 days to get re-certified

Person Responsible (job title)

Jessica McGill (QA Manager)

Implementation Timeline:

December 2023

Requirement

MHP contract, exhibit A, attachment 8.

DHCS Finding 1.4.6

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

- N/A

The MHP did not submit evidence to demonstrate that the MHP and its contractors take corrective action if the MHP identifies deficiencies or areas of improvement. Per the discussion during the review, the MHP stated that it has issued corrective action plans for providers and would provide a sample of the corrective action notice to its providers. No additional evidence was provided post review.

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

Corrective Action Description

The MHP will furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 8. The MHP and the contractor shall take corrective action if the MHP identifies deficiencies or areas of improvement. The MHP has hired additional QA staff to support tracking and monitoring of deficiencies or areas of improvement. Logs of monitoring, outcomes and corrective action plans issued will be maintained monthly following audits or program reviews.

Proposed Evidence/Documentation of Correction

Corrective Action tracking log

Samples of Corrective Actions taken with outcomes

Ongoing Monitoring (if included)

- Continue to review and update Corrective Action Tracking Log during Quarterly QI meeting or as needed.
- Provide training as needed

Person Responsible (job title)

Tessa Sale (QA Clinician)

Caylan Bakkie (QA Clinician)

Implementation Timeline:

December 2023

Category 2: CARE COORDINATION AND CONTINUITY OF CARE

Requirement

MHP Contract, exhibit A, attachment 10, and Federal Code of Regulations, title 42, section 438, subdivision 208(b)(1).

DHCS Finding 2.1.1

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

- PnP 200.7 Continuity of Care
- 2022 PCBH Doc Manual
- Behavioral Health Brochure- update
- Greenville Brochure 2019
- KTS.Older.Adult_Brochure e-version
- NACT_32_MHP_Plumas_2020_07012021_Contract EA

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures that each beneficiary has an ongoing source of care appropriate to his or her needs and a person or entity formally designated as primarily responsible for coordinating the services accessed by the beneficiary. Per the discussion during the review, the MHP stated that coordination of care is done through the annual assessment and treatment planning processes. The MHP was provided the opportunity to submit additional evidence to demonstrate compliance with this process, including samples of progress notes to show beneficiaries' designated coordinators, however, no additional evidence was provided.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 10, and Federal Code of Regulations, title 42, section 438, subdivision 208(b)(1).

Corrective Action Description

The MHP will furnish evidence to demonstrate compliance with the MHP Contract, exhibit A, attachment 10, and Federal Code of Regulations, title 42, section 438, subdivision 208(b)(1). The MHP must ensure that each beneficiary has an ongoing source of care appropriate to his or her needs and a person or entity formally designated as primarily responsible for coordinating the services accessed by the beneficiary. The MHP does have designated care coordinators for each beneficiary and will provide EHR based report to support evidence.

8/31/23

The MHP will develop a document called a Client Resource Guide that will be a part of the informing materials to provide to the beneficiary with their assigned clinics name, phone number, and address. This document will also provide the beneficiary with the contact information of their designated care coordinator, which they can refer back to for ongoing service assistance. This document will be listed on the checklist that is scanned into the beneficiary's electronic health record.

Proposed Evidence/Documentation of Correction

EHR based report/Case load reports

Ongoing Monitoring (if included)

Monthly Caseload reports to ensure each open beneficiary is assigned to a primary provider

Person Responsible (job title)

Sam Schopplein (Information Systems Analyst)

Tessa Sale (QA Clinician)

Designated Care Coordinator

Implementation Timeline:

September 2023

Requirement

MHP Contract, exhibit A, attachment 10, and Federal Code of Regulations, title 42, section 438, subdivision 208(b)(1).

DHCS Finding 2.1.2

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

- PnP 200.7 Continuity of Care
- 2022 PCBH Doc Manual
- Behavioral Health Brochure- update
- Greenville Brochure 2019
- KTS.Older.Adult_Brochure e-version
- NACT_32_MHP_Plumas_2020_07012021_Contract EA

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides beneficiaries information on how to contact their designated person or entity. Per the discussion during the review, the MHP stated that a

phone call is placed to the beneficiary from a case manager to inform the beneficiary of their designated care coordinator. The MHP stated it is working to formalize this process. The MHP was provided the opportunity to submit samples of progress notes to demonstrate this process; however, no additional evidence was provided. DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 10, and Federal Code of Regulations, title 42, section 438, subdivision 208(b)(1).

Corrective Action Description

In order for the MHP to be in compliance with the MHP contract, exhibit A, attachment 10, and Federal Code of Regulations, title 42, section 438, subdivision 208(b)(1) PCBH will develop and provide a Client Resource Guide containing providers care and contact number to each beneficiary.

8/31/23

The MHP will develop a document called a Client Resource Guide that will be a part of the informing materials to provide to the beneficiary with their assigned clinics name, phone number, and address. This document will be listed on the checklist that is scanned into the beneficiary's electronic health record.

Proposed Evidence/Documentation of Correction

Client Resource Guide

Updated Client Intake Resource form

Ongoing Monitoring (if included)

Weekly at UM Meetings

Person Responsible (job title)

Care Coordinator

Implementation Timeline:

September 2023

Requirement

Title 9, section 1810, subdivision 415(d).

DHCS Finding 2.3.2

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

- PnP 200.7 Continuity of Care
- Anthem-Plumas County BH MOU 2122
- MOUCalifornia Health & Wellness Plan 1819
- MOU-MHP-Anthem-PCBH FY1920

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that when the MHP determines that the beneficiary's diagnosis is not included as a SMHS, or is included but would be responsive to physical health care

based treatment, the MHP shall refer the beneficiary in accordance with state regulations. Per the discussion during the review, the MHP stated when it identifies a physical health care issue with the beneficiary, the MHP would refer the beneficiary to his/her primary care physician. The MHP acknowledged that the process is not formally documented in a policy. The MHP was provided the opportunity to submit referrals demonstrating this process, however, no additional evidence was provided. DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 415(d).

Corrective Action Description

The MHP will furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 415(d). The MHP will, when the MHP determines that the beneficiary's diagnosis is not included as a SMHS, or is included but would be responsive to physical health care based treatment, the MHP of the beneficiary will refer the beneficiary in accordance with state regulations. The MHP will develop a Policy and Procedure for documenting referrals related to when the MHP determines that the beneficiary's diagnosis is not included as a SMHS, or is included but would be responsive to physical health care based treatment. Copies of referrals will be retained in the client electronic health record.

Proposed Evidence/Documentation of Correction

Updated Medical Necessity Tool
Updated Documentation Standards
Referral Log

Ongoing Monitoring (if included)

Monthly

Person Responsible (job title)

Care Coordinator

Implementation Timeline:

December 2023

Category 3: QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

Requirement

MHP contract, exhibit A, attachment 5.

DHCS Finding 3.1.7

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

- N/A

The MHP did not submit evidence to demonstrate that the MHP informs providers of the beneficiary and family satisfaction activities. Per the discussion during the review, the MHP stated that it discusses beneficiary and family satisfaction activities in clinical staff meetings and in Quality Improvement Committee (QIC) meetings. The MHP was provided the opportunity to submit evidence of this communication, including QIC meeting minutes, however, no additional evidence was provided. DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5.

Corrective Action Description

3 The MHP will furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5. The MHP shall inform providers of the beneficiary/family satisfaction activities. The MHP participates in the annual CPS as well as other satisfaction surveys. The MHP will retain communications made and sent out regarding consumer satisfaction surveys.

Proposed Evidence/Documentation of Correction

Evidence of communication to providers, such as emails, Clinical Team Minutes and QIC minutes.

Ongoing Monitoring (if included)

Quarterly for in-house survey

Annually for CPS

Person Responsible (job title)

Sam Schopplein (Information Systems Analyst)

Implementation Timeline:

September 2023

Category 4: ACCESS AND INFORMATION REQUIREMENTS

Requirement

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.¹
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:

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).

Test Call #4

Test call was placed on Friday, January 7, 2022, at 6:44 p.m. The call was answered immediately via a live operator. The caller asked the operator for information about mental health services in the county and explained he/she had been providing care for

an elderly parent and had been feeling isolated, sad, and unable to sleep. The operator asked the caller for personally identifiable information, which the caller provided. The operator assessed the caller's need for urgent care services. The operator told the caller that he/she had reached the after-hours crisis line and that he/she would need to call back on Monday during business hours or go directly to the main county office to apply for services. The operator stated that the county offers a variety of services and treatment options but there was no guarantee he/she would qualify to receive them. The operator stated that the crisis line operated 24/7 and instructed the caller to call back if his/her condition worsened. The caller was not 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

SUMMARY OF TEST CALL FINDINGS

Required Elements	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
2	IN	IN	IN	OOO	IN	N/A	N/A	80%
3	IN	IN	IN	IN	IN	N/A	N/A	100%
4	N/A	N/A	N/A	N/A	N/A	IN	IN	100%

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). Based on the test calls, DHCS deems the MHP in partial compliance with California

Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1).

Corrective Action Description

The MHP will be in full compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1) by completing quarterly test calls and develop a CAP for any discovered deficiencies. All CAPS to be entered and tracked it in a CAP log

Proposed Evidence/Documentation of Correction

CAP log

Evidence of completed Test Calls

Ongoing Monitoring (if included)

Quarterly

Person Responsible (job title)

Jessica McGill (QA Manager)

Implementation Timeline:

September 2023

Requirement

California Code for Regulations, title 9, chapter 11, section 1810, subdivision 405(f).

DHCS Finding 4.3.4

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

- Access log-December-February

While the MHP submitted evidence to demonstrate compliance with this requirement, five (5) of five (5) required DHCS test calls were 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	12/2/2021	7:54 AM	OOC	OOC	OOC
2	2/23/2022	3:33 PM	OOC	OOC	OOC
3	12/8/2021	10:43 AM	OOC	OOC	OOC
4	1/7/2022	6:44 PM	OOC	OOC	OOC
5	2/15/2022	3:33 PM	OOC	OOC	OOC
Compliance Percentage			0%	0%	0%

Note: Only calls requesting information about SMHS, including services needed to treat a beneficiary’s urgent condition, are required to be logged.

Corrective Action Description

The MHP will 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. MHP has an implemented log, will evaluate the related policy and procedure to address areas of deficiency to ensure greater compliance with this regulation. Increased monitoring of test calls and implementation of corrective action plans related to the requirement listed in California Code of Regulations, title 9, section 1810, subdivision 405(f)

Proposed Evidence/Documentation of Correction

Updated Access Log

Ongoing Monitoring (if included)

Daily

Person Responsible (job title)

Jessica McGill (QA Manager)

Implementation Timeline:

December 2023

Requirement

California Code of Regulations, title 9, section 1810, subdivision 410.

DHCS Finding 4.4.2

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

requirement:

- Plumas County Cultural Competency Plan 2020-2023
- Cultural Competence Meeting Minutes March 2022

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted by the MHP that the MHP's Cultural Competence Committee has participants from cultural groups that are reflective of the community. Per the discussion during the review, the MHP stated that it does not have a roster or an organizational chart that demonstrates participation or members' cultural affiliation. The MHP was provided the opportunity to submit additional evidence to demonstrate compliance for this requirement; however, no additional evidence was provided. DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 410.

Corrective Action Description

The MHP will furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 410. The MHP must have a Cultural Competence Committee or other group that addresses cultural issues and has participation from cultural groups that is reflective of the community. The MHP will develop rosters for the Cultural Competence Committee and retain records of initiated invites.

Proposed Evidence/Documentation of Correction

Roster and copies-initiated Invitees to CCC

Ongoing Monitoring (if included)

Quarterly

Person Responsible (job title)

Kristy Pierson (MHSA Coordinator)

Implementation Timeline:

December 2023

Category 5: COVERAGE AND AUTHORIZATION OF SERVICES

Requirement

MHP contract, exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(c).

DHCS Finding 5.1.3

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

- Provider List- English Updated April 4th 2022
- Plumas_Section 5_Service Authorization Requirements_Sample SAR_SAR_1 of 1
- Plumas_section 5_Service Authorization log
- Plumas_section 5_Delivery System NOA_AG6473
- Plumas_section_5_Termination NOA_AB 8413 minor SMHS nonengage

- Plumas_section5_Greivance NOA_AE 12-2-2020
- Plumas_section5_Authorization of SMHS Updated September 2020

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP notifies the requesting provider, and gives the beneficiary written notice of any decision by the MHP to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested. Of the 28 Treatment Authorization Requests (TARs) reviewed by DHCS, one (1) TAR was denied and no NOABD was present. Per the discussion during the review, the MHP stated that it sends NOABDs and calls the beneficiary and providers to inform them of any modification or denial. The MHP was provided the opportunity to submit evidence of this process, including the NOABD that was sent to the beneficiary and provider, however, no additional evidence was provided.

DHCS deems the MHP out of compliance with MHP contract; exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(c).

Corrective Action Description

The MHP will ensure that all beneficiaries will receive written notice of any decision by the Contractor to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested. Review of current policy and procedures will be required of all QA and care coordinating staff to ensure adequate knowledge. The MHP compliance with 27 out of 28 charts reviewed which supports intention and general compliance and will monitor to ensure 100% rate.

8/31/23

The MHP will ensure all staff is trained according to updated NOABD policy and will attest to reviewing updated training material. The MHP will ensure that all beneficiaries will receive written notice of any decision by the Contractor to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested. TAR log will be updated to capture sent NOABD date, and the log will be monitored weekly. NOABD log will also be monitored weekly

Proposed Evidence/Documentation of Correction

Updated NOA Log

Update NOABD Policy

Update TAR Log

Ongoing Monitoring (if included)

Weekly

Person Responsible (job title)

Jessica McGill (QA Manager)

Faye Sim (QA Administrative Assistant)

Implementation Timeline:

September 2023

Requirement

MHP contract, exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(e).

DHCS Finding 5.1.4

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

- Provider List- English Updated April 4th 2022
- Plumas_Section 5_Service Authorization Requirements_Sample SAR_SAR_1 of 1
- Plumas_section 5_Service Authorization log
- Plumas_section 5_Delivery System NOA_AG6473
- Plumas_section_5_Termination NOA_AB 8413 minor SMHS nonengage
- Plumas_section5_Greivance NOA_AE 12-2-2020
- 200.1 Utilization Management Program

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures compensation to individuals or entities that conduct utilization management activities are structured to not provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any beneficiary. Per the discussion during the review, the MHP acknowledged that this requirement is not included in its policy and would need to update its process moving forward.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(e).

Corrective Action Description

The MHP will furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(e). The MHP must ensure compensation to individuals or entities that conduct utilization management activities must not be structured so as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any beneficiary by updating the current policy and procedure to include this language and provide annual training to service providers. PCBH will review and update current Policy and Procedure, and train staff annually.

8/31/23

The MHP will update current Utilization Management Policy to address MHP contract, exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(e).

Proposed Evidence/Documentation of Correction

Updated Utilization Management Policy (8/31/03)

Training Records

Ongoing Monitoring (if included)

Annually

Person Responsible (job title)

Jessica McGill (QA Manager)

Tessa Sale (QA Clinician)

Implementation Timeline:

December 2023

Requirement

Mental Health and Substance Use Disorder Services, Information Notice No. 17-032 and 18-027; BHIN No. 19-041.

DHCS Finding 5.3.1

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

- Provider List- English Updated April 4th 2022
- Plumas_Section 5_Service Authorization Requirements_Sample SAR_SAR_1 of 1
- Plumas_section 5_Service Authorization log
- Plumas_section 5_Delivery System NOA_AG6473
- Plumas_section_5_Termination NOA_AB 8413 minor SMHS nonengage
- Plumas_section5_Greivance NOA_AE 12-2-2020
- Pumas_section5_Authorization of SMHS Updated September 2020
- Plumas_section5_Authorization of SMHS CalAIM
- Plumas_Section 5 Presumptive Transfer_PNP_200.4 Foster Care KinGap Adoptive_1 of 1

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a comprehensive policy and procedure describing its process for timely provision of services to children and youth subject to Presumptive Transfer. Per the discussion during the review, the MHP acknowledged that its Presumptive Transfer policy is out of date and needs to be updated. The MHP provided no additional evidence to address this requirement.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice No. 17-032 and 18-027; BHIN No. 19-041.

Corrective Action Description

The MHP will furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice No. 17-032 and 18-027; BHIN No. 19-041. The MHP will develop a comprehensive policy and procedure describing its process for timely provision of services to children and youth subject to Presumptive Transfer.

Proposed Evidence/Documentation of Correction

Presumptive Transfer Policy

Ongoing Monitoring (if included)

Annually

Person Responsible (job title)

Tessa Sale (QA Clinician)

Caylan Bakkie (QA Clinician)

Implementation Timeline:

December 2023

Requirement

California Welfare and Institution Code, section 14717, subdivision 1(f).

DHCS Finding 5.3.2

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

- Provider List- English Updated April 4th 2022
- Plumas_Section 5_Service Authorization Requirements_Sample SAR_SAR_1 of 1
- Plumas_section 5_Service Authorization log
- Plumas_section 5_Delivery System NOA_AG6473
- Plumas_section_5_Termination NOA_AB 8413 minor SMHS nonengage
- Plumas_section5_Greivance NOA_AE 12-2-2020
- Pumas_section5_Authorization of SMHS Updated September 2020
- Plumas_section5_Authorization of SMHS CalAIM
- Plumas_Section 5 Presumptive Transfer_PNP_200.4 Foster Care KinGap Adoptive_1 of 1

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures upon presumptive transfer, the MHP in the county in which the foster child resides shall assume responsibility for the authorization and provision of SMHS and payments for services. Per the discussion during the review, the MHP stated in practice, it assumes the responsibility for the authorization and provision of SMHS and payments for services. The MHP acknowledged that its Presumptive Transfer policy is out of date and needs to be updated to reflect this process. The MHP provided no additional evidence to address this requirement.

DHCS deems the MHP out of compliance with California Welfare and Institution Code, section 14717, subdivision 1(f).

Corrective Action Description

The MHP will furnish evidence to demonstrate compliance with California Welfare and Institution Code, section 14717, subdivision 1(f). The MHP must ensure upon presumptive transfer, the mental health plan in the county in which the foster child resides shall assume responsibility for the authorization and provision of SMHS and payments for services. The MHP will develop a comprehensive policy and procedure describing its process for timely provision of services to children and youth subject to Presumptive Transfer.

Proposed Evidence/Documentation of Correction

Presumptive Transfer Policy

Ongoing Monitoring (if included)

Annually

Person Responsible (job title)

Caylan Bakkie (QA Clinician)

Tessa Sale (QA Clinician)

Implementation Timeline:

December 2023

Requirement

California Welfare and Institution Code, section 14717, subdivision 1(f).

DHCS Finding 5.3.3

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

- Provider List- English Updated April 4th 2022
- Plumas_Section 5_Service Authorization Requirements_Sample SAR_SAR_1 of 1
- Plumas_section 5_Service Authorization log
- Plumas_section 5_Delivery System NOA_AG6473
- Plumas_section_5_Termination NOA_AB 8413 minor SMHS nonengage
- Plumas_section5_Greivance NOA_AE 12-2-2020
- Pumas_section5_Authorization of SMHS Updated September 2020
- Plumas_section5_Authorization of SMHS CalAIM
- Plumas_Section 5 Presumptive Transfer_PNP_200.4 Foster Care KinGap Adoptive_1 of 1

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures if the MHP in the county of original jurisdiction has completed an assessment of needed services for the foster child, the MHP accepts the assessment. Per the discussion during the review, the MHP stated that it would accept an assessment from another MHP, however it acknowledged that its Presumptive Transfer policy is out of date and needs to be updated to reflect this process. The MHP provided no additional evidence to address this requirement.

DHCS deems the MHP out of compliance with California Welfare and Institution Code, section 14717, subdivision 1(f).

Corrective Action Description

The MHP will furnish evidence to demonstrate compliance with California Welfare and Institution Code, section 14717, subdivision 1(f). The MHP will ensure if the MHP in the county of original jurisdiction has completed an assessment of needed services for the foster child, the MHP in the county in which the foster child resides shall accept that assessment. The MHP will develop a comprehensive policy and procedure describing its process for timely provision of services to children and youth subject to Presumptive Transfer.

Proposed Evidence/Documentation of Correction

Presumptive Transfer Policy

Ongoing Monitoring (if included)

Annually

Person Responsible (job title)

Caylan Bakkie (QA Clinician)

Tessa Sale (QA Clinician)

Implementation Timeline:

December 2023

Requirement

Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i).

DHCS Finding 5.3.5

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

- Provider List- English Updated April 4th 2022
- Plumas_Section 5_Service Authorization Requirements_Sample SAR_SAR_1 of 1
- Plumas_section 5_Service Authorization log
- Plumas_section 5_Delivery System NOA_AG6473
- Plumas_section_5_Termination NOA_AB 8413 minor SMHS nonengage
- Plumas_section5_Greivance NOA_AE 12-2-2020
- Pumas_section5_Authorization of SMHS Updated September 2020
- Plumas_section5_Authorization of SMHS CalAIM
- Plumas_Section 5 Presumptive Transfer_PNP_200.4 Foster Care KinGap Adoptive_1 of 1

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP meets, and requires its providers to meet, the DHCS standards for timely access to care and services for children and youth presumptively transferred to the MHP's responsibility. Per the discussion during the review, the MHP stated that it treats children and youth as urgent requests, however it acknowledged that its Presumptive Transfer policy is out of date and needs to be updated to reflect this process. The MHP provided no additional evidence to address this requirement. DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i).

Corrective Action Description

The MHP will furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i). The MHP will meet, and require its providers to meet, the DHCS standards for timely access to care and services for children/youth presumptively transferred to the MHP's responsibility. The MHP will develop a comprehensive policy and procedure describing its process for timely provision of services to children and youth subject to Presumptive Transfer.

8/31/23

The MHP will meet, and require its providers to meet, the DHCS standards for timely access to care and services for children/youth presumptively transferred to the MHP's responsibility. The MHP defines "timely" as 48-hours from time of request for services, it is treated and tracked as an urgent request. UM coordinator and Clinician on Duty are informed immediately of the urgent request and coordinate to arrange for a clinical assessment within the 48-hours. If unable to provide within 48-hours, a NOABD would be sent to beneficiary.

Proposed Evidence/Documentation of Correction

Presumptive Transfer Policy

Ongoing Monitoring (if included)

Annually

Person Responsible (job title)

Caylan Bakkie (QA Clinician)

Tessa Sale (QA Clinician)

Implementation Timeline:

December 2023

Requirement

Mental Health and Substance Use Disorder Services, Information Notice, No.17-032.

DHCS Finding 5.3.6

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

- Provider List- English Updated April 4th 2022
- Plumas_Section 5_Service Authorization Requirements_Sample SAR_SAR_1 of 1
- Plumas_section 5_Service Authorization log
- Plumas_section 5_Delivery System NOA_AG6473
- Plumas_section_5_Termination NOA_AB 8413 minor SMHS nonengage
- Plumas_section5_Greivance NOA_AE 12-2-2020
- Pumas_section5_Authorization of SMHS Updated September 2020
- Plumas_section5_Authorization of SMHS CalAIM
- Plumas_Section 5 Presumptive Transfer_PNP_200.4 Foster Care KinGap Adoptive_1 of 1

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that when there is an exception to Presumptive Transfer and a waiver is in place, the MHP ensures access to services for foster care children placed outside the county of origin. Per the discussion during the review, the MHP stated the waiving of Presumptive Transfer has only happened once and it reviewed this case during its utilization meeting to ensure timeliness. The MHP acknowledged that its Presumptive Transfer policy does not outline this requirement and needs to be updated to reflect this process. The MHP provided no additional evidence to address this requirement. DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice, No.17-032.

Corrective Action Description

The MHP will furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No.17-032. The MHP will demonstrate that when there is an exception to Presumptive Transfer and a waiver is in place, the MHP ensures access to services for foster care children placed outside the county of origin. The MHP will develop a comprehensive policy and procedure describing its process for timely provision of services to children and youth subject to Presumptive Transfer.

Proposed Evidence/Documentation of Correction

Presumptive Transfer Policy

Ongoing Monitoring (if included)

Annually

Person Responsible (job title)

Caylan Bakkie (QA Clinician)

Tessa Sale (QA Clinician)

Implementation Timeline:

December 2023

Requirement

Mental Health and Substance Use Disorder Services., Information Notice, No. 18-027.

DHCS Finding 5.3.7

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

- Provider List- English Updated April 4th 2022
- Plumas_Section 5_Service Authorization Requirements_Sample SAR_SAR_1 of 1
- Plumas_section 5_Service Authorization log
- Plumas_section 5_Delivery System NOA_AG6473
- Plumas_section_5_Termination NOA_AB 8413 minor SMHS nonengage
- Plumas_section5_Greivance NOA_AE 12-2-2020
- Pumas_section5_Authorization of SMHS Updated September 2020
- Plumas_section5_Authorization of SMHS CalAIM
- Plumas_Section 5 Presumptive Transfer_PNP_200.4 Foster Care KinGap Adoptive_1 of 1

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that in situations when a foster child or youth is in imminent danger to themselves or others or experiencing an emergency psychiatric condition the MHP provide SMHS immediately, and without prior authorization. Per the discussion during the review, the MHP stated no prior authorization is required for foster child or youth that is experiencing an emergency psychiatric condition. The MHP acknowledged that its Presumptive Transfer policy does not outline this requirement and needs to be updated to reflect this process. The MHP provided no additional evidence to address this requirement.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services., Information Notice, No. 18-027.

Corrective Action Description

The MHP will furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services., Information Notice, No. 18-027. The MHP will provide SMHS immediately, and without prior authorization, in situations when a foster child or youth is in imminent danger to themselves or others experiencing an emergency psychiatric condition. The MHP will develop a comprehensive policy and procedure

describing its process for timely provision of services to children and youth to include foster youth.

8/31/23

The MHP will provide SMHS immediately, and without prior authorization, in situations when a foster child or youth is in imminent danger to themselves or others experiencing an emergency psychiatric condition. This would be considered an emergency request; we document emergency request and notify UM coordinator and Clinician on Duty. Access staff are also trained to advise beneficiary to go to ER for further evaluation and placement if deemed necessary. These requests are tracked and monitored daily through our Access log.

Proposed Evidence/Documentation of Correction

Updated Authorization of SMHS Policy

Ongoing Monitoring (if included)

Annually

Person Responsible (job title)

Caylan Bakkie (QA Clinician)

Tessa Sale (QA Clinician)

Implementation Timeline:

December 2023

Requirement

Mental Health and Substance Use Disorder Services, Information Notice, No. 18-027, and California Welfare and Institution Code, section 14717, subdivision 1(b).

DHCS Finding 5.3.8

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

- Provider List- English Updated April 4th 2022
- Plumas_Section 5_Service Authorization Requirements_Sample SAR_SAR_1 of 1
- Plumas_section 5_Service Authorization log
- Plumas_section 5_Delivery System NOA_AG6473
- Plumas_section_5_Termination NOA_AB 8413 minor SMHS nonengage
- Plumas_section5_Greivance NOA_AE 12-2-2020
- Pumas_section5_Authorization of SMHS Updated September 2020
- Plumas_section5_Authorization of SMHS CalAIM
- Plumas_Section 5 Presumptive Transfer_PNP_200.4 Foster Care KinGap Adoptive_1 of 1

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a procedure for expedited transfers within 48-hours of placement of the foster child or youth outside of the county of original jurisdiction. Per the discussion during the review, the MHP stated if this were to occur the expedited transfer would be within the 48-hours of placement of the foster child or youth outside

the county of original jurisdiction. The MHP acknowledged that its Presumptive Transfer policy does not outline this requirement and needs to be updated to reflect this process. The MHP provided no additional evidence to address this requirement.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-027, and California Welfare and Institution Code, section 14717, subdivision 1(b).

Corrective Action Description

The MHP will furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-027, and California Welfare and Institution Code, section 14717, subdivision 1(b). The MHP will have a procedure for expedited transfers within 48-hours of placement of the foster child or youth outside of the county of original jurisdiction. The MHP will develop a comprehensive policy and procedure describing its process for timely provision of services to children and youth to include foster youth.

Proposed Evidence/Documentation of Correction

Updated Authorization of SMHS Policy

Ongoing Monitoring (if included)

Annually

Person Responsible (job title)

Caylan Bakkie (QA Clinician)

Tessa Sale (QA Clinician)

Implementation Timeline:

December 2023

Requirement

California Welfare and Institution Code, section 14717, subdivision 1(d)(6).

DHCS Finding 5.3.9

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

- Provider List- English Updated April 4th 2022
- Plumas_Section 5_Service Authorization Requirements_Sample SAR_SAR_1 of 1
- Plumas_section 5_Service Authorization log
- Plumas_section 5_Delivery System NOA_AG6473
- Plumas_section_5_Termination NOA_AB 8413 minor SMHS nonengage
- Plumas_section5_Greivance NOA_AE 12-2-2020
- Pumas_section5_Authorization of SMHS Updated September 2020
- Plumas_section5_Authorization of SMHS CalAIM
- Plumas_Section 5 Presumptive Transfer_PNP_200.4 Foster Care KinGap Adoptive_1 of 1

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures a waiver processed based on an exception to presumptive transfer shall be contingent upon the MHP in the county of original

jurisdiction demonstrating an existing contract with a SMHS provider, or the ability to enter into a contract within 30 days of the waiver decision, and the ability to deliver timely SMHS directly to the foster child. Per the discussion during the review, the MHP stated that it would enter into a contract within 30 days if the provider is agreeable to Medi-Cal standards of pay and documentation. The MHP acknowledged that its Presumptive Transfer policy does not outline this requirement and needs to be updated to reflect this process. The MHP provided no additional evidence to address this requirement.

DHCS deems the MHP out of compliance with California Welfare and Institution Code, section 14717, subdivision 1(d)(6).

Corrective Action Description

The MHP will furnish evidence to demonstrate compliance with California Welfare and Institution Code, section 14717, subdivision 1(d)(6). The MHP will ensure a waiver processed based on an exception to presumptive transfer shall be contingent upon the MHP in the county of original jurisdiction demonstrating an existing contract with a SMHS provider, or the ability to enter into a contract within 30 days of the waiver decision, and the ability to deliver timely SMHS directly to the foster child. That information shall be documented in the child's case plan. The MHP will develop a comprehensive policy and procedure describing its process for timely provision of services to children and youth subject to Presumptive Transfer.

Proposed Evidence/Documentation of Correction

Presumptive Transfer Policy

Ongoing Monitoring (if included)

Annually

Person Responsible (job title)

Caylan Bakkie (QA Clinician)

Tessa Sale (QA Clinician)

Implementation Timeline:

December 2023

Requirement

Federal Code of Regulations, title 42, section 438, subdivision 400. The MHP must provide beneficiaries with a Notice of Adverse Beneficiary Determination under the circumstances listed

below:

1. The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of covered benefit.
2. The reduction, suspension or termination of a previously authorized service.
3. The denial, in whole or in part, of a payment for service.
4. The failure to provide services in a timely manner.
5. The failure to act within timeframes provided in 42 C.F.R. § 438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.

6. The denial of a beneficiary's request to dispute financial liability, including cost sharing and other beneficiary financial liabilities

DHCS Finding 5.4.1

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

- Plumas_section 5_Delivery System NOA_AG6473
- Plumas_section 5_Delivery System NOA_BC8783
- Plumas_section 5_Delivery System NOA_CB 9302 Denial Notice P insurance
- Plumas_section 5_Delivery System NOA_DB 9338 Denial refer out
- Plumas_section 5_Delivery System NOA_Denial Notice CC-MediCARE
- Plumas_section 5_Denial NOA_6385 minor close no assessment
- Plumas_section5_

Template_16.NOABD_Grievance_and_Appeal_Timely_Resolution_Notice

- Plumas_section5_Template_ABD Overturned
- Plumas_section5_Template_ABD Upheld
- Plumas_section5_Template_Blank termination template
- Plumas_section5_Template_Delivery System Notice
- Plumas_section5_Template_Financial Liability Notice
- Plumas_section5__Template_Modification Notice
- Plumas_section5_Template_NOABD_Authorization_Delay_Notice
- Plumas_section5_Template_Notice of Grievance Resolution
- Plumas_section5_Template_Payment Denial Notice
- Plumas_section5_Template_Timely Access

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides beneficiaries with a NOABD for a denial or limited authorization of requested service; the failure to provide services within a timely manner; or the failure to act within timeframes provided in the regulation regarding standard resolution of grievances and appeals. Of the 28 TARs reviewed by DHCS, one (1) was denied. Of the 32 urgent care appointments reviewed by DHCS, five (5) did not meet timeliness standards. Of the 13 grievances and one (1) appeal reviewed by DHCS, zero (0) were resolved within the required timeframe. Evidence the required NOABDs were provided to these beneficiaries was not provided prior to the review. The MHP was provided the opportunity to submit these NOABDs post review, however, no additional evidence was provided.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 400.

Corrective Action Description

The MHP will furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 400. The MHP will provide beneficiaries with a Notice of Adverse Beneficiary Determination under the circumstances listed below: 1. The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of covered benefit. 2. The

reduction, suspension or termination of a previously authorized service. 3. The denial, in whole or in part, of a payment for service. 4. The failure to provide services in a timely manner. 5. The failure to act within timeframes provided in 42 C.F.R. § 438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals. 6. The denial of a beneficiary's request to dispute financial liability, including cost sharing and other beneficiary financial liabilities. QA staff will review current policy and procedure with responsible staff and monitor timeliness weekly.

8/24/23

The MHP has developed a more robust monitoring system of NOABD delivery to beneficiaries. PCBH is enhancing its process by conducting weekly reviews of all clients requiring NOABDs during UM meetings. Before NOABDs are sent to beneficiaries, administrative staff will ensure complete discharge or denial documentation is in place. They will then update NOABD logs and ensure timely distribution, aligning with the NOABD Policy's guidelines. Additionally, NOABD provider education will continue through the NOABD updating policies and procedures for this topic and will routinely be discussed at the Quality Improvement meetings held with providers.

Proposed Evidence/Documentation of Correction

NOABD Log

Updated Grievance Appeal and NOABD Policy

Ongoing Monitoring (if included)

Weekly

Person Responsible (job title)

Jessica McGill (QA Manager)

Tessa Sale (QA Clinician)

Caylan Bakkie (QA Clinician)

Implementation Timeline:

September 2023

Requirement

MHP contract, exhibit A, attachment 2, and Federal Code of Regulations, title 42, section 438, subdivision 206(b).

DHCS Finding 5.5.1

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

- Beneficiary Handbook
- Plumas_section5_Authorization of SMHS Updated September 2020
- Plumas_section5_Authorization of SMHS CalAIM
- Plumas_Section 6_Grievance Appeal NOABD PNP (300.2)

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides a second opinion from a network provider or arranges for the beneficiary to obtain a second opinion outside the network at no cost to the beneficiary. Per the discussion during the review, the MHP stated that second

opinion requests are documented as appeals and most appeals for denial of services result in a second opinion. The MHP was provided the opportunity to submit sample second opinions appeals to demonstrate compliance to this requirement; however, no additional evidence was provided.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 2, and Federal Code of Regulations, title 42, section 438, subdivision 206(b).

Corrective Action Description

The MHP will furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 2, and Federal Code of Regulations, title 42, section 438, subdivision 206(b). The MHP must provide a second opinion from a network provider, or arranges for the beneficiary to obtain a second opinion outside the network at no cost to the beneficiary. The MHP will update its Grievance and Appeal materials to ensure that it includes the provision for a second opinion as outlined in MHP contract, exhibit A, attachment 2, and Federal Code of Regulations, title 42, section 438, subdivision 206(b).

Proposed Evidence/Documentation of Correction

Updated Grievance and Appeal Beneficiary Materials

Ongoing Monitoring (if included)

Annually

Person Responsible (job title)

Jessica McGill (QA Manager)

Tessa Sale (QA Clinician)

Caylan Bakkie (QA Clinician)

Implementation Timeline:

September 2023

Requirement

California Code of Regulations, title 9, section 1810, subdivision 405(e).

DHCS Finding 5.5.2

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

- Beneficiary Handbook
- Plumas_section5_Authorization of SMHS Updated September 2020
- Plumas_section5_Authorization of SMHS CalAIM
- Plumas_Section 6_Grievance Appeal NOABD PNP (300.2)

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures at the request of the beneficiary when the MHP or its network provider has determined that the beneficiary is not entitled to SMHS due to not meeting the medical necessity criteria, the MHP provides a second opinion by a licensed mental health professional (other than a psychiatric technician or a licensed vocational nurse). Per the discussion during the review, the MHP stated that the second opinion is done by a clinical supervisor or its network provider. The MHP was provided

the opportunity to submit sample second opinions and credentials of staff that conduct the second opinions, however, no additional evidence was provided.

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

Corrective Action Description

The MHP will furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 405(e). The MHP will ensure, at the request of the beneficiary when the MHP or its network provider has determined that the beneficiary is not entitled to SMHS due to not meeting the medical necessity criteria, the MHP provides for a second opinion by a licensed mental health professional (other than a psychiatric technician or a licensed vocational nurse). MHP will update its Grievance and Appeal materials to ensure that it includes the provision for a second opinion as outlined in MHP contract, exhibit A, attachment 2, and Federal Code of Regulations, title 42, section 438, subdivision 206(b).

Proposed Evidence/Documentation of Correction

Updated Grievance and Appeal Materials

Ongoing Monitoring (if included)

Annually

Person Responsible (job title)

Tessa Sale (QA Clinician)

Caylan Bakkie (QA Clinician)

Jessica McGill (QA Manager)

Implementation Timeline:

December 2023

Category 6: BENEFICIARY RIGHTS AND PROTECTIONS

Requirement

Federal Code of Regulations, title 42, section 438, subdivision 416 and California Code of Regulations, title 9, section 1850, subdivision 205.

DHCS Finding 6.2.1

The MHP submitted the following documentation as evidence of compliance with this requirement: • Plumas_Section 6_Grievance Appeal NOABD PNP

- Plumas_Section 6_FY 20-21 Grievance and Appeal Log
- FY 20-21 Change of Provider
- Grievances and Appeals Samples
- Implementation Plan_2019-2020_Plumas County Implementation Plan
- Grievance Training Material

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP maintains a grievance and appeal log and records grievances, appeals, and expedited appeals within one (1) working day of the date of receipt of the grievance, appeal, or expedited appeal. Of the 13 grievances and one (1) appeal, zero (0) were logged within one (1) working day of the date of receipt. Per the

discussion during the review, the MHP stated that the receipt date is tracked on the back of the each grievances and appeals form. The MHP was provided the opportunity to resubmit the grievances and appeals with the inclusion of this timeliness data; however, no additional evidence was provided.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 416 and California Code of Regulations, title 9, section 1850, subdivision 205

Corrective Action Description

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 416 and California Code of Regulations, title 9, section 1850, subdivision 205. The MHP must maintain a grievance and appeal log and record grievances, appeals, and expedited appeals in the log within one working day of the date of receipt of the grievance, appeal, or expedited appeal. The MHP will review and update it's Grievance and Appeal Materials to ensure compliance with Federal Code of Regulations, title 42, section 438, subdivision 416 and California Code of Regulations, title 9, section 1850, subdivision 205. QA staff will ensure all documented grievances, appeals, second opinion requests and state fair hearing requests are timely documented in the grievance and appeal log within one (1) working day of the date of receipt of the grievance, appeal, or expedited appeal. Of the 13 grievances and one (1) appeal, zero (0) were logged within one (1) working day of the date of receipt.

Proposed Evidence/Documentation of Correction

Updated Grievance Appeal Log

Ongoing Monitoring (if included)

Weekly

Person Responsible (job title)

Jessica McGill (QA Manager)

Implementation Timeline:

October 2023

Requirement

Federal Code of Regulations, title 42, section 438, subdivision 416.

DHCS Finding 6.2.2

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

- Plumas_Section 6_ Grievance Appeal NOABD PNP
- Plumas_Section 6_FY 20-21 Grievance and Appeal Log
- FY 20-21 Change of Provider
- Grievances and Appeals Samples

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted by the MHP that each grievance and appeal record includes the date received. Per the discussion during the review, the MHP stated that these data elements are tracked on the back of each grievances and

appeals form. The MHP was provided the opportunity to resubmit the grievances and appeals with the inclusion of this timeliness data; however, no additional evidence was provided.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 416.

Corrective Action Description

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 416. Each record shall include, but not be limited to: a general description of the reason for the appeal or grievance the date received, the date of each review or review meeting, resolution information for each level of the appeal or grievance, if applicable, and the date of resolution at each level, if applicable, and the name of the covered person whom the appeal or grievance was filed. The MHP will review its NOABD letter templates to ensure the language is present to notify the beneficiary of their right to request and receive benefits while the State Fair Hearing is pending, and how the beneficiary makes this request.

The MHP will ensure all data elements are submitted on time during audits and any requests submitted by DHCS.

Proposed Evidence/Documentation of Correction

Sample Grievance and Appeal Forms

Ongoing Monitoring (if included)

Weekly

Person Responsible (job title)

Jessica McGill (QA Manager)

Implementation Timeline:

September 2023

Requirement

Federal Code of Regulations, title 42, section 438, subdivision 408(e)(2)(ii).

DHCS Finding 6.4.10

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

- Plumas_Section 6_ Grievance Appeal NOABD PNP
- Appeals Sample Acknowledgement & Resolution Letters:
- Plumas_Section 6_ G.AR cell A12_10-1-2020
- Plumas_Section 6_ A.Upheld_ cell A10_9-16-20

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP includes in the written notice of the appeal resolution, the beneficiary's right to request and receive benefits while the State Fair Hearing is pending, and how the beneficiary makes this request. Per the discussion during the review, the MHP stated it has not received any State Fair Hearing requests. The MHP acknowledged the need to update its process to reflect this requirement. The MHP provided no additional evidence to address this requirement.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(e)(2)(ii).

Corrective Action Description

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 416. Each record shall include, but not be limited to: a general description of the reason for the appeal or grievance the date received, the date of each review or review meeting, resolution information for each level of the appeal or grievance, if applicable, and the date of resolution at each level, if applicable, and the name of the covered person whom the appeal or grievance was filed. The MHP will review its NOABD letter templates to ensure the language is present to notify the beneficiary of their right to request and receive benefits while the State Fair Hearing is pending, and how the beneficiary makes this request.

Proposed Evidence/Documentation of Correction

Updated Templates for Beneficiary Notification Materials

Ongoing Monitoring (if included)

Monthly

Person Responsible (job title)

Jessica McGill (QA Manager)

Implementation Timeline:

October 2023

Requirement

Federal Code of Regulations, title 42, section 438, subdivision 406(b)(4) and 408(b)-(c).

DHCS Finding 6.4.14

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

- Plumas_Section 6_ Grievance Appeal NOABD PNP

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP informs beneficiaries of the limited time available to present evidence and testimony, in person and in writing, and make legal and factual arguments for an expedited appeal. Per the discussion during the review, the MHP acknowledged that it will update its policy to reflect limited time available to present evidence and testimony. The MHP was provided the opportunity to submit an updated policy, however, no additional evidence was provided. DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 406(b)(4) and 408(b)-(c).

Corrective Action Description

PCBH will include the time frame to present evidence and testimony in the updated Medi-Cal Beneficiary Guide to services upon release of the new template by DHCS.

Proposed Evidence/Documentation of Correction

Medi-Cal Beneficiary Guide to Services (revised 2022)

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Jessica McGill (QA Manager)

Implementation Timeline:

September 2023

Category 7: PROGRAM INTEGRITY**Requirement**

Federal Code of Regulations, title 42, section 455, subdivision 101 and 104.

DHCS Finding 7.4.1

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

- Policy 702.6 Compliance Program Disclosure
- PnP 703.8 Sanctions Screenings
- 703.18 Provider Contract Development and Monitoring

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures collection of information pertaining to disclosure of ownership or control interest in the MHP, and ensures its subcontractors and network providers submit disclosures to the MHP regarding the network provider's ownership and control. Per the discussion during the review, the MHP stated that its fiscal department is responsible for reviewing disclosures with county counsel. The MHP was provided the opportunity to submit samples of completed disclosure forms to demonstrate compliance for this requirement, however, no additional evidence was provided.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 455, subdivision 101 and 104.

Corrective Action Description

The MHP will retain copies prior to submitting them to Human Resources, submit them timely per request and during reviews.

Proposed Evidence/Documentation of Correction

Copies of Annual Disclosure forms

Ongoing Monitoring (if included)

Annually

Person Responsible (job title)

Che Shannon (Management Analyst)

Implementation Timeline:

February 2024

Requirement

Federal Code of Regulations, title.42, section 455, subdivision 101 and 106(a)(1), (2).

DHCS Finding 7.4.6

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

- 703.18 Provider Contract Development and Monitoring
- Provider Contract Boilerplate

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP submits disclosure forms to DHCS of 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. Per the discussion during the review, the MHP stated that its fiscal department is in charge of reviewing the disclosures with county counsel. The MHP was provided the opportunity to submit copies of a signed disclosure attestation to demonstrate compliance for this requirement, however, no additional evidence was provided.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title.42, section 455, subdivision 101 and 106(a)(1), (2).

Corrective Action Description

In order for PCBH to be in compliance with Federal Code of Regulations, title.42, section 455, subdivision 101 and 106(a)(1), (2) The MHP must submit disclosure to DHCS of 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, and identity of any person who is an agent of the MHP who has been convicted of a crime related to federal health care programs. In order to accomplish this, the MHP will retain copies prior to submitting them to Human Resources, submit them timely per request and during reviews.

Proposed Evidence/Documentation of Correction

Copies of Annual Disclosure forms

Ongoing Monitoring (if included)

Annually

Person Responsible (job title)

Che Shannon (Management Analyst)

Implementation Timeline:

February 2024

Requirement

Federal Code of Regulations, title 42, section 438, subdivision 602(b)(d) and section 455, subdivision 436 and MHP Contract Exhibit A, Att. 13. The MHP must have a process, at the time of hiring/contracting, to confirm the identity and exclusion status of all providers (employees, network providers, contractors, person's with ownership or control interest, managing employee/agent of the MHP). This includes checking the:

1. Social Security Administration's Death Master File.
2. National Plan and Provider Enumeration System (NPPES)
3. Office of the Inspector General List of Excluded Providers and Entities(LEIE)
4. System of Award Management (SAM)
5. Department's Medi-Cal Suspended and Ineligible List (S&I List). MHP Contract, Ex. A, Att. 13; 42 C.F.R. §§ 438.602(b)(d) and 455.436

DHCS Finding 7.5.1

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

- PnP 703.8 Sanctions Screenings
- plumas_sec7_Zubu report_03.2021
- plumas_sec7_Zubu report_10.2021
- plumas_sec7_Zubu report_11.2020
- Plumas_sec 7_Zebu_Exclusionary-sanction list
- Plumas_sec7_NPI staff report
- Plumas_sec 7_Zebu_Exclusionary-sanction list-7.5.1

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a process, at the time of hiring or contracting, to confirm the identity and exclusion status of all providers using the Social Security Death Master File. Per the discussion during the review, the MHP stated that it has a contract with a vendor to search the required databases, including the Social Security Death Master File; however, the report submitted to DHCS did not include this database. Post review the MHP submitted the contract with the vendor, which outlined the requirement to check the Social Security Death Master File database; however, it was not evident that this database was being checked.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 602(b)(d); section 455, subdivision 436 and MHP Contact Exhibit A, Att. 13.

Corrective Action Description

Update monthly database searches to include Social Security Death Master File

Proposed Evidence/Documentation of Correction

Provide Zeebu Reports

Ongoing Monitoring (if included)

Monthly

Person Responsible (job title)

Sam Schopplein (Information Systems Analyst)

Implementation Timeline:

Already implemented

Requirement

Federal Code of Regulations, title 42, section 438, subdivision 608(a)(2), (4).

DHCS Finding 7.5.3

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

- N/A

The MHP did not submit evidence to demonstrate that it has a process to promptly notify DHCS if the MHP finds a party that is excluded. Per the discussion during the review, the MHP stated that if this were to occur it would stop any further payment to the provider and inform the DHCS County Liaison and Medi-Claims County Customer

Service Unit. The MHP was provided the opportunity to submit an updated policy to demonstrate compliance for this requirement, however, no additional evidence was provided.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 608(a)(2), (4).

Corrective Action Description

In order for PCBH to be in compliance with Federal Code of Regulations, title 42, section 438, subdivision 608(a)(2), (4) stating the MHP must promptly notify DHCS if the MHP finds a party that is excluded.

The MHP will revise the Employment of Qualified Personnel and Exclusion Screening policy to include DHCS reporting requirements. Plumas County has not had any party that has been on the exclusion list.

Proposed Evidence/Documentation of Correction

Updated Policy 703.6 Employment of Qualified Personnel and Exclusion Screening

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Jessica McGill, (QA Manager)

Tessa Sale (QA Clinician)

Caylan Bakkie (QA Clinician)

Implementation Timeline:

December 2023

Requirement

United States Code, title 42, section 1396u-2(d)(6), Federal Code of Regulations, title 42, section 438, subdivision 602, and BHIN No. 20-071.

DHCS Finding 7.6.3

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

- N/A

The MHP did not submit evidence to demonstrate that the MHP ensures all applicable network providers enroll through DHCS' Provider Application and Validation for Enrollment (PAVE) portal (unless the facility is required to enroll via CDPH). Per the discussion during the review, the MHP stated that it is developing a policy and monitoring process to ensure compliance with the PAVE process, however, the MHP stated it does not have any evidence to demonstrate compliance for this requirement. DHCS deems the MHP out of compliance with United States Code, title 42, section 1396u-2(d)(6), Federal Code of Regulations, title 42, section 438, subdivision 602, and BHIN No. 20-071.

Corrective Action Description

In order for PCBH to be in compliance with United States Code, title 42, section 1396u-2(d)(6), Federal Code of Regulations, title 42, section 438, subdivision 602, and BHIN No. 20-071 stating that The MHP must ensure all applicable network providers, including individual rendering providers and Specialty Mental Health facilities, enroll through DHCS' Provider Application and Validation for Enrollment (PAVE) portal (unless the facility is required to enroll via CDPH), the MHP will develop a PAVE policy and will work to get all providers in the PAVE system.

Proposed Evidence/Documentation of Correction

Proof of enrollment for all qualified providers/contractors

PAVE Policy (added 8/31/23)

Ongoing Monitoring (if included)

Monthly

Person Responsible (job title)

Jessica McGill, (QA Manager)

Tessa Sale (QA Clinician)

Caylan Bakkie (QA Clinician)

Implementation Timeline:

June 2024
