



ALCOHOL, DRUG & MENTAL HEALTH SERVICES

Quality Assurance (QA)
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TO: All Drug-Medi-Cal Service Providers

FR: Quality Assurance Office-SUD

DT: December 13, 2017

RE: **UPDATE:** Corrective Action Plan (CAP) Drug Medi-Cal: BHCS Procedures

This memo establishes Alameda Behavioral Health Care Services (BHCS) procedures for Drug Medi-Cal (DMC) contract providers and the monitoring process of Post Service Post Payment (PSPP) Audits, Corrective Action Plans (CAPs) and BHCS review and attestation that the provider has implemented the CAP as approved by the Department of Health Care Services (DHCS). This requirement has been in effect as of January 31, 2017.

In addition, QA-BHCS will assist contracted providers with their response to Technical Assistance (TA) Monitoring Visits conducted by DHCS and the TA-Corrective Action Plan (TA-CAP) associated to the DHCS review. QA-BHCS will review and approve the contracted providers TA-CAP and submit the TA-CAP to DHCS on behalf of the contracted provider.

BHCS is required to monitor and certify that their DMC providers have implemented all DHCS approved Corrective Action Plans (CAP). The monitoring efforts are intended to assist providers in the write-up of their CAP, assure implementation of the DHCS approved corrective actions, and to improve quality of service for clients. BHCS technical assistance and monitoring activities include Annual CAP Implementation Reviews (ACIR) to ensure on-going compliance to Federal, State, Local Regulations and QA BHCS Standards of Care.

QA SUD BHCS Office will:

1. Attend, when possible, the DMC DHCS Provider Entrance (Orientation) and Exit meetings for PSPPDHCS Audits.
2. Offer and provide technical assistance, if needed, to the DMC provider as they write-up the CAP or TA-CAP response;
3. Review and provide final approval for the PSPP DMC CAP prior to BHCS submitting the CAP or TA-CAP to DHCS;
4. Continue to offer and provide technical assistance as needed and requested by the DMC provider;



5. Schedule a date and time to review implementation of the CAP, generally between five-seven (5-7) months after receipt of the DHCS CAP Approval letter, in order to determine that the CAP has been implemented. (QA continuous monitoring applies to the provider CAP and is not required for the TA-CAP);
 - a. QA will review the provider's documented evidence that demonstrates implementation of the corrective actions approved by DHCS, i.e., trainings, supervision, utilization reviews, etc.
 - b. QA will review charts for compliance to Title 22 DMC Regulations.
6. Write a report of findings of the CAP implementation and review the report with the DMC provider. If the DMC provider demonstrates corrections to deficient items have been implemented as described in the approved CAP, the DHCS "County Attestation to Compliance" (form 8049) will be signed by BHCS authorized staff and emailed by BHCS to DHCS.
7. Submit the CAP Attestation and final BHCS report to DHCS within two (2) weeks of the dated final BHCS provider report. The Attestation form is on the following link: http://www.dhcs.ca.gov/services/adp/Documents/FORM_8049.pdf This form must be submitted to: SudCountyReports@dhcs.ca.gov
8. If the DMC provider **cannot** demonstrate that the DHCS approved CAP has been implemented:
 - a. A BHCS Plan of Correction (POC) may be necessary. The POC must include reasonable timelines to implement the CAP. Failure of the DMC provider to implement the CAP as agreed upon with BHCS could jeopardize the contract agreement.
 - b. Within two (2) weeks of the determination QA will submit the report to DHCS and provide the results of the CAP review that includes BHCS follow-up measures to assist the provider towards compliance.
9. Refer the DMC Provider to DHCS when a challenge or Appeal to the CAP denial decision by DHCS is made.
10. Continue to provide TA and monitor the CAP implementation.
11. Conduct regular implementation review and reports approximately ten (10) months after the previous CAP Implementation Review that verifies on-going implementation and compliance to the approved CAP. The CAP Implementation Review will occur every ten (10) months until the next PSPP DMC Audit Review by DHCS at which time a new CAP Implementation Review cycle will begin.
12. Maintain documentation of DMC contracted provider monitoring that includes: DMC provider number, date of PSPP Audit, Date of CAP DHCS Approval, date Attestation was submitted to DHCS and dates of on-going CAP Implementation Reviews.

DMC Contract Providers will:

1. Notify QA-BHCS office of the provider's receipt or notification from DHCS to schedule a PSPP DMC audit, include all emails of DHCS correspondence that

pertain to the scheduling of the audit or other information associated to the PSPP audit to: Sharon Loveseth, QA-BHCS at: sloveseth@acbhcs.org.

2. Upon receipt, forward a copy of the PSPP Audit Report to Sharon Loveseth at: sloveseth@acbhcs.org.
3. Notify QA-BHCS of the request for technical assistance regarding the audit and the written response to the audit, the CAP.
4. Use the DHCS standardized format for the response. The CAP response to the DMC PSPP Audit Report must describe processes, dates & timelines and include evidence of implementation such as forms, staff training sign-ins, training materials and policy and procedures.
5. Prior to submitting the CAP to DHCS, and at least twenty-one (21) business days before the due date, the DMC provider will submit a draft copy of the CAP for review and approval by QA-BHCS.
6. All DHCS correspondence associated to the CAP will be forwarded by the DMC provider to QA-BHCS.
7. Upon receipt of DHCS Approval of the CAP, the DMC provider will work with QA-BHCS to schedule the Implementation Plan review date; five to seven (5-7) months from implementation date(s) identified in the approved CAP.
8. Upon receipt of DHCS Denial of the CAP, the DMC provider will work with QA-BHCS to schedule time for additional technical assistance. There is a much shorter turn-a-round for resubmission to DHCS but otherwise, re-submission goes through the same process that requires QA-BHCS to submit the revised CAP to DHCS.
 - a. Contact DHCS to Appeal a decision and follow their protocols for Appeals. QA-BHCS will provide technical assistance when requested otherwise, the Provider will work directly with DHCS to resolve the issue(s).
9. Maintain evidence of provider activities that demonstrate on-going compliance to the approved CAP.
10. Annually provide documentation to BHCS that demonstrates on-going compliance and implementation of the approved CAP. Within approximately ten (10) months from the date of the most recent BHCS CAP Implementation Review the provider shall provide evidence of on-going implementation of the approved CAP. The cycle of BHCS CAP Implementation Review monitoring and reporting requires the provider to annually submit evidence of implementation until the next PSPP DMC DHCS Audit which starts a new cycle of review.

ACIRs will occur annually until the next PSPP DMC Provider DHCS Audit which will then establish a new timeline for an initial CAP Implementation and Attestation process. BHCS provides Continuous Quality Improvement activities and technical assistance throughout the year through a variety of trainings and the monthly DMC/SUD Brown Bag meetings.

Documentation of any and all items (evidence) requested and that are referenced in the DHCS approved CAP directly or through policy and procedures that are referenced

must be submitted to QA BHCS. This may include but is not limited to the following documents:

- Copy of DMC Certification
- Revised and/or New Form Templates (different than what was submitted with the CAP);
- Revised and/or New Policy and Procedures (different than what was submitted with the CAP);
 - Documentation that the policy and procedures are being followed, i.e., supervision, chart utilization reviews, monthly reports, etc.
- List of direct services staff with their credentials and hours of work per week. This request includes copies of licenses and certifications for Licensed Professionals of the Healing Arts (LPHA) and SUD Counselors - both certified and registered and the full time equivalent (FTE) spent in direct service for each staff person. The list must include all staff, and includes staff who no longer work for the organization but who provided services during the specified time frame of the review;
- Templates of all forms related to the client files (Health Questionnaire and Pre Screening, Admission/Intake, Medical Necessity, Treatment Plans, Discharge (Summary & Plan));
- Copy of Group sign-in sheets;
- Copy of a random sample of requested charts by InSyst client # that includes: Intake/Assessment, Medical Records & Health Questionnaire, Medical Necessity, Justification for Continued Treatment, Treatment Plan(s), Progress Notes, Discharge Plan, Discharge Summary;
- Copy of staff training agendas, training material and staff training sign-in sheets, and;
- Copy of internal monitoring reports that reflect monitoring activities for the specified review period.

The following link provides additional information regarding DMC Monitoring requirements:

http://www.dhcs.ca.gov/services/adp/Pages/dmc_drug_medical_monitoring.aspx

Attached is a template for CAP Implementation Reviews:

To contact BHCS with your questions or other assistance needs please contact Sharon Loveseth, LAADC; QA-BHCS at: 510-567-8244 or sloveseth@acbhcs.org.