



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: February 15, 2017

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

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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 is effective as of January 31, 2017.

Beginning in Fiscal Year 2014/2015, counties are required to certify that their DMC providers have implemented all DHCS approved Corrective Action Plans (CAP). This monitoring effort is intended to assist providers in the write-up of the CAP, assure implementation of the corrective actions, and to improve quality of services for clients.

QA SUD BHCS Office will:

1. When possible, attend the DMC DHCS Provider Orientation for the PSPP Audit.
2. Offer and provide technical assistance, if needed, to the DMC provider as they write-up their CAP response;
3. Review and provide final approval for the PSPP DMC CAP prior to BHCS submitting the 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 three-four (3-4) months after receipt of the DHCS CAP Approval letter.
6. Write a report of findings of the CAP implementation and review the report with the DMC provider. If the DMC provider demonstrates that 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.  
[http://www.dhcs.ca.gov/services/adp/Documents/FORM\\_8049.pdf](http://www.dhcs.ca.gov/services/adp/Documents/FORM_8049.pdf) This form must be submitted to: [SudCountyReports@dhcs.ca.gov](mailto:SudCountyReports@dhcs.ca.gov)
7. If the DMC provider **cannot** demonstrate that the DHCS approved CAP has been implemented, 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.

8. Refer the DMC Provider to DHCS when a challenge or Appeal to the CAP denial decision by DHCS is made.
9. Maintain documentation of DMC contracted provider monitoring that includes: DMC provider number, date of PSPP Audit, Date of CAP DHCS Approval, and date Attestation was submitted to DHCS.

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 at: [sloveseth@acbhcs.org](mailto:sloveseth@acbhcs.org).
2. Upon receipt, forward a copy of the PSPP Audit Report to Sharon Loveseth at: [sloveseth@acbhcs.org](mailto: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 standardized format for the response to DHCS, see attached template provided by BHCS. The CAP response to the DMC PSPP Audit Report must 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; 3-4 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.
9. 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).

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. 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 throughout the year through a variety of trainings and the monthly DMC/SUD Brown Bag meetings.

To conduct the CAP implementation review, QA-BHCS will require copies of any and all items that are part of the CAP. This includes but is not limited to the following documents:

- Revised and/or New Form Templates;
- Revised and/or New Policy and Procedures;
- List of direct services staff with their credentials and hours of work per week. This will include 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.;
- 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;
- Check-list of where documents are located in the chart.

The following link provides additional information regarding DMC Monitoring requirements:

[http://www.dhcs.ca.gov/services/adp/Pages/dmc\\_drug\\_medical\\_monitoring.aspx](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](mailto:sloveseth@acbhcs.org).