



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2021/2022

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE ALPINE COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: August 23, 2022 to August 24, 2022

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EXECUTIVE SUMMARY

The California Department of Health Care Services' (DHCS) mission is to provide Californians with access to affordable, integrated, high-quality health care including medical, dental, mental health, substance use treatment services, and long-term care. Our vision is to preserve and improve the overall health and well-being of all Californians.

DHCS helps provide Californians access to quality health care services that are delivered effectively and efficiently. As the single state Medicaid agency, DHCS administers California's Medicaid program (Medi-Cal). DHCS is responsible for administering the Medi-Cal Specialty Mental Health Services (SMHS) Waiver Program. SMHS are "carved-out" of the broader Medi-Cal program. The SMHS program operates under the authority of a waiver approved by the Centers for Medicare and Medicaid Services (CMS) under Section 1915(b) of the Social Security Act.

Medi-Cal is a federal/state partnership providing comprehensive health care to individuals and families who meet defined eligibility requirements. Medi-Cal coordinates and directs the delivery of important services to approximately 13.2 million Californians.

The SMHS program which provides SMHS to Medi-Cal beneficiaries through county Mental Health Plans (MHPs). The MHPs are required to provide or arrange for the provision of SMHS to beneficiaries' in their counties that meet SMHS medical necessity criteria, consistent with the beneficiaries' mental health treatment needs and goals as documented in the beneficiaries client plan.

In accordance with the California Code of Regulations, title 9, chapter 11, § 1810.380, DHCS conducts monitoring and oversight activities such as the Medi-Cal SMHS Triennial System and Chart Reviews to determine if the county MHPs are in compliance with state and federal laws and regulations and/or the contract between DHCS and the MHP.

DHCS conducted a virtual review of the Alpine County MHP's Medi-Cal SMHS programs on August 23, 2022 to August 17, 2022. The review consisted of an examination of the MHP's program and system operations, including chart documentation, to verify that medically necessary services are provided to Medi-Cal beneficiaries. DHCS utilized Fiscal Year (FY) 2021/2022 Annual Review Protocol for SMHS and Other Funded Programs (Protocol) to conduct the review.

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The Medi-Cal SMHS Triennial System Review evaluated the MHP's performance in the following categories:

- Category 1: Network Adequacy and Availability of Services
- Category 2: Care Coordination and Continuity of Care
- Category 3: Quality Assurance and Performance Improvement
- Category 4: Access and Information Requirements
- Category 5: Coverage and Authorization of Services
- Category 6: Beneficiary Rights and Protections
- Category 7: Program Integrity

This report details the findings from the Medi-Cal SMHS Triennial System Review of the Alpine County MHP. The report is organized according to the findings from each section of the FY 2021/2022 Protocol deemed out of compliance (OOC), or in partial compliance, with regulations and/or the terms of the contract between the MHP and DHCS.

For informational purposes, this findings report also includes additional information that may be useful for the MHP (e.g., a description of calls testing compliance of the MHP's 24/7 toll-free telephone line).

The MHP will have an opportunity to review the report for accuracy and appeal any of the findings of non-compliance (for both system review and chart review). The appeal must be submitted to DHCS in writing within 15 business days of receipt of the findings report. DHCS will adjudicate any appeals and/or technical corrections (e.g., calculation errors, etc.) submitted by the MHP and, if appropriate, send an amended report.

A Corrective Action Plan (CAP) is required for all items determined to be OOC or in partial compliance. The MHP is required to submit a CAP to DHCS within 60-days of receipt of the findings report for all system and chart review items deemed OOC. The CAP should include the following information:

- (1) Description of corrective actions, including milestones;
- (2) Timeline for implementation and/or completion of corrective actions;
- (3) Proposed (or actual) evidence of correction that will be submitted to DHCS;
- (4) Mechanisms for monitoring the effectiveness of corrective actions over time. If the CAP is determined to be ineffective, the MHP should inform their county liaison of any additional corrective actions taken to ensure compliance; and
- (5) A description of corrective actions required of the MHP's contracted providers to address findings.

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FINDINGS

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

Question 1.1.3

FINDING

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 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:

- Alpine Category 1.1g - 911 Brochure
- Alpine Overarching Doc#1 - 2022-2023 Implementation Plan
- Alpine Overarching Doc#38 - (ICC-IHBS) Policy #AC-349 Array of Medi-Cal MH Services and Service Provision
- Alpine Overarching Doc#30 - Policy #AC-4005 Network Adequacy Standards, Monitoring and Reporting
- Category 1 - Alpine Follow Up Doc #1.1.2a - Policy AC-180 Availability 24-7
- Category 1 - Alpine Follow Up Doc #1.1.3a - Service Request Log FY19-20
- Category 1 - Alpine Follow Up Doc #1.1.3b - Service Request Log FY20-21
- Category 1 - Alpine Follow Up Doc #1.1.3c - Service Request Log FY21-22

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP meets Department standards for timely access to care and services, taking into account the urgency of need for services. Of the 29 psychiatry appointments reviewed by DHCS, 21 did not meet the 15 business day timeframe. Of the 23 urgent appointments reviewed by DHCS, one (1) did not meet the 96-hour timeframe. Per the discussion during the review, the MHP stated that the log it original provided to DHCS as evidence has been revamped to better track timeliness standards moving forward. The MHP was provided the opportunity to submit additional evidence, including Notice of Adverse Beneficiary Determinations (NOABD) sent to beneficiaries for failing to meet the timeliness standards; however, no additional evidence was provided post review.

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

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 1.2.1

FINDING

The MHP did not 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 provide Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) to all children and youth who meet medical necessity criteria for those services. Membership in the Katie A. subclass is not a prerequisite to receiving ICC and IHBS.

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

- Alpine Category 1.1g - 911 Brochure
- Alpine Overarching Doc#1 - 2022-2023 Implementation Plan
- Alpine Overarching Doc#21 - Policy #AC-102 Routing Services Intake Process - Children and Youth
- Alpine Overarching Doc#35 - (ICC-IHBS) Policy #AC-102 Routine Services Intake Process - Children and Youth
- Alpine Overarching Doc#36 - (ICC-IHBS) Policy #AC-117 Clinical Assessments
- Alpine Overarching Doc#37 - (ICC-IHBS) Policy #AC-120 Authorization Process for MH Services
- Alpine Overarching Doc#38 - (ICC-IHBS) Policy #AC-349 Array of Medi-Cal MH Services and Service Provision
- Alpine Overarching Doc#39 - (ICC-IHBS) Policy #AC-392 Intensive Services for Medi-Cal Youth
- Category 1 - Alpine Follow Up Doc #1.2.1a - Policy AC-392 Youth Services
- Category 1 - Alpine Follow Up Doc #1.2.1b - Policy AC-102 Youth Intake
- Category 1 - Alpine Follow Up Doc #1.2.1c - Policy AC-117 Clinical Assessments
- Category 1 - Alpine Follow Up Doc #1.2.1d - Policy AC-120 Authorization Process
- Category 1 - Alpine Follow Up Doc #1.2.1e - Policy AC-349 Services and Provision

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides ICC and IHBS to all qualified children and youth. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that it does not have the capacity to provide ICC and IHBS services at this time.

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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.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 1.2.2

FINDING

The MHP did not 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 meet medical necessity criteria need ICC and IHBS.

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

- Alpine Category 1.1g - 911 Brochure
- Alpine Overarching Doc#1 - 2022-2023 Implementation Plan
- Alpine Overarching Doc#21 - Policy #AC-102 Routing Services Intake Process - Children and Youth
- Alpine Overarching Doc#35 - (ICC-IHBS) Policy #AC-102 Routine Services Intake Process - Children and Youth
- Alpine Overarching Doc#36 - (ICC-IHBS) Policy #AC-117 Clinical Assessments
- Alpine Overarching Doc#37 - (ICC-IHBS) Policy #AC-120 Authorization Process for MH Services
- Alpine Overarching Doc#38 - (ICC-IHBS) Policy #AC-349 Array of Medi-Cal MH Services and Service Provision
- Alpine Overarching Doc#39 - (ICC-IHBS) Policy #AC-392 Intensive Services for Medi-Cal Youth
- Category 1 - Alpine Follow Up Doc #1.2.1a - Policy AC-392 Youth Services
- Category 1 - Alpine Follow Up Doc #1.2.1b - Policy AC-102 Youth Intake
- Category 1 - Alpine Follow Up Doc #1.2.1c - Policy AC-117 Clinical Assessments
- Category 1 - Alpine Follow Up Doc #1.2.1d - Policy AC-120 Authorization Process
- Category 1 - Alpine Follow Up Doc #1.2.1e - Policy AC-349 Services and Provision

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP assesses all children and youth for ICC and IHBS services. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that it is not assessing for ICC and IHBS services at this time and does not have a screening tool to assess the need for these services.

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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.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 1.2.3

FINDING

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 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:

- Alpine Category 1.1g - 911 Brochure
- Alpine Overarching Doc#1 - 2022-2023 Implementation Plan
- Alpine Overarching Doc#21 - Policy #AC-102 Routing Services Intake Process - Children and Youth
- Alpine Overarching Doc#35 - (ICC-IHBS) Policy #AC-102 Routine Services Intake Process - Children and Youth
- Alpine Overarching Doc#36 - (ICC-IHBS) Policy #AC-117 Clinical Assessments
- Alpine Overarching Doc#37 - (ICC-IHBS) Policy #AC-120 Authorization Process for MH Services
- Alpine Overarching Doc#38 - (ICC-IHBS) Policy #AC-349 Array of Medi-Cal MH Services and Service Provision
- Alpine Overarching Doc#39 - (ICC-IHBS) Policy #AC-392 Intensive Services for Medi-Cal Youth
- Category 1 - Alpine Follow Up Doc #1.2.1a - Policy AC-392 Youth Services
- Category 1 - Alpine Follow Up Doc #1.2.1b - Policy AC-102 Youth Intake
- Category 1 - Alpine Follow Up Doc #1.2.1c - Policy AC-117 Clinical Assessments
- Category 1 - Alpine Follow Up Doc #1.2.1d - Policy AC-120 Authorization Process
- Category 1 - Alpine Follow Up Doc #1.2.1e - Policy AC-349 Services and Provision

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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 if there were a need for ICC or IHBS services it would contract out to meet this need. The MHP was provided the opportunity to submit a sample contract or single case agreement to demonstrate this practice; however no additional evidence was submitted post review.

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

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Questions 1.2.4

FINDING

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 have Child and Family Team (CFT) composition that always, as appropriate, includes a representative of the MHP and/or a representative from the mental health treatment team.

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

- Alpine Category 1.1g - 911 Brochure
- Alpine Overarching Doc#1 - 2022-2023 Implementation Plan
- Alpine Overarching Doc#35 - (ICC-IHBS) Policy #AC-102 Routine Services Intake Process - Children and Youth
- Alpine Overarching Doc#36 - (ICC-IHBS) Policy #AC-117 Clinical Assessments
- Alpine Overarching Doc#37 - (ICC-IHBS) Policy #AC-120 Authorization Process for MH Services
- Alpine Overarching Doc#38 - (ICC-IHBS) Policy #AC-349 Array of Medi-Cal MH Services and Service Provision
- Alpine Overarching Doc#39 - (ICC-IHBS) Policy #AC-392 Intensive Services for Medi-Cal Youth
- Alpine Overarching Doc#40 - (CFT) Policy #AC-392 Intensive Services for Medi-Cal Youth
- Alpine Overarching Doc#41 - (CFT) Policy #AC-525 Presumptive Transfer

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has Child and Family Team (CFT) composition that always, as

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appropriate, includes a representative of the MHP and/or a representative from the mental health treatment team. Per the discussion during the review, the MHP stated it has conducted CFT meetings during the triennial review period and they included all appropriate parties. The MHP was provided the opportunity to submit the CFT meeting minutes or sign in sheets do demonstrate this process has occurred; however, no additional evidence was provided post review.

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 (TFC) Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Questions 1.2.5

FINDING

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 convene a CFT for children and youth who are receiving ICC, IHBS, or TFC, but who are not involved in the child welfare or juvenile probation systems.

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

- Alpine Category 1.1g - 911 Brochure
- Alpine Overarching Doc#1 - 2022-2023 Implementation Plan
- Alpine Overarching Doc#35 - (ICC-IHBS) Policy #AC-102 Routine Services Intake Process - Children and Youth
- Alpine Overarching Doc#36 - (ICC-IHBS) Policy #AC-117 Clinical Assessments
- Alpine Overarching Doc#37 - (ICC-IHBS) Policy #AC-120 Authorization Process for MH Services
- Alpine Overarching Doc#38 - (ICC-IHBS) Policy #AC-349 Array of Medi-Cal MH Services and Service Provision
- Alpine Overarching Doc#39 - (ICC-IHBS) Policy #AC-392 Intensive Services for Medi-Cal Youth
- Alpine Overarching Doc#40 - (CFT) Policy #AC-392 Intensive Services for Medi-Cal Youth page 4-5
- Alpine Overarching Doc#41 - (CFT) Policy #AC-525 Presumptive Transfer

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP conducts CFT meetings for all children and youth receiving ICC, IHBS, or TFC regardless of child welfare or juvenile probation involvement. This requirement was not included in any evidence provided by the MHP. Per the discussion

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during the review, the MHP stated that it would review its process and update its policy language as needed. The MHP was provided the opportunity to submit CFT meeting minutes or sign in sheets to demonstrate this process has occurred; however, no additional evidence was provided post review.

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 (TFC) Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 1.2.6

FINDING

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 have an established ICC Coordinator, as appropriate, who serves as the single point of accountability.

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

- Alpine Category 1.1g - 911 Brochure
- Alpine Overarching Doc#1 - 2022-2023 Implementation Plan
- Alpine Overarching Doc#35 - (ICC-IHBS) Policy #AC-102 Routine Services Intake Process - Children and Youth
- Alpine Overarching Doc#36 - (ICC-IHBS) Policy #AC-117 Clinical Assessments
- Alpine Overarching Doc#37 - (ICC-IHBS) Policy #AC-120 Authorization Process for MH Services
- Alpine Overarching Doc#38 - (ICC-IHBS) Policy #AC-349 Array of Medi-Cal MH Services and Service Provision
- Alpine Overarching Doc#39 - (ICC-IHBS) Policy #AC-392 Intensive Services for Medi-Cal Youth
- Alpine Overarching Doc#40 - (CFT) Policy #AC-392 Intensive Services for Medi-Cal Youth

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has established an ICC Coordinator who serves as the single point of accountability. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it previously had a designated ICC Coordinator, however it does not have an ICC Coordinator at this time. The MHP was provided the opportunity to submit evidence of an ICC coordinator; however, no additional evidence was provided post review.

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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 (TFC) Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 1.2.7

FINDING

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:

- Alpine Category 1.1g - 911 Brochure
- Alpine Overarching Doc#1 - 2022-2023 Implementation Plan
- Alpine Overarching Doc#35 - (ICC-IHBS) Policy #AC-102 Routine Services Intake Process - Children and Youth
- Alpine Overarching Doc#36 - (ICC-IHBS) Policy #AC-117 Clinical Assessments
- Alpine Overarching Doc#37 - (ICC-IHBS) Policy #AC-120 Authorization Process for MH Services
- Alpine Overarching Doc#38 - (ICC-IHBS) Policy #AC-349 Array of Medi-Cal MH Services and Service Provision
- Alpine Overarching Doc#39 - (ICC-IHBS) Policy #AC-392 Intensive Services for Medi-Cal Youth
- Alpine Overarching Doc#40 - (CFT) Policy #AC-392 Intensive Services for Medi-Cal Youth

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 currently does not provide TFC services but it would create a single case agreement to contract for this services if there were a need. The MHP was provided the opportunity to submit evidence of this process, including a sample single case agreement; however no additional evidence was provided post review.

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.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

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Repeat deficiency: Yes

Question 1.2.8

FINDING

The MHP did not 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 submitted the following documentation as evidence of compliance with this requirement:

- Alpine Category 1.1g - 911 Brochure
- Alpine Overarching Doc#1 - 2022-2023 Implementation Plan
- Alpine Overarching Doc#35 - (ICC-IHBS) Policy #AC-102 Routine Services Intake Process - Children and Youth
- Alpine Overarching Doc#36 - (ICC-IHBS) Policy #AC-117 Clinical Assessments
- Alpine Overarching Doc#37 - (ICC-IHBS) Policy #AC-120 Authorization Process for MH Services
- Alpine Overarching Doc#38 - (ICC-IHBS) Policy #AC-349 Array of Medi-Cal MH Services and Service Provision
- Alpine Overarching Doc#39 - (ICC-IHBS) Policy #AC-392 Intensive Services for Medi-Cal Youth
- Alpine Overarching Doc#40 - (CFT) Policy #AC-392 Intensive Services for Medi-Cal Youth

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 have a TFC screening tool but that TFC assessment is part of its initial assessment for services for children and youth. The MHP was provided the opportunity to submit evidence of this process, including evidence TFC criteria are evaluated for children and youth; however, no additional evidence was provided post review.

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.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Repeat deficiency: Yes

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Question 1.4.4

FINDING

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

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

- Alpine Category 1.1g - 911 Brochure
- Alpine Overarching Doc#1 - 2022-2023 Implementation Plan
- Alpine Overarching Doc#16 - Policy #AC-353 Provider Contract Development and Monitoring
- Alpine Category 1.4a - Chart Audit Report 3-2022
- Alpine Overarching Doc#45 - (Certification) Policy #AC-419 Medi-Cal Certification of Providers
- Category 1 - Alpine Follow Up Doc #1.4.4a - Policy AC-406 Recertification Process
- Category 1 - Alpine Follow Up Doc #1.4.4b - Policy AC-407 Credentialing
- Category 1 - 1.4.4c - Packet for 40DVR Certification
- Category 1 - 1.4.4d - Packet for 96 Washoe Certification

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. Of the three (3) MHP providers sites, two (2) had overdue certifications. Per the discussion during the review, the MHP acknowledged the need to improve its tracking process to ensure provider sites maintain current certifications.

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

The MHP must comply with CAP requirement addressing this finding of non-compliance.

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CARE COORDINATION AND CONTINUITY OF CARE

Question 2.5.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with the Mental Health and Substance Use Disorder Services, Information Notice, No. 18-059. The MHP must establish continuity of care procedures in accordance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-059. The procedures must address the below listed requirements:

1. Beneficiaries with pre-existing provider relationships who make a continuity of care request to the MHP must be given the option to continue treatment for up to 12 months with an out-of-network Medi-Cal provider or a terminated network provider (e.g., an employee of the MHP or a contracted organizational provider, provider group, or individual practitioner);
2. SMHS shall continue to be provided, at the request of the beneficiary, for a period of time, not to exceed 12 months, necessary to complete a course of treatment and to arrange for a safe transfer to another provider as determined by the MHP, in consultation with the beneficiary and the provider, and consistent with good professional practice;
3. A beneficiary, the beneficiary's authorized representatives, or the beneficiary's provider may make a direct request to the MHP for continuity of care;
4. Beneficiaries may request continuity of care in person, in writing, or via telephone and shall not be required to submit an electronic or written request; and,
5. The MHP must provide reasonable assistance to beneficiaries in completing requests for continuity of care, including oral interpretation and auxiliary aids and services.

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

- N/A

The MHP did not submit evidence that it has established continuity of care procedures in accordance with Mental Health and Substance Use Disorder Services (MHSUDS), Information Notice, No. 18-059. Per the discussion during the review, the MHP stated it has a policy in place addressing this requirement. The MHP was provided the opportunity to submit this policy; however, no additional evidence was provided post review.

DHCS deems the MHP out of compliance with the Mental Health and Substance Use Disorder Services, Information Notice, No. 18-059.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

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Question 2.5.2

FINDING

The MHP did not furnish evidence to demonstrate compliance with the Mental Health and Substance Use Disorder Services, Information Notice, No. 18-059. Following identification of a pre-existing relationship with an out-of-network provider, the MHP must contact the provider and make a good faith effort to enter into a contract, letter of agreement, single-case agreement, or other form of formal relationship to establish continuity of care for the beneficiary.

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

- N/A

The MHP did not submit evidence that the MHP makes a good faith effort to enter into a contract with a provider if a pre-existing relationship is identified. Per the discussion during the review, the MHP stated it has a policy in place addressing this requirement. The MHP was provided the opportunity to submit this policy; however, no additional evidence was provided post review.

DHCS deems the MHP out of compliance with the Mental Health and Substance Use Disorder Services, Information Notice, No. 18-059.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 2.5.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No.18-059. The MHP must ensure each continuity of care request must be completed within the below listed timelines:

1. Thirty calendar days from the date the MHP received the request;
2. Fifteen calendar days if the beneficiary's condition requires more immediate attention, such as upcoming appointments or other pressing care needs; or,
3. Three calendar days if there is a risk of harm to the beneficiary.

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

- N/A

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The MHP did not submit evidence that the MHP ensures that each continuity of care request is completed within the required timelines. Per the discussion during the review, the MHP stated it has a policy in place addressing this requirement. The MHP was provided the opportunity to submit this policy; however, no additional evidence was provided post review.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice, No.18-059.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 2.5.4

FINDING

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-059. The MHP must ensure if the provider meets all of the required conditions and the beneficiary's request is granted, the MHP must allow the beneficiary to have access to that provider for a period of up to 12-months, depending on the needs of the beneficiary and the agreement made between the MHP and the out-of-network provider.

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

- N/A

The MHP did not submit evidence that the MHP allows beneficiaries to have access to the requested provider for a period of up to 12-months depending on the needs of the beneficiary and the agreement made between the MHP and the out-of-network provider. Per the discussion during the review, the MHP stated it has a policy in place addressing this requirement. The MHP was provided the opportunity to submit this policy; however, no additional evidence was provided post review.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-059.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 2.5.5

FINDING

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No.18-059. The MHP must ensure when the continuity of care agreement has been established, the MHP must work with the provider to establish a Client Plan and transition plan for the beneficiary.

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

- N/A

The MHP did not submit evidence that the MHP works with the out-of-network provider to establish a client plan and a transition plan for the beneficiary once the continuity of care agreement has been established. Per the discussion during the review, the MHP stated it has a policy in place addressing this requirement. The MHP was provided the opportunity to submit this policy; however, no additional evidence was provided post review.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice, No.18-059.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 2.5.6

FINDING

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Service, Information Notice, No.18-059. The MHP must ensure upon approval of a continuity of care request, the MHP must notify the beneficiary and/or the beneficiary's authorized representative, in writing, as specified below listed requirements:

1. The MHP's approval of the continuity of care request;
2. The duration of the continuity of care arrangement;
3. The process that will occur to transition the beneficiary's care at the end of the continuity of care period; and,
4. The beneficiary's right to choose a different provider from the MHP's provider network.

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

- N/A

The MHP did not submit evidence that the MHP notifies the beneficiary and/or the beneficiary's authorized representative, in writing, information outlined in MHSUDS 18-059 upon approval of a continuity of care request. Per the discussion during the review, the MHP stated it has a policy in place addressing this requirement. The MHP was provided the opportunity to submit this policy; however, no additional evidence was provided post review.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Service, Information Notice, No.18-059.

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The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 2.5.7

FINDING

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No.18-059. The MHP must ensure the written notification to a beneficiary regarding his/her continuity of care request complies with the below listed requirements:

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

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

- N/A

The MHP did not submit evidence that the MHP ensures written notification to beneficiaries regarding denial of continuity of care requests includes information outlined in MHSUDS 18-089. Per the discussion during the review, the MHP stated it has a policy in place addressing this requirement. The MHP was provided the opportunity to submit this policy; however, no additional evidence was provided post review.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Service, Information Notice, No.18-059.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 2.5.8

FINDING

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-059. The MHP must notify the beneficiary, and/or the beneficiary's authorized representative, 30-calendar days before the end of the continuity of care period about the process that will occur to transition his or her care at the end of the continuity of care period.

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

- N/A

The MHP did not submit evidence that the MHP notifies the beneficiary, and/or the beneficiary's authorized representative, 30-calendar days before the end of the continuity of care period about the process that will occur to transition the beneficiary's care at the end of the continuity of care period. Per the discussion during the review, the MHP stated it has a policy in place addressing this requirement. The MHP was provided the opportunity to submit this policy; however, no additional evidence was provided post review.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-059.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

Question 3.1.8

FINDING

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

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

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

- Alpine Overarching Doc#12 - Policy #AC-4001 Quality Improvement Program
- Alpine Overarching Doc#55 - (Quality) Policy #AC-4001 Quality Improvement Program
- Alpine Overarching Doc#56 - (Quality) Policy #AC-4005 Network Adequacy Standards Monitoring and Reporting
- Alpine Overarching Doc#57 - QIC Meeting Minutes 8-20-20
- Alpine Overarching Doc#58 - (PIP) Policy #AC-4001 Quality Improvement Program
- Category 3 - Alpine Follow Up Doc #3.1.8a - Policy AC-805 Psych Treatment
- Category 3 - Alpine Follow Up Doc #3.1.8b - Policy AC-810 Refusal of Medication
- Category 3 - Alpine Follow Up Doc #3.1.8c - Policy AC-815 Prescribe-Monitor Meds
- Category 3 - Alpine Follow Up Doc #3.1.8d - Policy AC-816 Meds for Children
- Category 3 - Alpine Follow Up Doc #3.1.8e - Policy AT-820 Telepsych Services

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While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has implemented mechanisms to monitor the safety and effectiveness of medication practices. Per the discussion during the review, the MHP stated medication monitoring is performed by a contractor. The MHP was provided the opportunity to submit evidence of this process, including monitoring reports, tools and training material; however no additional evidence was provide post review.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 3.2.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5. The MHP must ensure the Quality Assessment and Performance Improvement (QAPI) Work Plan includes evidence that Quality Improvement activities, including performance improvement projects, have contributed to meaningful improvement in clinical care and beneficiary service.

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

- Alpine Overarching Doc#12 - Policy #AC-4001 Quality Improvement Program
- Alpine Overarching Doc#55 - (Quality) Policy #AC-4001 Quality Improvement Program
- Alpine Overarching Doc#56 - (Quality) Policy #AC-4005 Network Adequacy Standards Monitoring and Reporting
- Alpine Overarching Doc#57 - QIC Meeting Minutes 8-20-20
- Alpine Overarching Doc#58 - (PIP) Policy #AC-4001 Quality Improvement Program
- Alpine Overarching Doc#13 - 2021-2022 Annual QI Work Plan
- Alpine Overarching Doc#14 - 2020-2021 Annual QI Work Plan
- Alpine Overarching Doc#15 - 2019-2020 Annual QI Work Plan
- Alpine Overarching Doc#16 - Policy #AC-353 Provider Contract Development and Monitoring
- Category 3 - Alpine Follow Up Doc #3.1.3a - QIC Minutes
- Category 3 - Alpine Follow Up Doc #3.3.1a - QIC Roster
- Alpine Overarching Doc#59 - (PIP) Alpine DRAFT Clinical PIP
- Alpine Overarching Doc#60 - (PIP) Alpine DRAFT Non-Clinical PIP

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP's Quality Assessment and Performance Improvement (QAPI) Work Plan includes evidence of Quality Improvement activities, including performance

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improvement projects. Per the discussion during the review, the MHP stated it has developed performance improvement projects but they are not active due to lack of staff available to implement the projects.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 3.3.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5. The MHP must ensure the MHP Quality Assessment and Performance Improvement program includes active participation by the MHP's practitioners and providers, as well as beneficiaries and family members, in the planning, design and execution of the Quality Improvement program.

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

- Alpine Overarching Doc#12 - Policy #AC-4001 Quality Improvement Program
- Alpine Overarching Doc#57 - QIC Meeting Minutes 8-20-20
- Category 3 - Alpine Follow Up Doc #3.3.1a - QIC Roster

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP includes active participation from beneficiaries and family members in the planning, design, and execution of the Quality Improvement program. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that beneficiaries are not currently involved in the Quality Improvement Committee (QIC). The MHP was provided the opportunity to submit evidence of beneficiary and family involvement in past quality improvement activity, including a QIC rosters; however, no further evidence was submitted post review.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 3.5.1

FINDING

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

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

- Alpine Overarching Doc#12 - Policy #AC-4001 Quality Improvement Program
- Alpine Overarching Doc#17 - Contract Boilerplate for General Contractors
- Alpine Overarching Doc#18 - Contract Boilerplate for MHSA Contractors
- Category 3 - Alpine Follow Up Doc #3.5.1a - Policy AC-2110 Practice Guidelines

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has implemented practice guidelines that meet the requirement of the MHP Contract. Per the discussion during the review, the MHP stated it has practice guidelines in place. The MHP was provided the opportunity to submit the practice guidelines it has implemented; however, no further evidence was submitted post review.

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

The MHP must comply with CAP requirement addressing this finding of non-compliance.

ACCESS AND INFORMATION REQUIREMENTS

Question 4.1.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(f)(1). The MHP must make a good faith effort to give written notice of termination of a contracted provider, within 15 calendar days after receipt or issuance of the termination notice, to each beneficiary who was seen on a regular basis by the terminated provider.

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

- Alpine Overarching Doc#16 - Policy #AC-353 Provider Contract Development and Monitoring

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP makes a good faith effort to give written notice of termination of a contracted provider, within 15 calendar days after receipt or issuance of the termination notice, to each beneficiary who was seen on a regular basis by the terminated provider. Per the discussion during the review, the MHP stated that the need to terminate a contract provider has not occurred but it does have a template letter if this were to occur. The MHP was provided the opportunity to submit the template letter; however, no further evidence was submitted post review.

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DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(f)(1).

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 4.2.2

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 11, and Federal Code of Regulations, title 42, section 438, subdivision 10(d)(3). The MHP must make its written materials that are critical to obtaining services available in the prevalent non-English languages in the county. This includes, at a minimum, the below listed materials:

1. provider directories,
2. beneficiary handbooks,
3. appeal and grievance notices,
4. denial and termination notices, and,
5. MHP's mental health education materials

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

- Category 4 - Alpine Follow Up Doc #4.1.1a - Policy AC-353 Contracts
- Category 4 - Alpine Follow Up Doc #4.4.7a - Policy AC-163 Materials in English and Spanish
- Category 4 - Alpine Follow Up Doc #4.2.2c - Spanish Beneficiary Handbook
- Category 4 - Alpine Follow Up Doc #4.2.2a - Spanish Grievance and Appeal Form
- Category 4 - Alpine Follow Up Doc #4.4.7c - Spanish Guide to ACBHS Services

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP makes its written materials that are critical to obtaining services available in the prevalent non-English languages in the county. The MHP did not submit evidence of denial notice, termination notice, or provider directory in Spanish. Per the discussion during the review, the MHP stated it would review its non-English material to verify if it has these templates. No additional evidence was submitted post review.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 11, and Federal Code of Regulations, title 42, section 438, subdivision 10(d)(3).

The MHP must comply with CAP requirement addressing this finding of non-compliance.

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Question 4.2.5

FINDING

The MHP did not furnish evidence to demonstrate compliance with the Department of Mental Health, Information Notice, No. 10-02. The MHP must have a mechanism for ensuring accuracy of translated materials in terms of both language and culture.

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

- Category 4 - Alpine Follow Up Doc #4.2.5a - Policy AC-163 Materials in English and Spanish
- Category 3 - Alpine Follow Up Doc #3.2.5c - Nancy Callahan Contract

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a mechanism for ensuring accuracy of translated materials in terms of both language and culture. Per the discussion during the review, the MHP stated it will contact its contractor for samples of the translated material verification process as well as contract language outlining this requirement. No additional evidence was submitted post review.

DHCS deems the MHP out of compliance with the Department of Mental Health, Information Notice, No. 10-02.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 4.3.2

FINDING

DHCS' review team made seven (7) calls to test the MHP's statewide 24/7 toll-free number. The seven (7) test calls must demonstrate compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1). The toll-free telephone number provides information to beneficiaries to the below listed requirements:

1. The MHP provides a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county.
2. The toll-free telephone number provides information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met.
3. The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.
4. The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

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The seven (7) test calls are summarized below.

TEST CALL #1

Test call was placed on Tuesday, April 12, 2022, at 2:50 p.m. The call was answered after one (1) ring via a live operator. The test caller requested information about accessing mental health services in the county regarding his/her child's mental health and his disruptive behavior in school. The operator asked for the child's personally identifying information, which the caller provided. The operator verified the caller's residence within the county and provided the information about how to access services including address and hours of operation for the clinic. The operator advised the caller that the clinic accepted walk-in appoints and the option to speak to someone via telehealth.

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

FINDING

The call is deemed *in compliance* with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #2

Test call was placed on Wednesday, November 3, 2021, at 7:26 a.m. The call was answered after four (4) rings via a live operator. The caller requested information about accessing mental health services in the county for what he/she described as feeling really down the past couple of weeks, inability to sleeps, bouts of crying, and loss of appetite. The operator assessed the caller's need for urgent care services, which the caller responded in the negative. The operator explained the screening and assessment process. The operator provided the hours of operation and contact information for the MHP office to schedule an appointment. The operator explained that someone will be available 24 hours a day via the after-hours line for further assistance.

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

FINDING

The call is deemed *in compliance* with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #3

Test call was placed on Friday, December 10, 2021 at 9:40 a.m. The call was answered after two (2) rings 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 depressed and isolated. The operator asked the caller for personally identifiable information, which the caller provided. The operator assessed the caller's need for urgent care services, which the caller responded in the negative. The

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operator offered the caller an appointment to be seen by a therapist. The operator provided the location of the clinic where the caller could pick up paperwork that needed to be filled out prior to the appointment. The operator explained that someone will be available 24 hours a day via the after-hours line for further assistance.

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

FINDING

The call is deemed *in compliance* with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #4

Test call was placed on Monday, December 20, 2021, at 7:35 a.m. The call was answered after three (3) rings via a live operator. The caller requested information about how to refill his/her anxiety medication although he/she had not yet established a care provider in the county. The caller was advised that if he/she was experiencing an urgent condition or needed an immediate medication refill to go to the emergency room. The operator then assessed the caller's need for urgent care services, which the caller responded in the negative. The operator then explained the screening and assessment process, as well as clinic address and hours of operation. The operator explained that someone will be available 24 hours a day via the after-hours line for further assistance.

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

FINDING

The call is deemed *in compliance* with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #5

Test call was placed on Monday, April 18, 2022, at 10:58 a.m. The call was answered after one (1) ring via a live operator. The caller requested assistance with what he/she described as feeling depressed, unable to sleep, and bouts of crying. The operator assessed the caller's need for urgent care services, which the caller responded in the negative. The operator explained the screening and assessment process. The operator provided the hours of operation and contact information for the MHP office. The operator explained that someone will be available 24 hours a day via the after-hours line for further assistance.

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

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FINDING

The call is deemed *in compliance* with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #6

Test call was placed on Monday, April 11, 2022, at 5:15 p.m. The call was answered after two (2) rings by a live operator. The caller asked how to file a complaint in the county. The operator advised the caller of several options including walking into either MHP clinic between 8:00 a.m. to 5:00 p.m. and asking for the Quality Improvement contact; completing a grievance form located in the clinic lobby; or completing the grievance form located on the MHP website. The operator then offered to have daytime staff member callback to complete the grievance over the phone, which the caller declined.

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

FINDING

The call is deemed *in compliance* with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #7

Test call was placed on Monday April 18, 2022, at 12:06 p.m. The call was immediately answered by a live operator. The caller asked how to file a complaint against his/her therapist in the county. The operator explained the grievance process and stated the grievance form can be sent in via email or mail. The operator stated self-addressed envelopes are located in the lobby.

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

FINDING

The call is deemed *in compliance* with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

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	N/A
2	IN	IN	IN	IN	IN	N/A	N/A	100%
3	N/A	IN	IN	IN	IN	N/A	N/A	100%
4	N/A	N/A	N/A	N/A	N/A	IN	IN	100%

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Based on the test calls, DHCS deems the MHP *in compliance* with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1).

Question 4.3.4

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code for Regulations, title 9, chapter 11, section 1810, subdivision 405(f). The MHP must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing. The written log(s) must contain name of the beneficiary, date of the request, and initial disposition of the request.

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

- Alpine Overarching Doc#25 - Policy #AC-180 Access Line and Log; Availability of 24-7 Services
- Alpine Overarching Doc#31 - Service Request Log FY2019-20
- Alpine Overarching Doc#32 - Service Request Log FY2020-21
- Alpine Overarching Doc#33 - Service Request Log FY2021-22

While the MHP submitted evidence to demonstrate compliance with this requirement, one (1) 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	4/11/2022	2:50 PM	IN	IN	IN
2	11/3/2021	7:26 AM	OOC	OOC	OOC
3	12/10/2021	9:40 AM	IN	IN	IN
4	12/20/2021	7:35 AM	IN	IN	IN
5	4/18/2022	10:58 AM	IN	IN	IN
Compliance Percentage			80%	80%	80%

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

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

The MHP must comply with CAP requirement addressing this finding of non-compliance.

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COVERAGE AND AUTHORIZATION OF SERVICES

Question 5.1.2

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(b)(3). The MHP must have any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested be made by a health care professional who has appropriate clinical expertise in addressing the beneficiary’s behavioral health needs.

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

- Alpine Overarching Doc#69 - (Service Auth) Policy #AC-120 Authorization Process for Outpatient MH Services
- Alpine Follow Up Doc #5.1.1d– Telepsych Contract (highlighted).pdf
- Alpine Follow Up Doc #5.1.1e– Dr. Julian Smith license.pdf

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested be made by a health care professional who has appropriate clinical expertise in addressing the beneficiary’s behavioral health needs. Of the four (4) TARs received, one (1) TAR did not have a signature by a health care professional who has appropriate clinical expertise in addressing the beneficiary’s behavioral health needs.

In addition, DHCS inspected a sample of service authorizations to verify compliance with regulatory requirements.

The service authorization samples review findings are detailed below:

Requirement	# of Services Authorizations in compliance	# of Service Authorizations out of compliance	Compliance Percentage
Service authorization approved or denied by licensed mental health or waived/registered professionals	3	1	75%

DHCS deems the MHP partial compliance with the MHP contract, exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(b)(3).

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The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 5.4.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 400. The MHP must provide beneficiaries with a Notice of Adverse Benefit Determination (NOABD) 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.

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

- Alpine Category 5.1a - TARs and SARs logs and copies
- Alpine Category 5.4a - NOABDs Issued and NOABD logs
- Alpine Category 5.4b – NOABD Your Rights
- Alpine Category 5.4c – Denial
- 2-NOABD Denial of Payment for Delivered Services
- 3-NOABD Delivery System Notice
- 4-NOABD Modification Notice
- 5-NOABD Termination Notice
- 6-NOABD Authorization Delay Notice
- 7-NOABD Timely Access Notice
- 8-NOABD Financial Liability Notice
- 9-NOABD Grievance and Appeal Timely Resolution Notice

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides beneficiaries with NOABDs for failure to provide services in a timely manner and failure to act within timeframes provided in the regulation regarding standard resolution of grievances and appeals. Of the 29 psychiatry appointments reviewed, 21 did not meet the 15 business day timeframe. Of the 23 urgent appointments reviewed, one (1) did not meet the 96-hour timeframe. Of the two (2) grievances reviewed by DHCS, the MHP did not demonstrate the grievances met the timeliness standard and

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did not require NOABDs. The MHP was provided the opportunity to submit the evidence of the NOABDs sent to beneficiaries and that the grievances were resolved within the timeliness standards; however, no further evidence was submitted post review.

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

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 5.6.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with Judicial Council Forms, JV219. The MHP must maintain policies and procedures ensuring an appropriate process for the management of Forms JV 220, JV 220(A), JV 221, JV 222, and JV 223 and that related requirements are met.

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

- N/A

The MHP did not submit evidence that it has policies and procedures ensuring an appropriate process for the management of forms JV 220, JV 220(A), JV 221, JV 222, and JV 223 and that related requirements are met. Per the discussion during the review, the MHP stated it has a policy in place addressing this requirement. The MHP was provided the opportunity to submit this policy; however, no additional evidence was provided post review.

DHCS deems the MHP out of compliance with Judicial Council Forms, JV219.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

BENEFICIARY RIGHTS AND PROTECTIONS

Question 6.1.5

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 12, Federal Code of Regulations, title 42, section 438, subdivision 406(b)(1), and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-010E. The MHP must acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing meeting the below listed requirements:

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1. The MHP shall acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing.
2. The acknowledgment letter shall include the following:
 - a. Date of receipt
 - b. Name of representative to contact
 - c. Telephone number of contact representative
 - d. Address of Contractor
3. The written acknowledgement to the beneficiary must be postmarked within five (5) calendar days of receipt of the grievance.

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

- Alpine Category 6.3a - Grievance and Appeal Form
- Alpine Category 6.3b - Template Letter for Receipt of Grievance
- Alpine Category 6.3c - Template Letter for Notice of Grievance Resolution
- Alpine Category 6.3d - Grievance Logs
- Alpine Category 6.4a - Template Letter for Notice of Receipt for Appeal Request\
- Alpine Category 6.4b - Template Letter for Notice of Receipt for Expedited Appeal Request
- Category 6 - Alpine Follow Up Doc #6.1.2d - Grievance and Appeal Training Content
- Category 6 - Alpine Follow Up Doc #6.1.1b - Grievance and Appeal Logs FY19-20

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP acknowledges receipt of each grievance to the beneficiary in writing or that the acknowledgement is postmarked within five (5) calendar days of receipt of the grievance. Two (2) grievances were identified in Fiscal Year (FY) 2019-2020. DHCS requested copies of the acknowledgement letters for these grievances to ensure compliance to the requirement. The MHP did not provide any additional evidence post review.

In addition, DHCS reviewed grievance grievances, appeals, and expedited appeal samples to verify compliance with this requirement. The sample verification findings are as detailed below;

	# OF SAMPLE REVIEWED	ACKNOWLEDGMENT		COMPLIANCE PERCENTAGE
		# IN	# OOC	
GRIEVANCES	2	0	2	0%

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 12, Federal Code of Regulations, title 42, section 438, subdivision 406(b)(1), and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-010E.

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The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 6.2.1

FINDING

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

- Alpine Overarching Doc#19 - Alpine Beneficiary Handbook
- Alpine Overarching Doc#78 - (Grievance-Appeal) Policy #AC-390 Client Problem Resolution Process
- Alpine Overarching Doc#79 - (Grievance-Appeal) Policy #AC-391 Provider Problem Resolution Process
- Alpine Category 6.3d - Grievance Logs.pdf
- Category 6 - Alpine Follow Up Doc #6.1.1b - Grievance and Appeal Logs FY19-20

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 within one (1) working day of the date of receipt of the grievance. Two (2) grievances were identified in FY 2019-2020. DHCS requested copies of these grievances to ensure compliance to this requirement. The MHP did not provide any additional evidence post review.

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.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 6.2.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code Regulation., title 9 section 1850. Subdivision 205(d)(2). The MHP must record in the grievance and appeal log or another central location determined by the MHP, the final dispositions of grievances, appeals, and expedited appeals, including the date the decision is sent to the beneficiary. If there has not been final disposition of the grievance, appeal, or expedited appeal, the reason(s) shall be included in the log.

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

- Alpine Overarching Doc#19 - Alpine Beneficiary Handbook
- Alpine Overarching Doc#78 - (Grievance-Appeal) Policy #AC-390 Client Problem Resolution Process
- Alpine Overarching Doc#79 - (Grievance-Appeal) Policy #AC-391 Provider Problem Resolution Process
- Alpine Category 6.3d - Grievance Logs
- Category 6 - Alpine Follow Up Doc #6.1.1a - March 2020 Grievance-Appeal Log
- Category 6 - Alpine Follow Up Doc #6.1.1b - Grievance and Appeal Logs FY19-20

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP records in the grievance and appeal log or another central location determined by the MHP, the final dispositions of grievances, including the date the decision is sent to the beneficiary. Two (2) grievances were identified in FY 2019-2020. The MHP grievance and appeal log included a disposition column, however details of the disposition were not present for these grievances. The MHP was provided the opportunity to submit the grievances and supporting documentation to demonstrate compliance to this requirement. The MHP did not provide any additional evidence post review.

DHCS deems the MHP out of compliance with California Code Regulation, title 9 section 1850. Subdivision 205(d)(3).

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 6.3.2

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(a)-(b)(1). The MHP must resolve each grievance as expeditiously as the beneficiary's health condition requires not to exceed 90 calendar days from the day the Contractor receives the grievance

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

- Alpine Overarching Doc#19 - Alpine Beneficiary Handbook
- Alpine Overarching Doc#78 - (Grievance-Appeal) Policy #AC-390 Client Problem Resolution Process
- Alpine Overarching Doc#79 - (Grievance-Appeal) Policy #AC-391 Provider Problem Resolution Process
- Alpine Category 6.3d - Grievance Logs
- Category 6 - Alpine Follow Up Doc #6.1.1a - March 2020 Grievance-Appeal Log
- Category 6 - Alpine Follow Up Doc #6.1.1b - Grievance and Appeal Logs FY19-20

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP resolves each grievance within the 90 day timeliness standards. Two (2) grievances were identified in Fiscal Year 2019-2020. Per the discussion during the review, the MHP stated it includes resolution dates on the grievance and appeal log. DHCS requested copies of the resolution letters to ensure compliance to this requirement. The MHP did not provide any additional evidence post review.

In addition, DHCS reviews grievances, appeals, and expedited appeal samples to verify compliance with standards. Results of the sample verifications are detailed below;

	RESOLVED WITHIN TIMEFRAMES			REQUIRED NOTICE OF EXTENSION EVIDENT	COMPLIANCE PERCENTAGE
	# OF SAMPLE REVIEWED	# IN COMPLIANCE	# OOC		
GRIEVANCES	2	0	2		0%

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(a)-(b)(1).

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 6.3.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1850, subdivision 206(c). The MHP must provide written notification to the beneficiary or the appropriate representative of the resolution of a grievance and documentation of the notification or efforts to notify the beneficiary, if he or she could not be contacted.

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

- Alpine Overarching Doc#19 - Alpine Beneficiary Handbook
- Alpine Overarching Doc#78 - (Grievance-Appeal) Policy #AC-390 Client Problem Resolution Process
- Alpine Overarching Doc#79 - (Grievance-Appeal) Policy #AC-391 Provider Problem Resolution Process
- Alpine Category 6.3d - Grievance Logs
- Category 6 - Alpine Follow Up Doc #6.1.1a - March 2020 Grievance-Appeal Log.pdf
- Category 6 - Alpine Follow Up Doc #6.1.1b - Grievance and Appeal Logs FY19-20.pdf
- Category 6 - Alpine Follow Up Doc #6.1.2a - Problem Resolution Guide.pdf
- Category 6 - Alpine Follow Up Doc #6.1.2b - Spanish Problem Resolution Guide.pdf
- Category 6 - Alpine Follow Up Doc #6.1.2c - LARGE PRINT Problem Resolution Guide.pdf
- Category 6 - Alpine Follow Up Doc #6.4.14b - Client Problem Resolution Process

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides written notification to the beneficiary, or the appropriate representative, of the resolution of a grievance and documentation of the notification or efforts to notify the beneficiary, if he or she could not be contacted. Two (2) grievances were identified in Fiscal Year 2019-2020. DHCS requested copies of the resolution letters for these grievances to ensure compliance to this requirement. The MHP did not provide any additional evidence post review.

In addition, DHCS reviews grievances, appeals, and expedited appeal samples to verify compliance with standards. Results of the sample verifications are detailed below;

	# OF SAMPLE REVIEWED	RESOLUTION NOTICE		COMPLIANCE PERCENTAGE
		# IN	# OOC	
GRIEVANCES	2	0	2	0%

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1850, subdivision 206(c).

The MHP must comply with CAP requirement addressing this finding of non-compliance.

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Question 6.4.4

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 406(b)(4). The MHP must allow the beneficiary to have a reasonable opportunity to present evidence and testimony and make arguments of fact or law, in person and in writing. The MHP must inform the beneficiary of the limited time available for this sufficiently in advance of the resolution timeframe for appeals specified in §438.408(b) and (c) in the case of expedited resolution.

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

- Alpine Overarching Doc#19 - Alpine Beneficiary Handbook
- Alpine Overarching Doc#78 - (Grievance-Appeal) Policy #AC-390 Client Problem Resolution Process
- Alpine Overarching Doc#79 - (Grievance-Appeal) Policy #AC-391 Provider Problem Resolution Process
- Alpine Category 6.3d - Grievance Logs
- Category 6 - Alpine Follow Up Doc #6.4.14a - Your Rights Handout.pdf
- Category 6 - Alpine Follow Up Doc #6.1.2a - Problem Resolution Guide.pdf
- Category 6 - Alpine Follow Up Doc #6.1.2b - Spanish Problem Resolution Guide.pdf
- Category 6 - Alpine Follow Up Doc #6.1.2c - LARGE PRINT Problem Resolution Guide.pdf

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP informs the beneficiary of the limited time available for making arguments of fact or law, in person and in writing sufficiently in advance of the resolution timeframe for appeals and expedited resolutions. Per the discussion during the review, the MHP stated that the beneficiary is notified during the appeals process. The MHP was provided the opportunity to submit evidence of this notification process or other relevant written material; however, no further evidence was submitted post review.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 406(b)(4).

The MHP must comply with CAP requirement addressing this finding of non-compliance.

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PROGRAM INTEGRITY

Question 7.1.4

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attached 13, and Federal Code of Regulations, title 42, section 438, subdivision 608(a)(1). The MHP Regulatory Compliance Committee (RCC) at the senior management level charged with overseeing the organization's compliance program and its compliance with the requirements of this contract.

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

- Alpine Overarching Doc#84 - (Compliance) Policy #AC-411 Oversight of the Compliance Program
- Category 7 - Alpine Follow Up Doc #7.1.1a - ACBHS Compliance Plan
- Category 7 - Alpine Follow Up Doc #7.1.3a - ACBHS Organizational Chart

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a Regulatory Compliance Committee (RCC) at the senior management level charged with overseeing the organization's compliance program and its compliance with the requirements of the contract. Per the discussion during the review, the MHP stated it use to conduct a quarterly compliance meeting, however this is no longer occurring. The MHP was provided the opportunity to submit evidence of these meetings including agendas and sign in sheets; however, no further evidence was submitted post review.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attached 13, and Federal Code of Regulations, title 42, section 438, subdivision 608(a)(1).

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 7.2.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 13, and Federal Code of Regulations, title 42, section 438, subdivision 608(a)(6). The MHP must implement and maintain written policies for all employees of the MHP, and of any contractor or agent, that provide detailed information about the False Claims Act and other Federal and State Laws, including information about rights of employees to be protected as whistleblowers.

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

- Category 7 - Alpine Follow up Doc #7.2.3a - Code of Conduct
- Alpine Overarching Doc#85 - (Compliance) Policy #AC-412 Compliance Reporting Suspected Fraud Waste and Abuse
- Category 7 - Alpine Follow Up Doc #7.1.1a - ACBHS Compliance Plan

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP implements and maintains written policies for all employees of the MHP, and of any contractor or agent, that provide detailed information about the False Claims Act and other Federal and State Laws. Per the discussion during the review, the MHP stated it will research if it has a policy or procedure in place for this requirement. The MHP was provided the opportunity to submit evidence of this policy; however, no further evidence was submitted post review.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 13, and Federal Code of Regulations, title 42, section 438, subdivision 608(a)(6).

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 7.2.4

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 13, and Federal Code of Regulations, title 42, section 438, subdivision 608(a)(8). The MHP must implement and maintain arrangements or procedures that include provision for the Contractor's suspension of payments to a network provider for which there is a credible allegation of fraud.

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

- Category 7 - Alpine Follow up Doc #7.2.3a - Code of Conduct
- Alpine Overarching Doc#85 - (Compliance) Policy #AC-412 Compliance Reporting Suspected Fraud Waste and Abuse
- Category 7 - Alpine Follow Up Doc #7.1.1a - ACBHS Compliance Plan

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP implements and maintains arrangements or procedures that include a provision for the Contractor's suspension of payments to a network provider for which there is a credible allegation of fraud. Per the discussion during the review, the MHP stated it will research if it has a policy or procedure in place for this requirement. The MHP was provided the opportunity to submit evidence of this policy; however, no further evidence was submitted post review.

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DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 13, and Federal Code of Regulations, title 42, section 438, subdivision 608(a)(8).

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 7.4.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 455, subdivision 101 and 104. The MHP must ensure collection of disclosures of ownership, control, and relationship information for persons who have an ownership or control interest in the MHP, if applicable, and ensures its subcontractors and network providers submit disclosures to the MHP regarding the network provider's (disclosing entities) ownership and control

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

- Alpine Category 7.4a - Ownership Disclosure Log
- Alpine Overarching Doc#92 - (Ownership) Policy #AC-405 Ownership Interest Disclosure and Conflict of Interests

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures collection of information pertaining to 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 it will contact its personnel office to see if it has a policy or process in place for this requirement. The MHP was provided the opportunity to submit evidence of this policy; however, no further evidence was submitted post review.

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

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 7.4.5

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 13. The MHP must submit disclosures and updated disclosures to the Department of Health and Human Services including information regarding certain business transactions within 35 days, upon request. The MHP must ensure the ownership of any subcontractor with whom the MHP has had business transactions totaling more than

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\$25,000 during the 12-month period ending on the date of the request, significant business transactions between the MHP and any wholly owned supplier, or between the MHP and any subcontractor, during the 5-year period ending on the date of the request, and the MHP must obligate network providers to submit the same disclosures regarding network providers as noted under subsection 1(a) and (b) within 35 days upon request.

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

- Alpine Category 7.4a - Ownership Disclosure Log
- Alpine Overarching Doc#92 - (Ownership) Policy #AC-405 Ownership Interest Disclosure and Conflict of Interests

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP submits disclosures and updated disclosures to the DHCS as required per regulations. Per the discussion during the review, the MHP stated it will contact its personnel office to see if it has a policy or process in place for this requirement. The MHP was provided the opportunity to submit evidence of this policy; however, no further evidence was submitted post review.

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

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 7.6.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulation, title 9, section 1840, subdivision 314(d), and Federal Code of Regulations title 42, section 455, subdivision 412. The MHP must ensure providers of services that require a license, registration or waiver maintain a current license, registration or waiver.

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

- Category 7 - Alpine Follow Up Doc #7.5.1a - Policy AC-403 (highlighted)
- Category 7 - Alpine Follow Up Doc #7.6.1a - Policy AC-403 Verification Process
- Category 7 - Alpine Follow Up Doc #7.6.1b - Policy AC-407 Credentialing
- Gail St. James License
- Alpine Category 7.1a - Database Checks Spreadsheet

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures providers of services that require a license, registration or waiver maintain a current license, registration or waiver. Per the discussion during the review, the MHP stated that it will update its policy moving forward to include this process.

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The MHP was provided the opportunity to submit the updated policy; however, no additional evidence was provided.

DHCS deems the MHP out of compliance with California Code of Regulation, title 9, section 1840, subdivision 314(d), and Federal Code of Regulations title 42, section 455, subdivision 412.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 7.6.3

FINDING

The MHP did not furnish evidence to demonstrate 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. 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 submitted the following documentation as evidence of compliance with this requirement:

- Category 7 - Alpine Follow Up Doc #7.5.1a - Policy AC-403 (highlighted)
- Category 7 - Alpine Follow Up Doc #7.6.1a - Policy AC-403 Verification Process

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures all applicable network providers enroll through DHCS' PAVE portal (unless the facility is required to enroll via CDPH). Per the discussion during the review, the MHP stated that it will update its policy moving forward to include this process. The MHP was provided the opportunity to submit the updated policy; however, no additional evidence was provided.

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.

The MHP must comply with CAP requirement addressing this finding of non-compliance.