CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2021/2022

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE BUTTE COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: May 3, 2022 to May 4, 2022

Butte County Mental Health Plan
FY 2021/2022 Medi-Cal SMHS Triennial Review
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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 webinar review of the Butte County MHP's Medi-Cal SMHS programs on May 3, 2022 to May 4, 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.

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 Butte 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.

FINDINGS

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

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 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:

- 1.2.2 BH.DESS CANS MOU.Fully Executed
- 1.2.2 DESS-AB2083.SystemofCareMOU-03082021
- 1.2.2 IHBS assessment packet VCSS
- 1.2.2 Initial Assessment v1.2
- 1.2.2 P&P 86 Continuum of care reform
- 1.2.2 P&P 324 – Outpatient MH Outcome Measures

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 the need for ICC and IHBS. Per the discussion during the review, the MHP stated that all youth are screened for ICC and IHBS using the Child and Adolescent Needs and Strengths (CANS) assessment. During the chart review, four (4) of the five (5) youth charts reviewed did not include evidence of assessment for ICC or IHBS. The MHP was provided the opportunity to submit additional evidence for these youth charts post review, however, no additional evidence was provided.

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.

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:

- 086 – Continuum of Care Reform
- Access Screening Tool v1.3
- BCDBH Child Youth System of Care referral MCA
- BU_CSD_546_Child_Welfare_Mental_Health_Screening_Tool_0-5 years_f
- Medical Necessity Determination tool
- TFC Services RFP 050322
- 1.2.7 TFC RFP - Published

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides TFC services to all children and youth who meet medical necessity criteria for TFC. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it is actively working to establish this service, including publishing multiple requests for proposal, however, it has been unable to establish a provider.

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.

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:

- 1.2.8 RFP for TFC 050322
- 1.2.8 RFP Published

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. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it does have a screening tool to assess for TFC but it was not used during the review period. The MHP was provided the opportunity to submit the screening tool post review, however no additional evidence was provided.

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.

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:

- 1.4.4 04AN Recertification-211220
- 1.4.4 04AN Onsite Review Report
- 1.4.4 Butte County Certification Letter Template
- 1.4.4 DHCS Protocol
- 1.4.4 Notification Letter
- 1.4.4 P&P 312 Registration Certification and Licensure
- 1.4.4 Plan of Correction Approval Letter
- 1.4.4 Plan of Correction
- 1.4.4 PNP Medi-Cal Certification
- 1.4.4 Provider Questionnaire
- 1.4.4 QIC Agenda template FY 21-22 ver Mar2022
- 1.4.4 QIC Calendar FY 20-21
- 1.4.4 Recertification Letter
- 1.4.4 Site Certification Checklist
- 1.4.4 Site Certification Questionnaire
- 1.4.4 Tracking Log of the certification_recertification status of providers
- 1.4.4 VOCS – 04AN Complete Plan of Corrections 1.11.22
- 1.4.4 Iversen Center – 04CY email communication (fire certification/onsite)

LIST ANY 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 MHP's 48 contract providers, one (1) provider's certification was overdue. Per the discussion during the review, the MHP stated it was in the process of gathering the needed documentation to recertify the expired provider. Post review, the MHP

submitted additional evidence demonstrating the certification was renewed, however, the renewal occurred after the review period.

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

CARE COORDINATION AND CONTINUITY OF CARE

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:

- 2.5.3 Continuity of Care Request Tracker
- 2.5.3 Evidence of notification to beneficiary
- 2.5.3 Policy – Continuity of Care Request
- 2.5.3 Sample – Continuity of Care Request

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP completes continuity of care requests within 30 calendar days from the date the request was received. Of the continuity of care requests reviewed, one (1) request was not completed within 30 calendar days. Per the discussion during the review, a previous staff member approved the request but failed to complete the process within the required timeframe.

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

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

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:

- 3.3.3 Attendees QIC
- 3.3.3 Letter inviting client family member
- 3.3.3 Letter inviting client family member2
- 3.3.3 Letter from beneficiary

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP's Quality Assessment and Performance Improvement program includes active participation from beneficiaries and beneficiary 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 it has experienced difficulty getting participation from beneficiaries and beneficiary family members. The MHP stated that it is actively working to recruit beneficiaries and community members to be included in the QAPI program going forward.

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

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.

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

- 3.5.1 Provider Contract Youth for Change
- 3.5.1 FSP Manual
- 3.5.1 Monthly Clinical Doc Training-October 21 – Risk Factors
- 3.5.1 Monthly Clinical Doc Training-April-Functional Impairment
- 3.5.1 Monthly Clinical Doc Training-August 21 – Outcome Measures
- 3.5.1 Monthly Clinical Doc Training-December 21 – Confidentiality
- 3.5.1 Monthly Clinical Doc Training-February 21 – The Golden Thread
- 3.5.1 Monthly Clinical Doc Training-January 21-Service Codes
- 3.5.1 Monthly Clinical Doc Training-July 21 – Progress Notes
- 3.5.1 Monthly Clinical Doc Training-March 21 – Treatment Plans
- 3.5.1 Monthly Clinical Doc Training-May 21 – Medical Necessity
- 3.5.1 Monthly Clinical Doc Training-November 21 – Minors & Confidential

- 3.5.1 Monthly Clinical Doc Training-September 21 – Informed Consent
- 3.5.1 Training 2019-0701 to 2022-0329 MH Clinical Documentation Completion Report
- 3.5.1 Annual Clinical Documentation Manual Training
- 3.5.1 Clinical Documentation Manual updated 6.2019
- 3.5.1 BCDBH our System of Caring

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has established practice guidelines which meet the requirements of the MHP Contract. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that it does not have established practice guidelines and that this is an item it can develop moving forward.

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.

Question 3.5.2

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 disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries.

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

- 3.5.2 FSP Manual
- 3.5.2 Monthly Clinical Doc Training-October 21 – Risk Factors
- 3.5.2 Monthly Clinical Doc Training-April-Functional Impairment
- 3.5.2 Monthly Clinical Doc Training-August 21 – Outcome Measures
- 3.5.2 Monthly Clinical Doc Training-December 21 – Confidentiality
- 3.5.2 Monthly Clinical Doc Training-February 21 – The Golden Thread
- 3.5.2 Monthly Clinical Doc Training-January 21-Service Codes
- 3.5.2 Monthly Clinical Doc Training-July 21 – Progress Notes
- 3.5.2 Monthly Clinical Doc Training-March 21 – Treatment Plans
- 3.5.2 Monthly Clinical Doc Training-May 21 – Medical Necessity
- 3.5.2 Monthly Clinical Doc Training-November 21 – Minors & Confidential
- 3.5.2 Monthly Clinical Doc Training-September 21 – Informed Consent
- 3.5.2 Training 2019-0701 to 2022-0329 MH Clinical Documentation
- 3.5.2 Annual Clinical Documentation Manual Training pp 20-21
- 3.5.2 Clinical Documentation Manual updated 6.2019

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP disseminates the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries. 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 established practice guidelines and that this is an area it can improve upon moving forward.

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.

Question 3.5.3

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 take steps to assure that decisions for utilization management, beneficiary education, coverage of services, and any other area to which the guidelines apply are consistent with the guidelines adopted.

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

- 3.5.3 FSP Manual
- 3.5.3 Monthly Clinical Doc Training-October 21 – Risk Factors
- 3.5.3 Monthly Clinical Doc Training-April-Functional Impairment
- 3.5.3 Monthly Clinical Doc Training-August 21 – Outcome Measures
- 3.5.3 Monthly Clinical Doc Training-December 21 – Confidentiality
- 3.5.3 Monthly Clinical Doc Training-February 21 – The Golden Thread
- 3.5.3 Monthly Clinical Doc Training-January 21-Service Codes
- 3.5.3 Monthly Clinical Doc Training-July 21 – Progress Notes
- 3.5.3 Monthly Clinical Doc Training-March 21 – Treatment Plans
- 3.5.3 Monthly Clinical Doc Training-May 21 – Medical Necessity
- 3.5.3 Monthly Clinical Doc Training-November 21 – Minors & Confidential
- 3.5.3 Monthly Clinical Doc Training-September 21 – Informed Consent
- 3.5.3 Training 2019-0701 to 2022-0329 MH Clinical Documentation
- 3.5.3 Annual Clinical Documentation Manual Training pp 20-21
- 3.5.3 Clinical Documentation Manual updated 6.2019

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP takes steps to assure that decisions for utilization management, beneficiary education, coverage of services, and any other area to which the guidelines apply are consistent with the guidelines adopted. 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 established practice guidelines and that this is an area it can improve upon moving forward.

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.

ACCESS AND INFORMATION REQUIREMENTS

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.

The seven (7) test calls are summarized below.

TEST CALL #1

Test call was placed on Thursday, December 30, 2021, at 3:51 p.m. The call was answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP's threshold language. The recorded message then stated to call 9-1-1 if experiencing an emergency. After hearing several options, the caller was connected to a live operator. The operator requested personal identifying information, which the caller provided. The caller requested information regarding accessing mental health services for his/her son's disruptive behavior. The operator assessed the caller's son for urgent or crisis care by asking if he was in danger of harming himself or others. The operator requested personal identifying information for the caller's son, which the caller provided. The operator explained the pre-screening, screening, assessment, and intake processes. The operator advised the caller that the access line is available 24/7.

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 Friday, December 10, 2021, at 1:32 p.m. The call was answered via a phone tree directing the caller to select a language option, which included the MHP's threshold language. The recorded message then stated to call 9-1-1 if experiencing an emergency. After hearing several options, the caller was connected to a live operator. The caller requested information about accessing mental health services in the county concerning his/her child's mental health and his disruptive behavior in school. The operator asked if the child had Medi-Cal, which the caller confirmed. The operator provided information regarding the screening process to assess the level of care needed. The operator provided office locations and hours of operation.

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 #3
Test call was placed on Wednesday, April 6, 2022, at 7:25 a.m. The call was answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP's threshold language. The recorded message then stated to call 9-1-1 if experiencing an emergency. After hearing several options, the caller was connected to a live operator. The caller requested information about accessing mental health services due to lack of appetite, inability to sleep, and bouts of crying. The operator asked the caller if he/she felt suicidal or had the desire to harm himself/herself or others, to which the caller responded in the negative. The operator explained the screening process to obtain an appointment, as well as office locations and hours of operation. The operator advised the caller that appointments are available both in-person and via telehealth. The operator stated the access line is available 24/7 if the caller needed to speak to someone.

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 27, 2021, at 11:57 a.m. The call was answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP's threshold language. The recorded message then stated to call 9-1-1 if experiencing an emergency. After holding for four (4) minutes, the caller ended call.

The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

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

TEST CALL #5
Test call was placed on Tuesday, November 30, 2021, at 7:46 a.m. The call was answered via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. The recorded message then stated to call 9-1-1 if experiencing an emergency. After hearing several options, the caller was connected to a live operator. The caller requested information about obtaining a refill for an anxiety medication and stated he/she had not yet established a care provider in the county. The operator stated the caller could provide his/her name and telephone number and the MHP staff would return his/her call during business hours.

The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

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

TEST CALL #6
Test call was placed on Thursday, December 30, 2021, at 7:50 a.m. The call was answered after one (1) ring via a live operator. The caller asked how to file a complaint in the county. The operator explained the beneficiary problem resolution and state fair hearing processes. The operator provided instructions on how to obtain a grievance form at the clinic, behavioral health office, or via mail. The operator explained the caller

could receive assistance with completing the form if necessary and provided the Patients' Rights phone number for additional support.

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 Friday, February 4, 2022, at 9:35 a.m. The call was answered via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. The recorded message then stated to call 9-1-1 if experiencing an emergency. After hearing several options, the caller was connected to a live operator. The caller asked how to file a complaint in the county. The operator advised the caller of the Patients' Rights Advocate and provided the phone number. The operator provide the MHP website and how to locate a grievance form online. The operator then offered to assist the caller file the complaint over the phone.

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	IN	IN	IN	IN	IN	N/A	N/A	100%
2	IN	IN	IN	OOC	OOC	N/A	N/A	60%
3	N/A	NA	IN	IN	IN	N/A	N/A	100%
4	N/A	N/A	N/A	N/A	N/A	IN	IN	100%

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

Repeat deficiency Yes

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:

- 4.3.4 Test Call Access Line Sample English/Spanish
- 4.3.4 Test call Deficiency Letter Template
- 4.3.4 Test Call Guidelines and Forms
- 4.3.4 P&Ps Americans with Disabilities Act Compliance 092
- 4.3.4 P&Ps 24-7 Call Line 264 (New Version)
- 4.3.4 P&Ps Access to 24-7 Crisis and Urgent Care Services 264
- 4.3.4 P&Ps Crisis Team Service Delivery (for Access) 319
- 4.3.4 P&Ps Cultural Competence 068
- 4.3.4 P&Ps Provision of Linguistically Competent Svcs & Materials 89B
- 4.3.4 Test Call Data-Access Line for multiple fiscal years and quarters

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	12/30/2021	3:51 p.m.	IN	IN	IN
2	12/10/2021	1.32 p.m.	IN	IN	IN
3	4/6/2022	7:25 a.m.	IN	IN	IN
4	12/27/2021	11:57 a.m.	OOC	OOC	OOC
5	11/30/2021	7:46 a.m.	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 in partial compliance with California Code of Regulations, title 9, section 1810, subdivision 405(f).

COVERAGE AND AUTHORIZATION OF SERVICES

Question 5.2.8

FINDING

The MHP did not furnish evidence to demonstrate compliance with MHSUDS IN 19-026. The MHP must review and make a decision regarding a provider's request for prior authorization as expeditiously as the beneficiary's mental health condition requires, and not to exceed five (5) business days from the MHP's receipt of the information reasonably necessary and requested by the MHP to make the determination.

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

- 5.2.8 Sample Request for Authorization or Residential Treatment-RCA
- SAR 1
- SAR 2
- SAR 3
- SAR 4
- SAR 5
- SAR 6
- SAR 7
- SAR 8
- SAR 9
- SAR 10
- 5.2.9 Policy 208B-Prior Authorizations for Intensive Specialty Mental Health Services

DHCS reviewed samples of authorizations to verify compliance with regulatory requirements. The service authorization sample verification findings are detailed below:

Requirement	# of Services Authorizations in compliance	# of Service Authorizations out of compliance	Compliance Percentage
Regular Authorization: The MHP makes a decision regarding a provider's request for prior authorization not to exceed five (5) business days from the MHP's receipt of the information reasonably necessary and requested by the MHP to make the determination.	7	3	70%

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP makes a decision regarding a provider's request for prior authorization within five (5) business days of receipt of request. Of the 10 Services Authorization Requests (SAR) reviewed, it was not evident that three (3) met the timeliness standard. Per the discussion during the review, the MHP stated two (2) of the requests were scanned into the MHP record system and did not contain receipt date stamps; one (1) request was completed by a staff member that no longer works with the MHP and not additional information was available. Post review, the MHP submitted additional evidence for the SARs in questions, however the evidence did not demonstrate that the SARs were completed within five (5) business days of receipt of request.

DHCS deems the MHP in partial compliance with MHSUDS 19-026.