



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2020/2021

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE CALAVERAS COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: November 30, 2020 to December 1, 2020

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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 an onsite review of the Calaveras County MHP's Medi-Cal SMHS programs on November 30, 2020 to December 1, 2020. 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) 2019/2020 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

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- Category 4: Access and Information Requirements
- Category 5: Coverage and Authorization of Services
- Category 5: Beneficiary Rights and Protections
- Category 6: Program Integrity

This report details the findings from the Medi-Cal SMHS Triennial System Review of the Calaveras County MHP. The report is organized according to the findings from each section of the FY 2020/2021 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.

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

- PP Access to Outpatient Services-Urgent Need
- PP Client Service Information (CSI), throughout the Policy
- Initial Request Documentation
- Policy 1002
- Access Log Sample 20180701-20200630
- Network Adequacy Email
- CSI Assessment Record Psychiatry Manual Entry 20190701-20200630

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP requires its providers to meet Department standards for timely access to care and services, taking into account the urgency of need for services. This requirement was not included in any of the evidence provided by the MHP. Per the discussion during the review, the MHP maintains a spreadsheet that includes a column for the type of request and date of request, however, the date column was blank and as such timeliness could not be determined..

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

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- P&P Consumer Services - Continuum of Care

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 of the evidence provided by the MHP. Per the discussion during the review, the MHP does not provide TFC in the county and does not assess for the need of TFC services.

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 complete a CAP addressing this finding of non-compliance.

Question 1.2.8

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 has an affirmative responsibility to determine if children and youth who meet medical necessity criteria need TFC. (Medi-Cal Manual for Intensive Care Coordination).

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

- P&P Consumer Services - Continuum of Care

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP determines if children and youth who meet medical necessity criteria need TFC. (Medi-Cal Manual for Intensive Care Coordination).

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 complete a CAP addressing this finding of non-compliance.

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.

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

- Certification and Recertification Policy
- Cert-Recert PROTOCOL ROP 02202020
- ROP Certification Letter
- INTERNAL DOCUMENT
- DHCS 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 subcontract with the MHP to provide SMHS, in accordance with California Code of Regulations, title 9, section 1810, subsection 435. Specifically, one (1) of twelve (12) providers was overdue for recertification at the time of the review, which was discussed with the MHP., which was discussed during the review.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 8. The MHP must comply with CAP requirement complete a CAP addressing this finding of non-compliance.

Questions 1.4.5

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 8. The MHP must monitor the performance of its subcontractors and network providers on an ongoing basis for compliance with the terms of the MHP contract and shall subject the subcontractors' performance to periodic formal review.

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

- Evidence was not provided

The MHP did not submit evidence to demonstrate compliance with this requirement. Per the discussion during the review, the MHP stated they speak with the providers on a weekly and or daily basis. They monitor certifications and licensing as well as monitoring informing materials via a visual check of lobbies and monitor services via Anasazi.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 8. The MHP must complete a CAP addressing this finding of non-compliance.

Questions 1.4.6

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FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 8. If the MHP identifies deficiencies or areas of improvement, the MHP and the subcontractor shall take corrective action.

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

- Evidence was not provided

Evidence was not submitted to demonstrate compliance with this requirement. Per the discussion during the review, the MHP stated that the provider updates the MHP regarding identified deficiencies, areas of improvement, and corrective actions taken via email.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 8. The MHP must complete a CAP 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 shall implement mechanisms to monitor the safety and effectiveness of medication practices meeting requirements under the supervision of a person licensed to prescribe or dispense medication, performed at least annually, and inclusive of medication prescribed to adults and youth.

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

- P&P Med.Services - Minors
- P&P Medical Consent
- P&P Medication Services Overview
- Medication Monitoring Form

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP implemented a mechanism to monitor the safety and effectiveness of medication meeting requirements under the supervision of a person licensed to prescribe or dispense medication, performed at least annually, and inclusive of medications prescribed to adults and youth. Per the discussion during the review, the MHP does not have an established medication monitoring process. This is a gap in their process.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5. The MHP must complete a CAP addressing this finding of non-compliance.

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Repeat deficiency Yes

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:

- Documentation P&P Aug 2019
- FFS Provider Manual 5
- TEMPLATE - FFS-Individuals
- 24/7 Manual

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. Per the discussion during the review, the MHP provides in person training and pertinent changes and updates are discussed during weekly staff and authorization meetings. However, no documentation of these meetings was provided to show evidence of these trainings being provided or pertinent changes and updates being discussed, i.e, minutes, agendas, handouts. The MHP could not demonstrate how they disseminate the guidelines.

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 complete a CAP addressing this finding of non-compliance.

Repeat deficiency Yes

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 about 1) how to access specialty mental health services, including specialty mental health services required to

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assess whether medical necessity criteria are met; 2) services needed to treat a beneficiary's urgent condition; and 3) 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 Wednesday, October 14, 2020, at 3:30 p.m. The call was answered after two (2) rings via an answering machine. The test caller heard a recorded greeting and the call was transferred to a live operator. The caller requested information about accessing mental health services and how to refill his/her medication. The operator explained the process on how to access mental health services including walk in services for crisis and regular services and provided the address and hours of operation. The operator informed the caller that they had a 24/7 crisis line if he/she needed to speak with staff for immediate medication refill. The caller was also advised to go to the emergency room for an urgent condition or immediate medication refill. 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 on how to treat an 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 #2

Test call was placed on Wednesday, October 21, 2020, at 11:28 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. The operator assessed the caller's current condition by asking if his/her son required immediate services. The caller replied in the negative. The operator advised the caller that they had reached a crisis line and immediate services were available. The caller declined services. The operator verified caller's residence within the county and provided the address and hours of operation for the clinic. The operator shared the assessment screening process and advised the caller that the clinic accepted walk-ins. The operator reminded the caller that the 24/7 access line was available for a crisis or urgent services. The caller was provided information about how to access SMHS and 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 Wednesday, October 28, 2020, at 7:45 a.m. The call was answered after four (4) rings via a live operator. The operator asked the caller how he/she could help. The caller asked the operator how to access services and to refill a

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medication. The operator informed the caller that the office was closed at this time and to call back during business hours to make an appointment. The operator informed the caller that he/she did not have access to the system. The operator informed the caller that he/she could walk in for services as well. The operator provided the caller with hours of operation. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, nor was the caller provided information about services needed to treat a beneficiary's urgent condition.

FINDING

The call is deemed 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 #4

Test call was placed on Friday, October 30, 2020, at 7:41 a.m. The call was answered after two (2) rings via a live operator. The operator asked the caller if he/she was in crisis and the caller replied in the negative. The caller stated he/she had just moved to the area and had been taking care of his/her elderly mother. The caller stated how he/she was feeling and that his/her doctor recommended him/her to call about SMHS. The operator stated that the caller had called the right number for behavioral health but had reached the after-hours line. The operator advised the caller that the clinic would open in about 18 minutes at 8:00 a.m. The caller was advised to call back during business hours to speak to clinic staff. The caller was not provided with any information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services to treat an 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 3, 2020, at 1:40 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 languages. After selecting the option for English, the test caller was connected to a live operator. The caller requested information about accessing mental health services in the county. The operator asked if there was an urgent need to speak to someone immediately. The caller replied in the negative. The operator explained the screening and assessment process. The operator explained that walk-ins were available and provided the hours of operation. The operator explained that they were available 24 hours and there was after-hours line. The operator provided the caller with the address. 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 Friday, October 16, 2020, at 7:09 a.m. The call was answered after one (1) ring via a live operator. The operator asked if the caller was in crisis. The caller replied in the negative. The operator asked for the caller's name. The caller provided his/her name. The caller requested information on how to file a complaint in the county. The operator proceeded to inform the caller of the state fair hearing process and then supplied the caller with the Department of Social Services address. The operator offered to mail the complaint to the caller. The operator advised the caller that informal complaints could be placed during business hours. The caller was provided information about how to use the beneficiary problem resolution and fair hearing processes.

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 Wednesday, October 21, 2020, at 1:43 p.m. The call was answered immediately via an automated system. After a brief hold, the caller was transferred to a live operator. The caller requested information regarding filing a grievance against his/her therapist. The operator stated the caller had three options to retrieve and complete a grievance form: in person, over the phone, or by mail. The operator provided caller with the address and office hours to retrieve form located in the lobby. The operator also offered to mail the caller a grievance form, but the caller declined and stated that he/she would prefer to file the grievance in person. The caller was provided information about how to use the beneficiary problem resolution and fair hearing processes.

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

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Required Elements	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
1	N/A	N/A	N/A	N/A	IN	N/A	N/A	100%
2	IN	IN	OOC	OOC	IN	N/A	N/A	60%
3	IN	IN	OOC	IN	IN	N/A	N/A	80%
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). The MHP must complete a CAP addressing this finding of partial/non-compliance.

Repeat deficiency Yes

Questions 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:

- Access Log Sample 20180701-20200630
- Calaveras Call
- Test Call Evidence

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:

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Test Call #	Date of Call	Time of Call	Log Results		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
1	10/14/2020	3:30 PM	IN	IN	IN
2	10/21/2020	11:28 PM	IN	IN	IN
3	10/28/2020	7:45 AM	IN	IN	IN
4	10/30/2020	7:41 AM	OOC	OOC	OOC
5	11/3/2020	1:40 PM	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). The MHP must complete a CAP addressing this finding of partial/non-compliance.

Repeat deficiency Yes

BENEFICIARY RIGHTS AND PROTECTIONS

Questions 6.4.13

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, and subdivision 402, 410, 408, and California Code of Regulations, title 9, section 1850, subdivision 207(h). The MHP must ensure that punitive action is not taken against a provider who requests an expedited resolution or supports a beneficiary's expedited appeal.

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

- Problem Resolution Process

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures that punitive action is not taken against a provider who requests an expedited resolution or supports a beneficiary's expedited appeal. Per the discussion during the review, the MHP could not locate the requirement in the submitted policy.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, and subdivision 402, 410, 408, and California Code of Regulations, title 9,

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section 1850, subdivision 207(h). The MHP must complete a CAP addressing this finding of non-compliance.

PROGRAM INTEGRITY

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.

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

- Compliance Overview Policy
- 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 provides detailed information about the False Claims Act and other Federal and State Laws, including information about rights of employees to be protected as whistleblowers.

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

- Compliance Overview Policy
- Compliance Plan

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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 includes a provision for the Contractor's suspension of payments to a network provider for which there is a credible allegation of fraud.

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 complete a CAP addressing this finding of non-compliance.