



**CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

**FISCAL YEAR 2021/2022**

**MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW**

**OF THE EL DORADO COUNTY MENTAL HEALTH PLAN**

**SYSTEM FINDINGS REPORT**

**Review Dates: September 13, 2022 to September 14, 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 webinar review of the El Dorado County MHP's Medi-Cal SMHS programs on September 13, 2022 to September 14, 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

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- 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 El Dorado 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:

- Service Request Logs-Sample 100 Requests
- 1.1.3 - M-114-Medi-Cal Mental Health Network Adequacy Standards
- 1.1.3 - EDC FY 21-22 Q1 - 24\_7 Access Line Test Call Report Form (1)
- 1.1.3 - EDC FY 21-22 Q1 - 24\_7 Access Line Test Call Report Form (2)
- 1.1.3 - EDC FY 21-22 Q1 - 24\_7 Access Line Test Call Report Form (3)
- 1.1.3 - El Dorado County Test Call June 12, 2022
- 1.1.3 - El Dorado County Test Call June 18, 2022
- 1.1.3 - El Dorado County Test Call June 22, 2022
- M-159-Authorization Process for Outpatient Mental Health Services
- Service Request Logs-Sample 100 Requests
- 1.1.3\_El Dorado - Assessment of Timely Access MH FY 2021-22

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. The MHP was unable to provide a log identifying timeliness for physician and urgent care appointments. Per the discussion during the review, the MHP acknowledged issues in the data tracking and stated it is working on establishing an improved process for tracking timeliness standards moving forward.

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

Repeat deficiency Yes

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**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, 3<sup>rd</sup> 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:

- M-121 Intensive Services for Youth-Pathways to Wellbeing FINAL 08-15-22
- PWB & Katie A Eligibility Tool
- PWB eligibility
- Approved CHILDRENS SMHS Template

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 that it has had discussions with providers to establish this service but it currently does not have a TFC contract in place.

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, 3<sup>rd</sup> Edition, January 2018.

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, 3<sup>rd</sup> 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:

- M-121 Intensive Services for Youth-Pathways to Wellbeing FINAL 08-15-22
- PWB & Katie A Eligibility Tool
- PWB eligibility
- Approved CHILDRENS SMHS Template

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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 an assessment tool for TFC but that TFC placement can be discussed in the Child Family Team (CFT) meetings. The MHP was provided the opportunity to submit evidence of assessment for TFC; 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, 3<sup>rd</sup> Edition, January 2018.

Repeat deficiency Yes

**Question 1.4.3**

**FINDING**

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 12(a) (1). The MHP shall give practitioners or groups of practitioners who apply to be MHP contract providers and with whom the MHP decides not to contract written notice of the reason for a decision not to contract.

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

- BH-140 Provider Contract Development and Monitoring FINAL 08-13-22
- FE 4330 - Telecare Corp
- 1 EI Dorado County SMHS Manual 10-27-21
- MC Site Certification Log - EDC Providers

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP gives practitioners or groups of practitioners who apply to be MHP contract providers and with whom the MHP decides not to contract written notice of the reason for a decision not to contract. Per the discussion during the review, the MHP stated it has never had a reason to deny a contractors request to provide services. The MHP was provided the opportunity to submit additional evidence post review, including evidence of written notice templates; however, no additional evidence was provided post review.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 12(a)(1).

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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:

- 1.4.1 - M-136-Medi-Cal Certification of Contract SMHS Providers FINAL 06-16-22
- MC Site Certification Log - EDC Providers
- #0908SummitVista Facility License CDSS
- 1.4.4 - 0904 EDC 1735 transmittal Signed to DHCS
- 1.4.4 - 0916 Medical Certification
- 1.4.4 -0990 Star View Termination-1735 Transmittal-EDC Signed
- 1.4.4 - Edcgov.us Mail - Fwd\_ DHCS Triennial ev..
- Fire clearance/inspection documents for provider sites

**INTERNAL DOCUMENTS REVIEWED:**

- Provider Monitoring Report

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP certify, or use another MHP's certification documents to certify, the organizational providers that subcontract with the MHP to provide SMHS. Of the 36 MHP provider sites, four (4) had overdue certifications. Per the discussion during the review, the MHP acknowledged the overdue providers. Post review, three (3) provider sites remained overdue.

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

Repeat deficiency Yes

**CARE COORDINATION AND CONTINUITY OF CARE**

**Question 2.1.2**

**FINDING**

The MHP did not furnish evidence to demonstrate compliance with the MHP Contract, exhibit A, attachment 10, and Federal Code of Regulations, title 42, section 438, subdivision 208(b)(1). The MHP must provide the beneficiary information on how to contact their designated person or entity.



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

- 1 El Dorado County SMHS Manual 10-27-21
- 2.1.1-2.1.2\_EDCBH RFS Discharge Report-referrals 05-31-21-06-01-22
- EDCBH MH Referrals 05-31-21-06-01-22 08.15.22
- M-112 Intake Process for Outpatient Mental Health Services FINAL 08-13-22
- 2.1.1 - El Dorado County SMHS Manual 10-27-21

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides the beneficiary information on how to contact their designated person or entity. Per the discussion during the review, the MHP stated the beneficiaries are provided contact information during the first phone call and are provided the provider directory. The MHP was provided the opportunity to submit evidence of this process, including evidence the MHP provides the contact information to beneficiaries; however, no additional evidence was provided post review.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 10, and Federal Code of Regulations, title 42, section 438, subdivision 208(b)(1).

**Question 2.4.2**

**FINDING**

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, subdivision 370(a)(5). The MHP must have a process for resolving disputes between the MHP and the MCP that includes a means for beneficiaries to receive medically necessary services, including SMHS and prescription drugs, while the disputes is being resolved.

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

- M-143 MOU with Medi-Cal Managed Care Plan FINAL 08-15-22
- 2.4.2 - FE 158-M1611 - Anthem Blue Cross TCM MOU
- 2.4.2 - FE 529-M1510 - Kaiser MOU
- 2.4.2 - FE 622-M1410 - Anthem Blue Cross Coordination of Service MOU
- 2.4.2 - FE 270-M1411 - California Health and Wellness MOU

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a process for resolving disputes between the MHP and the MCP that includes a means for beneficiaries to receive medically necessary services, including SMHS and prescription drugs, while the disputes is being resolved. Per the discussion during the review, the MHP stated that it is in the process of amending its Memorandums of Understanding (MOU) with its MCPs to include this language.

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DHCS deems the MHP out of compliance with California Code of Regulations, title 9, subdivision 370(a)(5).

**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.

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

- M-141-Coordination and Continuity of Care SMHS\_FINAL 06-16-22
- M-115-Out of Network Access & Single Case Agreements-SMHS\_FINAL 06-16-22
- M-114-Medi-Cal Mental Health Network Adequacy Standards FINAL 06-17-22
- Sample Progress Notes - Continuity of Care

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP works with the provider to establish a Client Plan and transition plan for the beneficiary. Per the discussion during the review, the MHP stated it had one continuity of care request occur and it would provide this documentation post review to demonstrate this requirement. 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.

**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:

- EDCBH QIC Meeting AGENDA Draft Template 02032022
- 3.3.3\_M-144-Quality Improvement Program
- Q1-Q4 Meeting minutes
- Q1-Q4 Meeting agendas

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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. Per the discussion during the review, the MHP stated the Quality Improvement Committee (QIC) does not have participation from beneficiaries or family members and it is currently looking at ways to improve participation.

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

Repeat deficiency Yes

**ACCESS AND INFORMATION REQUIREMENTS**

**Question 4.2.1**

**FINDING**

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(d)(6)(ii). The MHP must provide all written materials for potential beneficiaries and beneficiaries in a font size no smaller than 12 point.

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

- M-152-Alternate Formats-Information for Visual and/or Hearing Impaired FINAL 06-16-22
- 4.2.1\_BROCHURE\_EDCBH Client Problem Resolution Guide-English
- 4.2.1\_Notice of Privacy Practices.\_Spanish 2017\_corrected font size
- 4.2.1\_BROCHURE\_EDCBH Notice of Privacy Practices\_English
- 4.2.1\_BROCHURE\_EDCBH Client Problem Resolution Guide-English
- 4.2.1\_BROCHURE\_EDCBH Notice of Privacy Practices\_English
- 4.2.1\_EDCBH Provider Directory ENGLISH\_corrected font size
- 4.2.1\_Notice of Privacy Practices.\_Spanish 2017\_corrected font size
- 4.2.1\_Sp-EDCBH Provider Directory SPANISH\_corrected font size
- 4.2.1\_Sp-BROCHURE\_EDCBH Client Problem Resolution Guide\_SPANISH

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides all written materials for potential beneficiaries and beneficiaries in a font size no smaller than 12 point. DHCS reviewed the MHPs written informing material and found that several documents had noncompliant font sizes. Per the discussion during the review, the MHP acknowledged the need to update its informing materials. Post review, the MHP provided updated informing material with the correct font size that it will implement moving forward.

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DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(d)(6)(ii).

**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 Tuesday, November 30, 2021, at 1:25 p.m. The call was answered after one (1) ring via a recorded message, which was repeated in the MHP's threshold language. The caller selected the option for mental health services and after one (1) ring was transferred 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 for the child's personally identifying information, which the caller provided. The operator provided the caller with information on the initial intake and assessment process and the clinic location with hours for walk-in clinics.

The caller was provided information about how to access SMHS, including SMHS required assessing 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).

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**TEST CALL #2**

Test call was placed on Friday, June 17, 2022, at 4:50 p.m. The call was answered after eight (8) rings via a recorded message, which was repeated in the MHP's threshold language. The caller selected the option for mental health services and was placed on hold for approximately eight (8) minutes before being transferred to an operator. The caller requested assistance with what he/she described as feeling depressed, unable to sleep, and bouts of crying. The operator attempted to transfer the caller to the mental health line, but was unsuccessful. The operator then provided the caller the direct phone number to the mental health line. The caller called this number and was placed on hold for eight (8) minutes at which point he/she ended the 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 not provided information about services needed to treat a beneficiary's urgent condition.

**FINDING**

The call is deemed *out of 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 7:38 a.m. The call was answered immediately 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 provided the caller a different number to call for assistance with the requested information.

The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria were met. The caller was 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 Wednesday, December 22, 2021, at 11:21 a.m. The call was answered after one (1) ring via a recorded message, which was repeated in the MHP's threshold language. The caller selected the option for mental health services and after one (1) ring was transferred to 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 overwhelmed, isolated, and hopeless. The operator assessed the caller's need for urgent care services, which the caller responded in the negative. The operator explained the assessments, screenings, and referral process.

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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 Thursday, June 16, 2022 at 11:50 p.m. The call was answered immediately via a live operator. The caller requested information about accessing mental health services and how to refill his/her medication although he/she had not yet established a care provider in the county. The operator asked for personally identifying information, which the caller provided. The caller was placed on hold and the call was then dropped. The caller called back and the call was answered immediately via a live operator. The caller repeated his/her request. The caller was placed on hold and the call was then dropped. The caller did not call back a third time.

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

**FINDING**

The call is deemed *out of 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 Wednesday, April 27, 2022, at 11:41 a.m. The call was answered after one (1) ring via a recorded message stating to dial 9-1-1 if experiencing an emergency. The message was repeated in the county's threshold language. After selecting the option for English, the call was immediately transferred to a live operator. The caller asked for information regarding filing a complaint about a county therapist. The operator stated that the caller had reached the crisis line and provided a different phone number to call to file the complaint. The caller thanked the operator and ended the call.

The caller was not provided information about how to use the beneficiary problem resolution and fair hearing process.

**FINDING**

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

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**TEST CALL #7**

Test call was placed on Monday, June 20<sup>th</sup>, 2022, at 7:42 a.m. The call was answered after four (4) rings via a recorded message. After a brief hold, the call was answered via a live operator. The caller asked for information regarding filing a complaint about a county therapist. The operator stated the clinic was not open and to call back after 8:00 a.m. The caller thanked the operator and ended the call.

The caller was not given any information about the problem resolution process or fair hearing process.

**FINDING**

The call is deemed *out of 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	N/A	IN	N/A	N/A	N/A	100%
2	IN	OOC	OOC	IN	OOC	N/A	N/A	40%
3	N/A	OOC	IN	IN	OOC	N/A	N/A	50%
4	N/A	N/A	N/A	N/A	N/A	OOC	OOC	0%

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:

- EDC RFS PreAdmit Detail Report 06-16-2022
- EDC RFS PreAdmit Detail Report 06-17-2022
- EDC RFS PreAdmit Detail Report 12-22-2021
- EDC RFS PreAdmit Detail Report 12-10-2021

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- EDC RFS PreAdmit Detail Report 11-30-2021
- 4.3.4 - EDC RFS PreAdmit Detail Report 06-16-2022
- 4.3.4 - EDC RFS PreAdmit Detail Report 06-17-2022
- 4.3.4 - EDC RFS PreAdmit Detail Report 12-22-2021

While the MHP submitted evidence to demonstrate compliance with this requirement, three (3) 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	11/30/2021	1:25pm	IN	IN	IN
2	12/10/2021	7:38am	OOC	OOC	OOC
3	6/17/2022	4:50pm	OOC	OOC	OOC
4	12/22/2021	11:21am	IN	IN	IN
5	6/16/2021	11:50am	OOC	OOC	OOC
<b>Compliance Percentage</b>			<b>40%</b>	<b>40%</b>	<b>40%</b>

*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).

Repeat deficiency Yes

**Question 4.4.2**

**FINDING**

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 410. The MHP must have a Cultural Competence Committee or other group that addresses cultural issues and has participation from cultural groups that is reflective of the community.

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

- BH-158 –Cultural Competency Program FINAL 08-01-22
- Cultural Competence Plan FY 20-21
- Cultural Competence Plan FY 21-22

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a Cultural Competence Committee (CCC) or other



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group that has participation from cultural groups that is reflective of the community. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that its CCC does not include community involvement; however, this is a goal moving forward.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 410.

**COVERAGE AND AUTHORIZATION OF SERVICES**

**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 Beneficiary Determination 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:

- BH-162 Notices of Adverse Benefit Determination (NOABD) FINAL 08-01-22
- NOABD TRACKING
- NOABD's associated with TARS
- NOABD-1-Denial Notice
- NOABD-2-Payment Denial Notice
- NOABD-3-Medical Necessity Denial Notice
- NOABD-4-Modification of Service Notice
- NOABD-5-Termination of Approved Services
- NOABD-6-Delay in Authorization Notice
- NOABD-7-Timely Access Delay Notice
- NOABD-8-Financial Liability Dispute Denial Notice
- NOABD-9-Delay in Grievance-Appeal Notice
- Service Request Logs-Sample 100 Requests

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While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides beneficiaries with a Notice of Adverse Beneficiary Determination (NOABD) upon failure to provide services in a timely manner or failure to act within timeframes regarding the standard resolution of grievances and appeals. The Service Request Log provided did not delineate if NOABDs were sent to beneficiaries when timeliness standards are not met. One (1) grievance was not resolved within the 90 day timeframe and it was not evident that a NOABD was sent to the beneficiary.

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

**BENEFICIARY RIGHTS AND PROTECTIONS**

**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:

- M-164-Client Problem Resolution Process FINAL 06-17-22
- LOG\_El Dorado Grievance and Appeal Log Template
- Grievance documentation
- GRIEVANCE LOG 21-22

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, appeals, and expedited appeals in the log within one working day of the date of receipt of the grievance, appeal, or expedited appeal. Of the 10 grievances reviewed by DHCS, five (5) grievance were not logged within one working day of receipt. Per the discussion during the review, the MHP stated that it is aware of this compliance issue and it may have been due to the staff transition to telework.

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.

Repeat deficiency Yes

**Question 6.3.2**

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**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

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

- M-164-Client Problem Resolution Process FINAL 06-17-22
- LOG\_El Dorado Grievance and Appeal Log Template
- Grievance documentation
- GRIEVANCE LOG 21-22

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP resolves each grievance as expeditiously as the beneficiary’s health condition requires not to exceed 90 calendar days from the day it receives the grievance. Of the 10 grievances reviewed by DHCS, one (1) grievance was not resolved within 90 calendar days of receipt. Per the discussion during the review, the MHP stated it would look into whether a NOABD was sent for not meeting timeliness. No additional evidence was submitted 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		
<b>GRIEVANCES</b>	<b>10</b>	<b>9</b>	<b>1</b>		<b>90%</b>

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

**PROGRAM INTEGRITY**

**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).

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

- Provider Application and Validation for Enrollment (PAVE) Registration Enrollment 08-11-2022
- BH-178 Staff, Provider, Applicant Verification-Exclusion and Status Lists FINAL 08-01-22
- BH-134 Provider Selection, Retention, and Credentialing FINAL 07-06-22

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP 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). Per the discussion during the review, the MHP stated it would be able to provide evidence for this requirement post review. The MHP was provided the opportunity to submit additional evidence, including sample completed PAVE applications; however, no additional evidence was submitted to demonstrate Specialty Mental Health facilities are enrolled in PAVE.

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.