CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2021/2022

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE IMPERIAL COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: April 19, 2022 to April 20, 2022

Imperial County Mental Health Plan
FY 2021/2022 Medi-Cal SMHS Triennial Review
Systems Review Findings Report

TABLE OF CONTENTS

Imperial County Mental Health Plan
FY 2021/2022 Medi-Cal SMHS Triennial Review
Systems Review Findings Report

EXECUTIVE SUMMARY

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

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

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

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

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

DHCS conducted a virtual onsite review of the Imperial County MHP's Medi-Cal SMHS programs on April 19, 2022 to April 20, 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 Imperial 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 1.1.3

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:

- Imperial_1.1.3_1-Policy 01-311
- Imperial_1.1.3_2-Policy 16-21
- Imperial_1.1.3_3-Contract Boilerplate pg. 2, 28, 75-76
- Imperial_1.1.3_4-Timeliness CY 2021 MHS, TCM, Meds
- Imperial_1.1.3_5-Timeliness CY 2021 Psychiatry
- Imperial_1.1.3_6-Timeliness CY 2021 Urgent Requests
- Imperial_1.1.3_7-Timeliness CY 2021 Routine Requests
- Imperial_Large Documents_17-Service Request Log 1-1-21 to 2-28-21
- Imperial_1.1.3_QI Work Plan FY 21-22 pgs. 27,30
- Imperial_1.1.3_Request for Urgent Conditions Jan.-Feb. 2021
- Imperial_1.1.3_Timeliness from Initial Request to Psych appt CY 2021

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted that the MHP met the Department standards for timely access to urgent care appointments. Per the discussion during the review, the MHP's access line staff are trained to screen for urgent conditions and beneficiaries can receive services within 60 minutes. Post review, the MHP submitted its fiscal year 2021-2022 QI work plan, a urgent conditions request log, and a psychiatry timeliness log. Of the 50 urgent requests reviewed post review, it was not evident that (1) request met the timeliness requirement as the time of service was not included in the log.

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

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:

- Imperial_1.2.7_1-Policy 01-329
- Imperial_1.2.7_2-MHP Network Provider Handbook FY 21-22 pg. 58-62, 71-72

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident 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 that it is currently not providing TFC services. The MHP had been working to establish a TFC services provider in the county, however, due to the contractor experiencing extenuating circumstances a contract could not be established.

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:

- Imperial_1.2.8_1-Policy 01-329 pg. 5
- Imperial_1.2.8_2-CA_CANS_50_ADA
- Imperial_1.2.8_3-PSC-35_ADA
- Imperial_1.2.8_TFC Screening Tool Samples – CANS
- Imperial_1.2.8_TFC Screening Tool Samples – PSC

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 that it uses the California Child and Adolescent Needs and Strengths (CANS) assessment tool and the Pediatric Symptom Checklist (PSC) assessment tool to screen for TFC. The MHP stated samples TFC assessments would be provided post review as evidence. Post review, the MHP provided three (3) CANS and three (3) PSC screening samples, however, the assessments do not assess criteria specific to TFC medically necessity requirements.

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.

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 Tuesday, November 30, 2021, at 7:44 a.m. The call was answered after one (1) ring via a recorded message directing the caller to dial 9-1-1 if experiencing a life-threatening emergency. The recorded message was repeated in the MHP's threshold language. The recorded message stated to hold to speak to the next available operator. After a brief hold, the call 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 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 processes as well as the location and hours for the walk-in clinic.

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).

TEST CALL #2
Test call was placed on Monday, November 29, 2021, at 2:40 p.m. The call was answered immediately via a recorded message directing the caller to dial 9-1-1 if experiencing a life-threatening emergency. The recorded message was repeated in the MHP's threshold language. The recorded message stated to hold to speak to the next available operator. After a brief hold, the call was transferred to a live operator. The caller asked for assistance with what he/she described as feeling down during the past few weeks, the inability to sleep, bouts of crying, and the loss of his/her appetite. The operator assessed the caller's urgent care needs. The operator offered to transfer the caller to a nurse to schedule an appointment, which the caller declined. The operator explained the services available in the county, including individual therapy, medication services, and group counseling. The operator stated once the caller spoke with a nurse he/she would be able to determine the level of care placement.

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

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

TEST CALL #3
Test call was placed on Monday, December 20, 2021, at 7:26 a.m. The call was answered after one (1) ring via a recorded message directing the caller to dial 9-1-1 if experiencing a life-threatening emergency. The recorded message was repeated in the MHP's threshold language. The recorded message stated to hold to speak to the next available operator. After a brief hold, the call was transferred to a live operator. The caller explained he/she had been feeling down and depressed while taking care of his/her ill mother. The operator assessed the caller's urgent care need and explained the assessment process to determine his/her level of care placement. The operator provided the locations of the clinics 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. 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 Friday, January 21, 2022, at 8:03 a.m. The call was answered immediately via a recorded message directing the caller to dial 9-1-1 if experiencing a life-threatening emergency. The recorded message was repeated in the MHP's threshold language. After a brief hold, 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 to receive services with the MHP included an evaluation, an assessment with a nurse, and an appointment with a doctor if criteria for services are met. The operator stated the doctor would be able to prescribe the needed medication if medically necessary. The operator stated that this process could take up to approximately two (2) months. The operator stated the caller could contact his/her previous doctor to request a refill of his/her prescription if the medication was needed immediately.

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, January 20, 2022, at 3:38 p.m. The call was answered after one (1) ring via a recorded message, which was repeated in the MHP's threshold language. After the recorded message, the caller was transferred to a live operator. The caller requested information about accessing mental health services in the county. The operator assessed the caller's urgent care need and explained the screening and assessment process. The operator explained that walk-ins were available and provided the locations and hours of operation of the MHP clinics. The operator explained that someone is available 24 hours a day via the after-hours line and the operator provided the caller the toll-free number.

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 #6
Test call was placed on Friday, January 22, 2022, at 12:27 p.m. The call was answered immediately via a recorded message directing the caller to dial 9-1-1 if experiencing a life-threatening emergency. The recorded message was repeated in the MHP's threshold language. After a brief hold, the call was transferred to a live operator. The caller asked how to file a complaint in the county. The operator explained that the caller could access complaint forms at the clinic and forms could be mailed to the caller upon request. The operator explained the beneficiary problem resolution and state fair hearing processes as well as the option to change practitioners. The operator also stated the caller could speak directly with a program supervisor regarding the grievance.

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 Wednesday, January 19, 2022, at 7:02 a.m. The call was answered immediately via a recorded message directing the caller to dial 9-1-1 if experiencing a life-threatening emergency. The recorded message was repeated in the MHP's threshold language. After the recorded message, the call rang three (3) times and was then answered 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 advised the caller that the grievance forms are located in the clinic lobby and offered to mail a grievance forms to the caller.

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	IN	IN	N/A	N/A	100%
3	IN	IN	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 compliance* with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1).

Question 4.3.4

FINDING

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

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

- Imperial_4.3.4_1-Policy 13-05 pg. 2
- Imperial_4.3.4_2-Reports 24-Hour Tele. Line 2021
- Imperial_4.3.3_2-Access Log & After Hours Logs Requested Dates Nov21-Jan22

While the MHP submitted evidence to demonstrate compliance with this requirement, one (1) of five (5) required DHCS test calls was not logged on the MHP's written log of initial request and one (1) did not include the beneficiary's name. 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	11/29/2021	2:40 p.m.	OOC	IN	IN
2	11/30/2021	7:44 a.m.	IN	IN	IN
3	12/20/2021	7:26 a.m.	IN	IN	IN
4	1/20/2022	3:38 p.m.	IN	IN	IN
5	1/21/2022	8:03 a.m.	OOC	OOC	OOC
Compliance Percentage			**60%**	**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).

Repeat deficiency Yes

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:

- Imperial_5.4.1_1-Policies & Procedures
- Imperial_5.4.1_2-MHP Network Provider Handbook FY 21-22 pg. 75-78
- Imperial_5.4.1_3-NOABDs – Service Request Log
- Imperial_5.4.1_4-NOABD Tracking-Prior Authorization SARs CY 2021
- Imperial_5.4.1_5-NOABD Tracking-Crisis Residential Services CY 2021
- Imperial_5.4.1_6-NOABD Tracking-Inpatient Services CY 2021
- Imperial_5.4.1_7-NOABD Monitoring Reports CY 2021 (TAR-SAR) – Denial, Modification, Delay in Processing, Denial of Pmt
- Imperial_5.4.1_8-NOABD Tracking-Outpatient Screen Outs Jan-Mar 2021 (Service Request Log)
- Imperial_5.4.1_9-NOABD Monitoring Reports Jan-Mar 2021 (Service Request Log) – Timely Access, Delivery System
- Imperial_5.4.1_10-NOABD Tracking-Service Termination CY 2021
- Imperial_5.4.1_11-NOABD Tracking-Discharge Monitoring Sample

- Imperial_5.4.1_12-NOABD Monitoring Reports FY 20-21 – Termination
- Imperial_5.4.1_13-NOABD Tracking-Grievance & Appeal Logs FY 20-21
- Imperial_5.4.1_14-NOABD Monitoring Reports FY 20-21 – Grievance-Appeal Delay
- Imperial_5.4.1_15-QI Work Plan FY 21-22 pg. 56-62
- Imperial_Large Documents_17-Service Request Log 1-1-21 to 2-28-21
- Imperial_1.1.3_Request for Urgent Conditions Jan.-Feb. 2021

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides Notice of Adverse Beneficiary Determinations (NOABDs) to beneficiaries for the denial or limited authorization for a service based on medical necessity or for the failure to provide services in a timely manner. Per the discussion during the review, beneficiaries receive urgent services within 60 minutes of request. An urgent conditions request log was provided post review to demonstrate compliance for timeliness of urgent services. Of the 50 urgent service requests reviewed, it was not evident if one (1) request required a NOABD or if 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.