



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2020/2021

**MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW
OF THE INYO COUNTY MENTAL HEALTH PLAN**

SYSTEM FINDINGS REPORT

Review Dates: August 24, 2021 to August 26, 2021

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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 Inyo County MHP's Medi-Cal SMHS programs on August 24, 2021 to August 26, 2021. 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) 2020/2021 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 Inyo 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.

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:

- Access Service Request Log
- CSI Assessment
- QA Activities for Timely Access

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted by the MHP that the MHP monitors all urgent and physician appointments for timeliness standards as required in regulations. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it provided all calls for services during the requested timeframe. The evidence submitted was deficient in demonstrating timeliness tracking of all urgent and physician appointments.

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

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

Question 1.1.4

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 8. The MHP must implement mechanisms to assess the

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accessibility of services within its service delivery area include the below listed requirements:

1. The assessment of responsiveness of the MHP's 24-hour toll-free telephone number,
2. Timeliness of scheduling routine appointments,
3. Timeliness of services for urgent conditions, and,
4. Access to after-hours care.

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

- Access Manual Policy and Procedure
- Access Service Request Log
- Access Line Monitoring
- Access Line Cheat Sheet

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has mechanisms in place to assess the accessibility of the services within its service delivery area. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that SMHS is assessed quarterly for timeliness and staff are notified via email when the access line log is completed incorrectly. The evidence submitted was deficient in demonstrating services were assessed as outlined in the requirement.

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

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

Question 1.2.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must provide Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) to all children and youth who meet medical necessity criteria for those services. Membership in the Katie A. subclass is not a prerequisite to receiving ICC and IHBS.

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

- P&P Pathways to Wellbeing
- Screening Tool ICC_IHBS_TFC
- Training Materials

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- ICC POS Data
- IHBS POS Data
- SMHS POS Data
- List of ICC Clients Description

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted that the MHP provides ICC and IHBS services to all youth who meet medical necessity criteria for these services. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that three (3) months prior to the review the MHP's wraparound team began providing these services. The MHP submitted additional evidence to demonstrate a county reorganization has provided capacity to provide ICC and IHBS services. The documentation submitted does not demonstrate that the MHP provides these services to all children regardless of membership in the Katie A. subclass.

DHCS deems the MHP out of compliance with the Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

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

Question 1.2.2

FINDING

The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must have an affirmative responsibility to determine if children and youth meet medical necessity criteria need ICC and IHBS.

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

- P&P Pathways to Wellbeing
- Screening Tool ICC_IHBS_TFC
- Training Materials
- List of ICC Clients Description ICC POS Data
- IHBS POS Data
- SMHS POS Data
- ICC Training Material Katie_A_Manual

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted by the MHP that the MHP currently

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assesses all children and youth for ICC and IHBS services. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP identified the need to update its policies and procedures and ensure staff are trained to screen all children for ICC and IHBS.

DHCS deems the MHP out of compliance with the Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

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

Question 1.2.7

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:

- P&P Pathways to Wellbeing
- Screening Tool ICC_IHBS_TFC
- ICC Training Material Katie_A_Manual
- Training Materials

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides TFC services. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that TFC services are not being provided at this time. The MHP is currently assessing the need for this service.

DHCS deems the MHP out of compliance with the Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care Services (TFC) for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

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

Repeat deficiency Yes

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CARE COORDINATION AND CONTINUITY OF CARE

Question 2.5.1

FINDING

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

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

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

- Coordination Psychiatrists and Non-Psychiatric Medical Providers

The MHP did not submit evidence for compliance with the requirements outlined in MHSUDS 18-059 prior to the review. Per the discussion during the review, the MHP stated it has not established a procedure for this requirement as it does not have any contracted SMHS providers or continuity of care requests. The MHP stated it would review its current policies and procedures to verify if it has implemented a process that may be similar to the requirements outlined in MHSUDS 18-059. The MHP submitted a policy and procedure post review, however, it was deficient in meeting the requirements.

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

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

Question 2.5.2

FINDING

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

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

- Coordination Psychiatrists and Non-Psychiatric Medical Providers

Prior to the review the MHP did not submit evidence that the MHP makes a good faith effort to enter into a contract with a provider if a pre-existing relationship is identified. Per the discussion during the review, the MHP stated it has not established a procedure for this requirement as it does not have any continuity of care requests. The MHP stated it would review its current policies and procedures to verify if it has implemented a process that may be similar to the requirements outlined in MHSUDS 18-059. The MHP submitted a policy and procedure post review, however, it was deficient in meeting the requirements.

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

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

Question 2.5.3

FINDING

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

1. Thirty calendar days from the date the MHP received the request;
2. Fifteen calendar days if the beneficiary's condition requires more immediate attention, such as upcoming appointments or other pressing care needs; or,

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3. Three calendar days if there is a risk of harm to the beneficiary.

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

- Coordination Psychiatrists and Non-Psychiatric Medical Providers

Prior to the review the MHP did not submit evidence that the MHP ensures that each continuity of care request is completed within the required timelines. Per the discussion during the review, the MHP stated it has not established a procedure for this requirement as it does not have continuity of care requests. The MHP stated it would review its current policies and procedures to verify if it has implemented a process that may be similar to the requirements outlined in MHSUDS 18-059. The MHP submitted a policy and procedure post review, however, it was deficient in meeting the requirements.

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

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

Question 2.5.4

FINDING

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

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

- Coordination Psychiatrists and Non-Psychiatric Medical Providers

Prior to the review the MHP did not submit evidence that the MHP allows beneficiaries to have access to the requested provider for a period of up to 12-months depending on the needs of the beneficiary and the agreement made between the MHP and the out-of-network provider. Per the discussion during the review, the MHP stated it has not established a procedure for this requirement as it does not have continuity of care requests. The MHP stated it would review its current policies and procedures to verify if it has implemented a process that may be similar to the requirements outlined in MHSUDS 18-059. The MHP submitted a policy and procedure post review, however, it was deficient in meeting the requirements.

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

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

Question 2.5.5

FINDING

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

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

- Coordination Psychiatrists and Non-Psychiatric Medical Providers

Prior to the review the MHP did not submit evidence that the MHP works with the out-of-network provider to establish a client plan and a transition plan for the beneficiary once the continuity of care agreement has been established. Per the discussion during the review, the MHP stated it did not establish a procedure for this requirement as it does not have continuity of care requests. The MHP stated it would review its current policies and procedures to verify if it has implemented a process that may be similar to the requirements outlined in MHSUDS 18-059. The MHP submitted a policy and procedure post review, however, it was deficient in meeting the requirements.

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

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

Question 2.5.6

FINDING

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

1. The MHP's approval of the continuity of care request;
2. The duration of the continuity of care arrangement;
3. The process that will occur to transition the beneficiary's care at the end of the continuity of care period; and,

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4. The beneficiary's right to choose a different provider from the MHP's provider network.

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

- Coordination Psychiatrists and Non-Psychiatric Medical Providers

Prior to the review the MHP did not submit evidence that the MHP notifies the beneficiary and/or the beneficiary's authorized representative, in writing, information outlined in MHSUDS 18-059. Per the discussion during the review, the MHP stated it did not establish a procedure for this requirement as it does not have continuity of care requests. The MHP stated it would review its current policies and procedures to verify if it has implemented a process that may be similar to the requirements outlined in MHSUDS 18-059. The MHP submitted a policy and procedure post review, however, it was deficient in meeting the requirements.

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

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

Question 2.5.7

FINDING

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

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

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

- Coordination Psychiatrists and Non-Psychiatric Medical Providers

Prior to the review the MHP did not submit evidence that the MHP ensures written notification to beneficiaries regarding denial of continuity of care requests includes information specified in MHSUDS 18-089. Per the discussion during the review, the

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MHP stated it did not establish a procedure for this requirement as it does not have continuity of care requests. The MHP stated it would review its current policies and procedures to verify if it has implemented a process that may be similar to the requirements outlined in MHSUDS 18-059. The MHP submitted a policy and procedure post review, however, it was deficient in meeting the requirements.

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

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

Question 2.5.8

FINDING

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

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

- P&P Coordination of Care and Referral To/From Medical Providers and Medical Health Plans

Prior to the review the MHP did not submit evidence that the MHP notifies the beneficiary, and/or the beneficiary's authorized representative, 30-calendar days before the end of the continuity of care period about the process that will occur to transition the beneficiary's care at the end of the continuity of care period. Per the discussion during the review, the MHP stated it did not establish a procedure for this requirement as it does not have continuity of care requests. The MHP stated it would review its current policies and procedures to verify if it has implemented a process that may be similar to the requirements outlined in MHSUDS 18-059. The MHP submitted a policy and procedure post review, however, it was deficient in meeting the requirements.

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

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

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QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

Question 3.1.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, and Federal Code of Regulations, title 42, section 438, subdivision 330(a)(e)(2). The MHP must have a written description of the Quality Assessment and Performance Improvement Program addressing the below listed requirements:

1. Clearly defines its structure and elements,
2. Assigns responsibility to appropriate individuals, and
3. Adopts or establishes quantitative measures to assess performance and identify and prioritize areas for improvement.

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

- Non-Clinical PIP
- FY2021 Quarterly QIC Meeting Minutes
- QI Workplan 19.20
- QI Workplan 20.21
- QI Workplan Evaluation

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted by the MHP that the MHP has a written Quality Assessment and Performance Improvement (QAPI) program that has quantitative measures to assess performance and identify and prioritize areas for improvement. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that the QAPI program is compliance driven and not quality assurance driven. The MHP stated that the QAPI program has had the same goals for the last several years.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, and Federal Code of Regulations, title 42, section 438, subdivision 330(a)(e)(2).

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

Question 3.1.4

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, and Federal Code of Regulations, title 42, section 438, subdivision 330(b)(3). The MHP must have mechanisms to detect both underutilization and overutilization of services.

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

- FY2021 Quarterly QIC Meeting Minutes
- QI Workplan 19.20
- QI Workplan 20.21
- QI Workplan Evaluation

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted by the MHP that the MHP has mechanisms to detect both underutilization and overutilization of services. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that the MHP does not track underutilization and overutilization of services. The MHP stated it plans to develop a mechanism to meet this requirement in the future.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, and Federal Code of Regulations, title 42, section 438, subdivision 330(b)(3).

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

Question 3.1.7

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5. The MHP shall inform providers of the beneficiary/family satisfaction activities.

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

- FY 20/21 Quarterly QIC Meeting Minutes
- Survey Reports_POQI CPS
- Child and Family Survey Results

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted by the MHP that the MHP informs its providers of beneficiary/family satisfaction activities. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that providers are informed of the beneficiary/family satisfaction activities in Quality Improvement Committee (QIC) meetings as well as the Q2 meeting, which is a reoccurring meeting used to train providers using satisfaction survey data. The MHP stated that Q2 meeting minutes would be submitted as evidence of compliance, however this documentation was not received by DHCS.

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

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

Question 3.1.8

FINDING

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

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

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

- PP Med Support – Disposal of Medications
- PP Med Support – Medication Monitoring
- PP Med Support – New Orders for Medications
- Medication Monitoring Tool

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has implemented mechanisms to monitor the safety and effectiveness of medication practices. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that medication monitoring has not occurred since 2016. The MHP stated that they have a contract with a telepsychiatry provider and there might be an opportunity to leverage that contract to perform medication monitoring in the future.

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

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

Question 3.5.1

FINDING

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

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

- P&P Practice Guidelines

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has implemented practice guidelines that meet the requirement of the MHP Contract. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it is working to develop a training plan to develop practice guidelines so it may come into compliance with this requirement.

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

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

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:

- P&P Practice Guidelines

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP disseminates the practice guidelines to all affected providers, beneficiaries, and potential beneficiaries upon request. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it is working to develop a training plan to develop practice guidelines so it may disseminate the guidelines to all affected providers, beneficiaries, and potential beneficiaries upon request.

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.

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

Repeat deficiency Yes

Question 3.5.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, Federal Code of Regulations, title 42, section 438, subdivision 236(b), and California Code of Regulations, title 9, section 1810, subdivision 326. The MHP must take steps to assure that decisions for utilization management, beneficiary education, coverage of services, and any other area to which the guidelines apply are consistent with the guidelines adopted.

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

- P&P Practice Guidelines

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has taken steps to assure that decisions for utilization management, beneficiary education, coverage of services, and any other area to which the guidelines apply are consistent with the guidelines adopted. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it is working to develop a training plan to develop practice guidelines that are consistent with decisions for utilization management, beneficiary education, coverage of services, and other areas that the guidelines apply.

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

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

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-

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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 Friday, April 2, 2021, at 9:28 a.m. The call was answered after two (2) rings via a live operator. The caller asked how to access children's specialty mental health services for his/her son's sudden disruptive and concerning behavioral issues. The operator provided information on the intake, assessment, and treatment planning processes. The operator explained the medical necessity process and how this drives diagnosis and referral for the different types of services the county offers. The operator asked the caller for the child's Medi-Cal information in an offer to begin the intake process over the phone. The caller declined and stated he/she would rather go into the clinic or office and complete the paperwork in person. The operator stated that was not an issue and provided the address and hours of operation of the office.

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

FINDING

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

TEST CALL #2

Test call was placed on Wednesday, May 5, 2021, at 7:17 a.m. The call was answered after two (2) rings via a live operator. The caller stated he/she has been feeling really down, could not sleep, and was crying all the time. The operator asked the caller to provide his/her name and contact information. The caller provided his/her name, but did not provide a contact number. The operator stated that the caller had reached the after-hours line and to call the main office line at 8:00 a.m. for assistance. The operator provided the phone number and again stated the caller should call back when the office is open. No additional information about SMHS was provided to the caller.

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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 *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 Thursday, October 29, 2020, at 7:47 a.m. The call was answered after six (6) rings via a recorded announcement in English. Per the recording, the caller had reached the after-hours Inyo County Behavioral Health helpline. The recording referred the caller to an alternate phone number or to leave a voice message that would be returned in an undisclosed amount of time. The caller 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 #4

Test call was placed on Sunday, March 7, 2021 at 1:39 p.m. The call was answered after one (1) ring via a live operator. The caller asked how to request a medication refill in the county. The operator asked the caller if he/she was in crisis. The caller replied in the negative. The operator advised the caller of the screening process. The operator provided the caller with the clinic location and hours of operation. The operator provided the caller with information on how to obtain a medication refill.

The caller was provided information on how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information on how 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 Wednesday, March 17, 2021, at 7:51 a.m. The call was answered after one (1) ring via a live operator. The caller asked how to request a medication refill as a new patient in the county. The operator informed the caller to call back during business hours to set up an appointment to refill the caller's prescription.

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The operator did not provide information to the caller regarding how to obtain a medication refill as a new patient in the county.

The caller was not provided information on 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 #6

Test call was placed on Wednesday, June 2, 2021, at 2:20 p.m. The call was answered after two (2) rings via a live operator. The caller requested information about how to file a complaint about the services received in the county. The operator provided information about grievances and a couple of ways to file a complaint. The operator provided the address to file a complaint in person and offered to mail the caller the complaint form. The operator advised the caller that he/she can also make a verbal complaint and can be connected to speak to someone about filing a complaint verbally. The operator provided the days and hours of operation and the phone number to call.

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 Thursday, May 6, 2021, at 5:02 p.m. The call was answered after one (1) ring via a live operator. The caller requested information on how to file a complaint against a therapist in the county. The operator asked the caller to provide his/her name. The caller provided his/her name. The operator advised the caller to call back during business hours and provided a phone number, contact name, and email address to individual who can guide the caller through the complaint filing process. The operator advised the caller to have his/her concerns written down prior to making the call. No additional information was provided.

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

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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SUMMARY OF TEST CALL FINDINGS

Required Elements	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2	IN	OOC	OOC	IN	OOC	N/A	N/A	40%
3	N/A	OOC	OOC	IN	OOC	N/A	N/A	25%
4	N/A	N/A	N/A	N/A	N/A	IN	OOC	50%

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 comply with CAP requirement addressing this finding of partial compliance.

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:

- 24/7 Access Service Log 7.01-09.30
- Specific Dates 24/7 Access Service Request Log

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:

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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	4/2/2021	9:28 a.m.	OOC	IN	IN
2	5/5/2021	7:17 a.m.	IN	IN	IN
3	10/29/2020	7:47 a.m.	OOC	OOC	OOC
4	3/7/2021	1:39 p.m.	IN	IN	IN
5	3/17/2021	7:51 a.m.	IN	IN	OOC
Compliance Percentage			60%	80%	60%

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 comply with CAP requirement addressing this finding of partial compliance.

Repeat deficiency Yes

COVERAGE AND AUTHORIZATION OF SERVICES

Question 5.1.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(c). The MHP must notify the requesting provider, and give the beneficiary written notice of any decision by the Contractor to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested.

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

- P&P NOABD April 10 2018
- NOABD Tracking Log 6.1.20 to 5.31.21
- TAR samples
- NOABD samples

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides providers and beneficiaries written notice of the decision to deny a service authorization request. This requirement was not included in

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any evidence provided by the MHP. Per the discussion during the review, the MHP stated one (1) of three (3) denied treatment authorization requests was not provided a NOABD.

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

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

Question 5.1.4

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(e). The MHP must ensure compensation to individuals or entities that conduct utilization management activities must not be structured so as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any beneficiary.

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

- P&P Treatment Authorization Requests (TARs)
- TAR Approver Licenses
- TAR Signatures
- FY1920 TAR Log
- FY2021 TAR Log

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted by the MHP that the MHP ensures that compensation to individuals or entities who conduct utilization management activities is not structured as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any beneficiary. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that this requirement is not outlined in its policy and procedures. The MHP did not submit any additional evidence to demonstrate compliance with this requirement.

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

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

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Question 5.3.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice No. 17-032 and 18-027; BHIN No. 19-041. The MHP must have a comprehensive policy and procedure describing its process for timely provision of services to children and youth subject to Presumptive Transfer.

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

- P&P Presumptive Transfer
- ICBH- Presumptive Transfer P&P
- Sample Presumptive Transfer
- ICBH Presumptive Transfer Log

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted that the MHP has a comprehensive policy and procedure to ensure timely provision of services to children and youth subject to Presumptive Transfer. Per the discussion during the review, the MHP stated it would submit an updated policy and procedure demonstrating compliance to this requirement. Post review, the MHP submitted an updated policy and procedure. It is not evident that this policy and procedure meets this requirement. Post review, the MHP submitted evidence of a single Presumptive Transfer that occurred during the triennial review period; however, it is not evident the Presumptive Transfer met the timely provisions of services requirement.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice No. 17-032 and 18-027; BHIN No. 19-041.

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

Question 5.3.6

FINDING

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No.17-032. The MHP must demonstrate that when there is an exception to Presumptive Transfer and a waiver is in place, the MHP ensures access to services for foster care children placed outside the county of origin.

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

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- P&P Presumptive Transfer
- ICBH- Presumptive Transfer P&P
- Sample Presumptive Transfer
- ICBH Presumptive Transfer Log

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that when there is an exception to Presumptive Transfer and a waiver is in place, the MHP ensures access to services for foster care children placed outside the county of origin. Per the discussion during the review, the MHP stated it does not have a process for tracking access to services for foster care children placed outside the county of origin as outlined in MHSUDS 17-032. Post review, the MHP submitted an updated policy and procedure. It is not evident from this updated policy and procedure meets this requirement. Post review, the MHP submitted evidence of a single Presumptive Transfer that occurred during the triennial review period; however, it is not evident this Presumptive Transfer met or adhered to waiver requirements.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice, No.17-032.

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

Question 5.3.7

FINDING

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services., Information Notice, No. 18-027. The MHP must provide SMHS immediately, and without prior authorization, in situations when a foster child or youth is in imminent danger to themselves or others or experiencing an emergency psychiatric condition.

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

- P&P Presumptive Transfer
- Sample Presumptive Transfer
- Foster in Danger Provided SMHS Description

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides SMHS immediately, and without prior authorization, in situations when a foster child or youth is in imminent danger to themselves or others or experiencing an emergency psychiatric condition. Per the discussion during the review, the MHP stated that it is not tracking its policies and procedures to ensure compliance for this requirement. Post review the MHP submitted evidence of a single Presumptive Transfer that occurred during the triennial review period; however, it is not evident the Presumptive Transfer met or adhered to this

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requirement. Additionally, the MHP submitted a statement identifying a process to assist a foster youth in danger, however it did not satisfy the requirements outlined in MHSUDS 18-027.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services., Information Notice, No. 18-027.

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

BENEFICIARY RIGHTS AND PROTECTIONS

Question 6.1.13

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 12, and Federal Code of Regulations, title 42, section 438, subdivision 406(b)(2)(iii) and 228(a). The MHP must ensure that decision makers on grievances and appeals of adverse benefit determinations take into account all comments, documents, records, and other information submitted by the beneficiary or beneficiary's representative, without regard to whether such information was submitted or considered in the initial adverse benefit determination.

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

- P&P Assurance of Beneficiary Rights
- P&P Beneficiary Problem Resolution Process_NOABD

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures that decision makers on grievances and appeals of adverse benefit determinations take into account all information submitted by the beneficiary or the beneficiary's representative, without regard to whether such information was submitted or considered in the initial adverse benefit determination. Per the discussion during the review, the MHP stated it did not submit its entire grievance and appeals policy prior to the review. Post review the MHP submitted additional documentation, however it was deficient in meeting the requirements.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 12, and Federal Code of Regulations, title 42, section 438, subdivision 406(b)(2)(iii) and 228(a).

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

Question 6.4.7

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FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 406(b)(6). The MHP must allow the beneficiary, his or her representative, or the legal representative of a deceased beneficiary's estate, to be included as parties to the appeal.

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

- P&P Assurance of Beneficiary Rights
- P&P Beneficiary Problem Resolution Process_NOABD

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted by the MHP that the MHP allows the beneficiary, the beneficiary's representative, or the legal representative of a deceased beneficiary's estate to be included as parties to the appeal. Per the discussion during the review, the MHP stated it did not submit its entire grievance and appeals policy prior to the review. Post review the MHP submitted additional documentation, however it was deficient in meeting the requirements.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 406(b)(6).

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

PROGRAM INTEGRITY

Question 7.2.4

FINDING

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

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

- Sub Recipient Monitoring PP
- 7.2.2 Policy and Procedure

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has implemented and maintained arrangements or procedures that include a provision for the contractor's suspension of payments to a

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network provider for which there is a credible allegation of fraud. Per the discussion during the review, the MHP stated it does not have a policy or procedure for this requirement. The MHP stated it would review its current policies and procedures to verify if it has implemented a process that may be similar to the requirements. No additional evidence was provided to DHCS.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 13, and Federal Code of Regulations, title 42, section 438, subdivision 608(a)(8). The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 7.3.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision. 608(a)(5). The MHP must implement and maintains procedures designed to detect fraud, waste and abuse that include provisions to verify services reimbursed by Medicaid were received by the beneficiary.

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

- N/A

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP implements and maintains procedures designed to detect fraud, waste, and abuse that includes provisions to verify services reimbursed by Medicaid were received by the beneficiary. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that it has attempted to implement this process for several years, but the MHP currently does not have the capacity to verify that services are being received by the beneficiary. The MHP discussed creating a document so that clients could confirm they have received services. The MHP mentioned that they had previously mailed a verification document and called beneficiaries to see if services had been received, but the MHP rarely received responses.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision. 608(a)(5).

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

Repeat deficiency Yes

Question 7.4.1

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FINDING

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

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

- Conflict of Interest Filings Website
- Conflict of Interest Filings Inyo CO

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures collection of information pertaining to ownership or control interest in the MHP and ensures its subcontractors and network providers submit disclosures to the MHP regarding the network provider's ownership and control. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it submits disclosure forms for subcontractors and network providers to the county clerk office for collection and monitoring. The MHP stated that the tracking log used by the county clerk would be provided, however the evidence was not received by DHCS. The MHP also stated it does not have a process for tracking contracted telepsychiatry providers for this requirement.

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

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

Question 7.4.2

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 455, subdivision 434(a). As a condition of enrollment, the MHP must require providers to consent to criminal background checks including fingerprinting when required to do so by DHCS or by the level of screening based on risk of fraud, waste or abuse as determined for that category of provider.

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

- P&P License Requirements 05-03-06
- Staff Provider List FY20-21 Q1-July 2020
- Staff Provider List FY20-21 Q2-Oct 2020

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- Staff Provider List FY20-21 Q3-Jan 2021
- Staff Provider List FY20-21 Q4-April 2021
- Staff Provider List FY 21/22 Q1-July 2021
- Program Integrity Statement 7.4.2,3,4,5

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted by the MHP that the MHP requires providers to consent to criminal background checks as a condition of enrollment. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated criminal background checks are tracked by the county clerk's office and that it would submit this tracking material. This evidence was not provided by DHCS. Post review, the MHP submitted a statement for this requirement. This evidence does not meet this requirement.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 455, subdivision 434(a).

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

Repeat deficiency Yes

Question 7.4.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 455, subdivision 434(b)(1) and (2); 104, MHP Contract Exhibit A, Att. 13. The MHP must requires providers, or any person with a 5% or more direct or indirect ownership interest in the provider, to submit fingerprints when applicable. The MHP shall ensure that its subcontractors and network providers submit the disclosures below to the MHP regarding the network providers' (disclosing entities') ownership and control. The MHP's network providers must be required to submit updated disclosures to the MHP upon submitting the provider application, before entering into or renewing the network providers' contracts, within 35 days after any change in the subcontractor/network provider's ownership, annually and upon request during the re-validation of enrollment process under 42 Code of Federal Regulations part 455.104.

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

- Conflict of Interest Filings Website
- Conflict of Interest Filings Inyo CO
- Program Integrity Statement 7.4.2,3,4,5

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While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP requires providers or any person with a 5% or more direct or indirect ownership interest in the provider, to submit fingerprints when applicable. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that this information is tracked by the county clerk's office and that it would submit this tracking material, however the evidence was not received by DHCS. The MHP also stated it does not have a process for tracking contracted telepsychiatry providers for this requirement. Post review, the MHP submitted a statement for this requirement. This evidence does not include this requirement.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 455, subdivision 434(b)(1) and (2); 104, MHP Contract Exhibit A, Att. 13.

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

Question 7.4.4

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 455, subdivision 434(b)(1) and (2); 104, MHP Contract Exhibit A, Att. 13. The MHP's network providers must be required to submit updated disclosures. Disclosure must include all aspects listed below:

1. The name and address of any person (individual or corporation) with an ownership or control interest in the network provider.
2. The address for corporate entities shall include, as applicable, a primary business address, every business location, and a P.O. Box address;
3. Date of birth and Social Security Number (in the case of an individual);
4. Other tax identification number (in the case of a corporation with an ownership or control interest in the managed care entity or in any subcontractor in which the managed care entity has a 5 percent or more interest);
5. Whether the person (individual or corporation) with an ownership or control interest in the Contractor's network provider is related to another person with ownership or control interest in the same or any other network provider of the Contractor as a spouse, parent, child, or sibling; or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the managed care entity has a 5 percent or more interest is related to another person with ownership or control interest in the managed care entity as a spouse, parent, child, or sibling;
6. The name of any other disclosing entity in which the Contractor or subcontracting network provider has an ownership or control interest; and
7. The name, address, date of birth, and Social Security Number of any managing employee of the managed care entity.

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8. The MHP shall provide DHCS with all disclosures before entering into a network provider contract with the provider and annually thereafter and upon request from DHCS during the re-validation of enrollment process

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

- Conflict of Interest Filings Website
- Conflict of Interest Filings Inyo CO
- Program Integrity Statement 7.4.2,3,4,5
- Conflict of Interest Code – Assuming Office Filing Required
- Conflict of Interest Form 700 – Leaving Office
- Annual Filing Notification
- 20201006ConflictofInterestCodes - HHS

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP requires network providers to submit updated disclosure forms as outlined in regulations. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that this information is tracked by the county clerk's office and that it would submit this tracking material, however the evidence was not received by DHCS. The MHP also stated it does not have a process for tracking contracted telepsychiatry providers for this requirement. Post review, the MHP provided a statement, conflict of interest filing emails, and conflict of interest codes. This evidence does not include this requirement.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 455, subdivision 434(b)(1) and (2); 104 MHP contract, exhibit A, attachment 13.

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

Question 7.4.5

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 13. The MHP must submit disclosures and updated disclosures to the Department of Health and Human Services including information regarding certain business transactions within 35 days, upon request. The MHP must ensure the ownership of any subcontractor with whom the MHP has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request, significant business transactions between the MHP and any wholly owned supplier, or between the MHP and any subcontractor, during the 5-year period ending on the date of the request, and the MHP must obligate network providers to submit the same disclosures regarding network providers as noted under subsection 1(a) and (b) within 35 days upon request.

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

- Conflict of Interest Filings Website
- Conflict of Interest Filings Inyo CO
- Program Integrity Statement 7.4.2,3,4,5
- Conflict of Interest Code – Assuming Office Filing Required
- Conflict of Interest Form 700 – Leaving Office
- Annual Filing Notification
- 20201006ConflictofInterestCodes - HHS

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP submits disclosures and updated disclosures to the DHCS as required per regulations. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that this process is tracked and completed by the county clerk's office and that it would submit additional documentation, however the evidence was not received by DHCS. The MHP also stated it does not have a process for tracking contracted telepsychiatry providers for this requirement. Post review, the MHP provided a statement, conflict of interest filing emails, and conflict of interest codes. This evidence does not include this requirement.

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

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

Question 7.4.6

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title.42, section 455, subdivision 101 and 106(a)(1), (2). The MHP must submit disclosure to DHCS of identity of any person who is a managing employee of the MHP who has been convicted of a crime related to federal health care programs, and identity of any person who is an agent of the MHP who has been convicted of a crime related to federal health care programs.

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

- Conflict of Interest Filings Website
- Conflict of Interest Filings Inyo CO

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP submits disclosure forms to DHCS of the identity of any person who is a managing employee of the MHP who has been convicted of a crime

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related to federal health care programs. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it submits disclosure forms to the county clerk's office for tracking and submission. The MHP does not have a process to submit disclosure forms to DHCS as required.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title.42, section 455, subdivision 101 and 106(a)(1), (2).

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