



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2021/2022

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE MARIPOSA COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: August 9, 2022 to August 10, 2022

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EXECUTIVE SUMMARY

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

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

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

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

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

DHCS conducted a webinar review of the Mariposa County MHP's Medi-Cal SMHS programs on August 9, 2022 to August 10, 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.

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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 Mariposa County MHP. The report is organized according to the findings from each section of the FY 2021/2022 Protocol deemed out of compliance (OOC), or in partial compliance, with regulations and/or the terms of the contract between the MHP and DHCS.

For informational purposes, this findings report also includes additional information that may be useful for the MHP (e.g., a description of calls testing compliance of the MHP's 24/7 toll-free telephone line).

The MHP will have an opportunity to review the report for accuracy and appeal any of the findings of non-compliance (for both system review and chart review). The appeal must be submitted to DHCS in writing within 15 business days of receipt of the findings report. DHCS will adjudicate any appeals and/or technical corrections (e.g., calculation errors, etc.) submitted by the MHP and, if appropriate, send an amended report.

A Corrective Action Plan (CAP) is required for all items determined to be OOC or in partial compliance. The MHP is required to submit a CAP to DHCS within 60-days of receipt of the findings report for all system and chart review items deemed OOC. The CAP should include the following information:

- (1) Description of corrective actions, including milestones;
- (2) Timeline for implementation and/or completion of corrective actions;
- (3) Proposed (or actual) evidence of correction that will be submitted to DHCS;
- (4) Mechanisms for monitoring the effectiveness of corrective actions over time. If the CAP is determined to be ineffective, the MHP should inform their county liaison of any additional corrective actions taken to ensure compliance; and
- (5) A description of corrective actions required of the MHP's contracted providers to address findings.

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FINDINGS

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

Question 1.1.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i). The MHP must meet, and require its providers to meet, Department standards for timely access to care and services, taking into account the urgency of need for services.

Triennial review will focus on timeliness of all urgent appointments and physician appointments.

1. Urgent care appointments for services that do not require prior authorization: within 48 hours of the request for appointment
2. Urgent care appointments for services that require prior authorization: within 96 hours of the request for appointment

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

- 1.1.12_P&P_Access and Services.pdf
- 1.1.28. 24-7 Access Line P&P.pdf
- 1.1.5. EQRO Timeliness Report 2021.docx
- 1.1.4. EQRO Timeliness Report 2020.docx
- 1.1.3. EQRO Timeliness Report 2019.docx
- 1.1.29. EQRO Timely Access FY 2020-21.docx
- 1.1.30. EQRO Timely Access FY21-22.docx
- 0.0.1. Implementation Plan
- 1.1.31. Dr. Tracking 2019-2020.pdf
- 1.1.32. Dr. Tracking 20-21.pdf
- 1.1.33. Dr. Tracking 21-22.pdf
- 0.0.14. Urgent Service Request Log (7.1.21-5.1.22)
- 1.1.34. Timeline to Services 19-20.pdf
- 1.1.35. Timeline to Services 20-21.pdf
- 1.1.36. Timeline to Services 21-22.pdf
- 1.1.37. NACT TADT 2021.xlsx
- 1.1.53. NACT 2021.xlsx
- Client discharge
- Client appointment logs
- Client NOABDs
- Client Contact forms

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While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP meets Department standards for timely access to care for physician and urgent care services. Of the 100 appointments reviewed by DHCS, 3 of the 50 physician appointments and 2 of the 50 urgent appointments did not meet timeliness standards. Per the discussion during the review, the MHP stated that it is in the process of implementing a new Electronic Health Record (EHR) system and is currently using a manual logging and tracking process during the transition. The MHP submitted additional evidence to demonstrate compliance with this requirement, including Notice of Adverse Beneficiary Determinations (NOABD), however, the MHP did not demonstrate the timeliness standards were met for these appointments.

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:

- 1.2.5. Children's Specialty Services P&P
- 1.2.7-8_Sierra Quest TFC Meeting Invite
- 1.2.6. SQFFA TFC Program Statement Addendum
- 1.2.9. TFC Program Statement
- 1.2.3. Children's Flow Chart
- 1.2.4. ICC-IHBS Eligibility Screening
- 1.2.7. CFTM Meetings 6.1.21-6.1.22 Part One
- 1.2.8. CFTM Meetings 6.1.21-6.1.22 Part Two
- 1.2.1. ICC Encounter Report
- 1.2.2. IHBS Encounter Report
- 1.2.1_Sample ICC-IHBS Referrals
- 1.2.1_ICC-IHBS Referrals

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides TFC services to all children and youth who meet medical necessity criteria for TFC. Per the discussion during the review, the MHP stated it is currently working with its local Short Term Residential Treatment Program (STRTP) provider to become certified as a TFC provider. Post review, the MHP submitted evidence of meetings between the MHP and STRTP regarding TFC services, however,

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it is not evident that TFC services are established or available for children and youth who meet medical necessity criteria.

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

Question 1.2.8

FINDING

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

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

- 1.2.5. Children's Specialty Services P&P
- 1.2.7-8_Sierra Quest TFC Meeting Invite
- 1.2.6. SQFFA TFC Program Statement Addendum
- 1.2.9. TFC Program Statement
- 1.2.3. Children's Flow Chart
- 1.2.4. ICC-IHBS Eligibility Screening
- 1.2.7. CFTM Meetings 6.1.21-6.1.22 Part One
- 1.2.8. CFTM Meetings 6.1.21-6.1.22 Part Two
- 1.2.1. ICC Encounter Report
- 1.2.2. IHBS Encounter Report
- 1.2.1_Sample ICC-IHBS Referrals
- 1.2.1_ICC-IHBS Referrals

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 does not use a TFC assessment tool, but instead uses the ICC process to determine the need for TFC services. The MHP was provided the opportunity to submit additional evidence of this process, including examples of children and youth who were assessed for the need for TFC services, however, no additional evidence was provided.

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

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Question 1.4.4

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 8. The MHP must certify, or use another MHP's certification documents to certify, the organizational providers that contract with the MHP to provide SMHS, in accordance with California Code of Regulations, title 9, section 1810, subsection 435.

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

- 1.4.7. Medi-Cal Certification Protocol.pdf
- 1.4.12. Contractor Meeting Minutes.pdf
- 1.1.27. _P&P_Provider Monitoring.pdf
- 1.4.4_Email with Fara Re - 22AB and 2247.pdf
- 1.4.4 QUEST
- 1.4.4 SQHSF
- 1.4.4_Email with Fara Re - 22AB and 2247
- 1.4.5_Chart Audit Log

Internal Documents Reviewed:

- Mariposa County Provider Monitoring Report 7-22-22 System

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP certifies, or uses another MHP's certification documents to certify, the organizational providers that contract with the MHP to provide SMHS. Of the five (5) active MHP providers, two (2) had overdue certifications. Per the discussion during the review, the MHP stated that it monitors its providers by reviewing its certification log on a monthly basis to ensure compliance with contractual requirements and it would review the certifications in question. Post review, the two MHP certifications remained overdue.

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

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

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.

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

- 3.5.2_2021 Documentation Manual Notification Email to Providers
- 3.5.2_2022 Documentation Manual Notification Email to Providers
- 0.0.1. Implementation Plan
- 0.0.10. Contract Provider Boilerplate 2023
- 3.5.2. Documentation Manual_2021f
- 3.5.1. BHRS Documentation Manual Training PPT 2021
- 3.5.8. BHRS Documentation Manual Q&A October2021
- Documentation Manual Training Sign in Sheets

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP disseminates the guidelines, upon request, to beneficiaries and potential beneficiaries. Per the discussion during the review, the MHP stated that it does not have an established practice to provide beneficiaries or potential beneficiaries the practice guidelines. Post review, the MHP provided evidence that it disseminates its practice guidelines to all of its providers, however, no evidence was provided demonstrating a process is in place to disseminate the guidelines to beneficiaries or 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.

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.

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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 Wednesday, April 27, at 4:08 p.m. The call was answered after two (2) rings via a live operator. The caller requested information about accessing mental health services for his/her child. The operator transferred the caller to the next available mental health services operator. The caller asked the second operator for information about accessing mental health services for his/her child. The operator asked the caller for personally identifying information, which the caller provided. The operator explained the assessment and intake process and offered the caller a choice of a web based or in person appointment. Additionally, the operator provided information on walk-in appointments, the clinic address, phone number, and hours of operation.

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

FINDING

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

TEST CALL #2

Test call was placed on Monday, May 16, at 9:22 p.m. The call was immediately answered via phone tree which included options for urgent services, the options were repeated in Spanish. The caller was put on a brief hold until the call was answered by a live operator. The caller requested assistance with what he/she described as feeling really down and having a difficult time. The operator stated that he/she could leave a message for a return call and complete an assessment during regular business hours.

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

FINDING

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

TEST CALL #3

Test call was placed on Wednesday, May 11, 2022, at 12:17 p.m. The call was answered after two (2) rings via a live operator. The caller asked the operator for information about mental health services in the county and explained he/she had been providing care for an elderly parent and had been feeling overwhelmed and isolated. The operator stated the caller would be transferred to Family Services. After four (4)

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rings, the call was answered via a live operator. The caller asked for information about mental health services in the county and explained his/her situation and feelings of being overwhelmed and isolated. The operator placed the caller on hold. After (4) minutes the operator returned. The operator proceeded to explain the assessment process and that the crisis line is available 24/7.

The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. 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 Thursday, May 12, 2022, at 7:47 a.m. The call was immediately answered via phone tree which included options for urgent services, the options were repeated in Spanish. The call rang three (3) times and was then answered via a live operator. The caller requested information about how to refill his/her anxiety medication as a new beneficiary in the county. The operator stated that the after-hours line could not assist with the medication refill process, and instructed the caller to call back or walk in to the clinic during regular business hours. The operator advised the caller to go to the clinic in person to transfer his/her Medi-Cal information to Mariposa County.

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

FINDING

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

TEST CALL #5

Test call was placed on Wednesday, May 11, 2022, at 1:47 p.m. The call was answered after one (1) ring via a live operator. The caller requested information about accessing mental health services in the county for his/her son who was having problems in school. The operator transferred the caller to the supervisor of Child Welfare Services. The caller reached a voicemail stating to leave message for a return call.

The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met.

FINDING

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

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TEST CALL #6

Test call was placed on Tuesday, November 30, 2021, at 7:57 a.m. The call was immediately answered via phone tree which included options for urgent services, the options were repeated in Spanish. The caller pressed zero (0) to be transferred to next available operator. The caller was placed on hold and waited for three (3) minutes before disconnecting the call.

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

FINDING

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

TEST CALL #7

Test call was placed on Friday, December 10, 2021, at 10:25 a.m. The call was answered immediately via a live operator. The caller asked for information on filing a grievance in the county. The operator transferred the caller to the Family Services Center and the call was answered immediately via a live operator. The caller asked the second operator for information on filing a grievance in the county. The operator advised the caller that grievance forms were located in the clinic lobby, additionally, the operator offered to mail a grievance form to the caller or to assist with filing the complaint over the phone.

The caller was provided information about how to use the beneficiary problem resolution and fair hearing process.

FINDING

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

SUMMARY OF TEST CALL FINDINGS

Required Elements	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
1	N/A	IN	N/A	IN	N/A	N/A	N/A	100%
2	IN	OOC	IN	OOC	OOC	N/A	N/A	40%
3	N/A	IN	IN	IN	N/A	N/A	N/A	100%
4	N/A	N/A	N/A	N/A	N/A	OOC	IN	50%

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

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Repeat deficiency Yes

Question 4.3.4

FINDING

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

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

- 4.3.4_ Mariposa Call Log 5-12-22
- 4.3.9. Access Line Log - Business Hours
- 4.3.13. After Hours Log_5.16.22
- 4.3.11. After Hours Log_5.11.22
- 4.3.10. After Hours Log_4.27.22
- 4.3.12. After Hours Log_5.12.22
- 4.3.8. MH Access Tracking Log Screenshot
- 4.3.7. MH Tracking Log Form
- 4.3.6. Test Call Rotation
- 4.3.5. Sample Corrective Action 3
- 4.3.4. Sample Corrective Action 2
- 4.3.3. Sample Corrective Action 1
- 4.3.2. 24_7 Access Line Invite_2.19.21
- 4.3.1. 24_7 Access Script
- 0.0.1. Implementation Plan
- 0.0.9. QIC Work Plan 2021-2022
- 0.0.8. QIC Work Plan 2020-2021
- 0.0.7. QIC Work Plan 2019-2020
- 0.0.4. CLCP 2022
- 0.0.3. CLCP 2021
- 0.0.2. CLCP 2020

DHCS reviewed the following internal documentation as evidence of compliance with this requirement:

- Mariposa_Test Call Report_FY 2021-22_Q1
- Mariposa_Test Call Report_FY 2021-22_Q2
- Mariposa_24_7 Access Line Test Call Report Form_FY21-22_Q3
- Mariposa_Test Call Report_FY 2020-21_Q4

While the MHP submitted evidence to demonstrate compliance with this requirement, two (2) of five (5) required DHCS test calls were not logged on the MHP's written log of

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initial requests in compliance with the regulation. 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	4/27/2022	4:08 p.m.	IN	IN	IN
2	5/16/2022	9:22 p.m.	IN	IN	IN
3	5/11/2022	12:17 p.m.	IN	IN	IN
4	5/11/2022	1:47 p.m.	OOC	OOC	OOC
5	5/12/2022	7:47 a.m.	OOC	IN	IN
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