



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2019/2020

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE MERCED COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: December 3, 2019 to December 5, 2019

**Merced County Mental Health Plan
FY 2019/2020 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

TABLE OF CONTENTS

EXECUTIVE SUMMARY..... 2

FINDINGS 5

ACCESS AND INFORMATION REQUIREMENTS.....5

COVERAGE AND AUTHORIZATION OF SERVICES.....9

BENEFICIARY RIGHTS AND PROTECTIONS..... 10

PROGRAM INTEGRITY..... 12

**Merced County Mental Health Plan
FY 2019/2020 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

EXECUTIVE SUMMARY

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

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

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

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

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

DHCS conducted an onsite review of the Merced County MHP's Medi-Cal SMHS programs on December 3, 2019 to December 5, 2019. The review consisted of an examination of the MHP's program and system operations, including chart documentation, to verify that medically necessary services are provided to Medi-Cal beneficiaries. DHCS utilized Fiscal Year (FY) 2019/2020 Annual Review Protocol for SMHS and Other Funded Programs (Protocol) to conduct the review.

The Medi-Cal SMHS Triennial System Review evaluated the MHP's performance in the following categories:

- Section A: Network Adequacy and Availability of Services
- Section B: Care Coordination and Continuity of Care
- Section C: Quality Assurance and Performance Improvement

**Merced County Mental Health Plan
FY 2019/2020 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

- Section D: Access and Information Requirements
- Section E: Coverage and Authorization of Services
- Section F: Beneficiary Rights and Protections
- Section G: Program Integrity
- Section H: Other Regulatory and Contractual Requirement

This report details the findings from the Medi-Cal SMHS Triennial System Review of the Merced County MHP. The report is organized according to the findings from each section of the FY 2019/2020 Protocol and the Attestation 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 out-of-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 out-of-compliance. 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 not to be effective, the MHP should inform their county liaison of any additional corrective actions taken to ensure compliance; and
- (5) Description of corrective actions required of the MHP's contracted providers to address findings.

Review Findings Overview

During DHCS review, the Merced County MHP demonstrated numerous strengths, including but not limited to the following examples:

- Efforts with the homeless population in regards to recognizing possible signs of mental health issues. Educating your local law enforcement about mental illness is a big step towards the possibility of rehabilitating a homeless person rather than just apprehending them.

**Merced County Mental Health Plan
FY 2019/2020 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

- When planning your community gatherings, it is great that you consider the different needs and having interpreters come out to the events.
- Utilizing and working with your community resources such as Sheriff's office, Loa Community, Social Services, etc.
- The MHP shows examples of having their finger on the pulse of larger trends regarding Behavioral Health. Examples include efforts that are in line with Behavioral Health conversations and topics affecting the State of California as a whole, such as their First Episode of Psychosis interventions; their homelessness outreach; and their Innovative Strategist Network that shows a nice example of efforts made towards integrated care.
- There is high degree of collaboration both internally within the Merced Behavioral Health and Recovery Services and externally with their community partners as well.
- There is a nice emphasis on documentation training that is reflected in the notes consistently highlighting tie-ins with medical necessity

DHCS identified opportunities for improvement in various areas, including:

- The MHP may benefit from continuous improvement in their twenty-four hours, seven days a week toll free access line monitoring and tracking mechanisms.
- The MHP may benefit from continuous improvement in Grievance/Appeals/Expedited Appeals monitoring and tracking mechanisms.

Questions about this report may be directed to DHCS via email to CountySupport@dhcs.ca.gov.

**Merced County Mental Health Plan
FY 2019/2020 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

FINDINGS

ACCESS AND INFORMATION REQUIREMENTS

REQUIREMENT
Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number: (Cal. Code Regs., tit. 9, chap. 11, § 1810, subd.405(d) and 410(e)(1).)
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.
The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

FINDING

The 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). Each MHP must provide 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, that will provide information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met and services needed to treat a beneficiary’s urgent condition, and how to use the beneficiary problem resolution and fair hearing processes. The seven (7) test calls are summarized below.

TEST CALL #1

Test call #1 was placed on Thursday, August 22, 2019, at 7:33 a.m. The call was answered after one (1) ring via a phone tree and directed the caller to select a language option, which included the MHP’s threshold languages. The message was repeated in Spanish. The caller pressed 2 after which the recorded message stated that if the caller was in a life-threatening emergency to call 911. The other option was to press 1 for immediate services. Before the caller could press 1, the call was answered by an operator. The operator asked the caller if he/she needed interpreter services. The caller responded in the negative. The caller preceded to describe the issue. The operator asked some information about his/her son. The operator then informed the caller about a program for children within their children’s system of care and provided the address, telephone number, and hours of operation. The operator informed the caller that this would be a Point of Entry (POE) appointment. The caller thanked the operator and ended the call. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and the caller was provided information about services needed to treat a beneficiary’s urgent condition. The call is deemed in compliance with the regulatory requirements in CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1).

**Merced County Mental Health Plan
FY 2019/2020 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

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 #2 was placed on Sunday, September 15, 2019, at 11:52 p.m. The call was answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. The DHCS test caller was directed to 911 in the case of an emergency. After selecting the option for English, the caller was immediately transferred to an operator. The caller requested information about accessing mental health services in the county. The operator assessed the caller's current condition by asking if they had thoughts of harming themselves or others. The caller replied in the negative. The operator provided the address and hours of operation of the clinic. The operator proceeded to provide information regarding the assessment process. The operator advised the caller that the 24/7 access line is available for a crisis or urgent services. The caller was provided information about how to access SMHS and the caller was provided information about services needed to treat a beneficiary's urgent condition.

FINDING

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

TEST CALL #3

Test call #3 was placed on Thursday, September 19, 2019 at 8:30 a.m. The call was answered after one (1) ring via a live operator and the caller was asked if an interpreter was needed. The caller responded in the negative. The caller requested information about accessing mental health services in the county. The operator transferred the call to the Access Team. The second operator informed the caller that he/she would conduct a screening and proceeded to ask the caller some questions about his/her situation. After the phone screening, the operator explained that the caller did not meet the criteria of medical necessity and that she would like to refer caller to Beacon Health Strategies and provided the telephone number. The operator also provided the number to the crisis line. The caller was provided information about how to access SMHS and 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 #4 was placed on Thursday, September 26, 2019, at 11:50 a.m. The call was answered after two (2) rings. The call was answered by a live operator who asked the caller if there was a need for an interpreter. The caller responded in the negative. The

**Merced County Mental Health Plan
FY 2019/2020 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

operator informed the caller that they are receiving lot of calls and he/she is the only one answering the phone. The operator asked the caller if he/she can call back tomorrow or the caller can leave call back number and the Access Team will call the caller back. The operator also informed the caller that he/she can connect the caller to the Access Team. The caller opted to be transferred and was then placed on hold for two (2) minutes. Upon transfer of the call, it was disconnected. 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).

TEST CALL #5

Test call #5 was placed on Friday, September 27, 2019, at 7:46 a.m. The call was answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP's threshold languages and other languages. The caller did not select an option and the call was transferred to a live operator. The operator asked the caller if an interpreter was needed. The caller replied in the negative. The caller requested information about accessing mental health services in the county and getting a prescription refilled. The operator asked the caller to provide his/her contact information so someone could call back and schedule an appointment. The operator advised the caller that he/she would need to schedule a POE (Point of Entry) appointment which would include an assessment and a referral so the caller could re-fill their prescription and described the process for scheduling an appointment. 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 #6

Test call #6 was placed on Friday, September 27, 2019, at 10:15 a.m. The call was answered after two (2) rings via a live operator. The caller requested information about accessing mental health services in the county. The caller was transferred to Adult Services where the phone rang 19 times. The caller therefore, terminated the call. The caller was not provided information about how to use the 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).

TEST CALL #7

**Merced County Mental Health Plan
FY 2019/2020 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

Test call #7 was placed on Monday, September 30, 2019, at 7:24 a.m. The call was answered after one (1) ring via a phone tree providing information in English and Spanish. After the instructions, the phone tree stated that if the caller is having a life threatening emergency to dial 911. The phone tree continued to instruct the caller if he/she needed an assessment with the Crisis Stabilization Unit to select one (1). After the recording, the call was answered by a live operator who asked the caller how he/she could help. The caller asked the operator how he/she could file a complaint. The operator informed the caller about the grievance process which included how the caller can pick up a grievance form at the office or that someone could mail one out to the caller or the caller could speak to a supervisor. The caller was provided information about how to use the beneficiary problem resolution and fair hearing processes and 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).

SUMMARY OF TEST CALL FINDINGS

Required Elements	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
1	IN	IN		IN	IN		IN	100%
2	IN	IN	IN	OOC	IN			80%
3	IN	IN	IN				IN	100%
4						OOC	IN	50%

Based on the test calls, DHCS deems the MHP is in partial compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1). The MHP must complete a CAP addressing this finding of partial compliance. This is a repeated deficiency identified in the previous triennial review.

REQUIREMENT
The MHP must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing. (CCR, title 9, chapter 11, section 1810.405(f)).
The written log(s) contain the following required elements: <ul style="list-style-type: none"> a) Name of the beneficiary. b) Date of the request. c) Initial disposition of the request. (Cal. Code Regs., tit. 9, chapter 11, §1810, subd. 405(f))

**Merced County Mental Health Plan
FY 2019/2020 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

FINDING

The MHP did not furnish evidence to demonstrate it complies 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 the name of the beneficiary, date of the request, and initial disposition of the request.

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

- Access Test Calls 08-01-2019 to 09-30-2019
- DHCS Test Call Summary

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 Access Test Call log of initial requests. 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	8/22/2019	7:33 AM	OOC	OOC	OOC
2	9/16/2019	11:52PM	OOC	OOC	OOC
3	9/19/2019	8:30 AM	IN	IN	IN
4	9/26/2019	11:53 AM	OOC	OOC	OOC
5	9/27/2019	7:46 AM	IN	IN	IN
Compliance Percentage			40%	40%	40%

Note: Only calls requesting information about SMHS, including services needed to treat a beneficiary's urgent condition, are required to be logged.

DHCS deems the MHP in partial compliance with California Code of Regulations, title 9, section 1810, subdivision 405(f). The MHP must complete a CAP addressing this finding of partial compliance.

COVERAGE AND AUTHORIZATION OF SERVICES

REQUIREMENT
Pursuant to California Welfare and Institution Code, section 14717, subdivision 1(b)(2)(F), the MHP has a procedure for expedited transfers within 48-hours of placement of the foster child or youth outside of the county of original jurisdiction. (MHSUDS., IN., No. 18-027; Cal. W&I Code, § 14717, subd.1(b).)

**Merced County Mental Health Plan
FY 2019/2020 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

FINDING

The MHP did not furnish evidence to demonstrate it complies with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-027, and California Welfare and Institution Code, section 14717, subdivision 1(b). The MHP must have a procedure for expedited transfers within 48-hours of placement of the foster child or youth outside of the county of original jurisdiction.

The MHP did not submit any evidence of compliance with this requirement:

DHCS deems the MHP out-of-compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-027, and California Welfare and Institution Code, section 14717, subdivision 1(b). The MHP must complete a CAP addressing this finding of non-compliance.

BENEFICIARY RIGHTS AND PROTECTIONS

REQUIREMENT
The MHP shall adhere to the following record keeping, monitoring, and review requirements:
Maintain a grievance and appeal log and record grievances, appeals, and expedited appeals in the log within one working day of the date of receipt of the grievance, appeal, or expedited appeal. (Fed. Code Regs., tit. 42, § 438, subd.416(a); Cal. Code Regs., tit. 9, § 1850, subd.205(d)(1).)

FINDING

The MHP did not furnish evidence to demonstrate it complies with Federal Code of Regulations, title 42, section 438, subdivision 416 and California Code of Regulations, title 9, section 1850, subdivision 205. The MHP must adhere to the record keeping, monitoring, and review requirements as listed above.

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

- Policy I.C.05 Problem Resolution
- FY 18-19 Grievance log report

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP logs grievances and appeals within one (1) working day of the date of the receipt.

DHCS deems the MHP out-of-compliance with Federal Code of Regulations, title 42, section 438, subdivision 416 and California Code of Regulations, title 9, section 1850, subdivision 205. The MHP must complete a CAP addressing this finding of non-compliance.

**Merced County Mental Health Plan
 FY 2019/2020 Medi-Cal SMHS Triennial Review
 Systems Review Findings Report**

REQUIREMENT
The MHP’s appeal process shall, at a minimum:
Allow a beneficiary, or a provider or authorized representative acting on the beneficiary’s behalf, to file an appeal orally or in writing. (42 C.F.R. § 438.402(c)(3)(ii).) The beneficiary may file an appeal within 60 calendar days from the date on the adverse benefit determination notice (42 C.F.R. § 438.402(c)(2)(ii).);
Resolve each appeal and provide notice, as expeditiously as the beneficiary’s health condition requires, within 30 calendar days from the day the MHP receives the appeal. (Fed. Code Regs., tit. 42, § 438, subd.408(a) and 408(b)(2).)

FINDING

The MHP did not furnish evidence to demonstrate it complies with Federal Code of Regulations, title 42, section 438, subdivision 402, 406 and 408. The MHP must ensure the MHP’s appeal process meets the above listed standards.

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

- Policy I.C.05 Problem Resolution
- BHRS Beneficiary Handbook

While the MHP submitted evidence to demonstrate compliance with this requirement, the beneficiary handbook does not reflect the timeline requirements. Specifically, the handbook does not state that that the beneficiary may file an appeal within 60 **calendar** days from the date of an adverse benefit determination notice, or that the MHP shall resolve each appeal and provide notice, as expeditiously as the beneficiary’s health condition requires, within 30 **calendar** days from the day the MHP receives the appeal.

DHCS deems the MHP out-of-compliance with Federal Code of Regulations, title 42, section 438, subdivision 402, 406 and 408. The MHP must complete a CAP addressing this finding of non-compliance.

REQUIREMENT
The MHP’s expedited appeal process shall, at a minimum:
Ensure that punitive action is not taken against a provider who requests an expedited resolution or supports a beneficiary's expedited appeal. (Fed. Code Regs., tit 42, § 438, subd.410(b).)

FINDING

The MHP did not furnish evidence to demonstrate it complies with Federal Code of Regulations, title 42, section 438, and subdivision 402, 410, 408, and California Code of Regulations, title 9, section 1850, subdivision 207(h). The MHP must ensure the MHP’s expedited appeal process complies above mentioned requirements.

The MHP did not submit any evidence of compliance with this requirement.

**Merced County Mental Health Plan
FY 2019/2020 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

DHCS deems the MHP out-of-compliance with Federal Code of Regulations, title 42, section 438, and subdivision 402, 410, 408, and California Code of Regulations, title 9, section 1850, subdivision 207(h). The MHP must complete a CAP addressing this finding of non-compliance.

PROGRAM INTEGRITY

REQUIREMENT
The MHP shall implement and maintain written policies for all employees of the MHP, and of any contractor or agent, that provide detailed information about the False Claims Act and other Federal and State Laws, including information about rights of employees to be protected as whistleblowers. (MHP contract, Ex. A, Att. 13; Fed. Code Regs., tit. 42, § 438, subd.608(a)(6).)

FINDING

The MHP did not furnish evidence to demonstrate it complies with the MHP contract, exhibit A, attachment 13, and Federal Code of Regulations, title 42, section 438, subdivision 608(a)(6). The MHP must implement and maintain written policies for all employees of the MHP, and of any contractor or agent, that provide detailed information about the False Claims Act and other Federal and State Laws, including information about rights of employees to be protected as whistleblowers.

The MHP did not submit any evidence of compliance with this requirement.

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)(6). The MHP must complete a CAP addressing this finding of non-compliance.