CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2019/2020

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE NEVADA COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: June 17, 2020 to June 18, 2020

Nevada County Mental Health Plan
FY 2019/2020 Medi-Cal SMHS Triennial Review
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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 Nevada County MHP's Medi-Cal SMHS programs on June 17, 2020 to June 18, 2020. 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

- 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 Nevada 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 OOC. 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.

Review Findings Overview

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

- Collaboration with Law Enforcement, Child Welfare, Probation, Schools.
- Home Team, which engages homeless and provides case management and housing to the homeless.
- Peer respite center that creates a supportive healing environment with mental health challenges.

- Crisis team arranges transportation for the beneficiaries.
- Case manager is present for client when released from hospitalization
- Integrated system between MH and SUD

DHCS identified opportunities for improvement in various areas, including:

- The 24/7 access line test calls results indicated that while recent MHP test calls repeatedly resulted in compliance, the DHCS test calls resulted in a lower compliance rate. It is recommended to further analyze the root cause of the differences for continuous improvement of the twenty-four hours, seven days a week toll-free access line monitoring and tracking mechanisms
- The Grievance and Appeals practices are not consistent with the MHP's policies and procedures regarding receipt date, logging grievances within one (1) working day, and verifying that the Acknowledgment letter is sent within 5 days.
- Timeliness of children services
- Availability of Therapeutic Foster care (TFC) services
- Timely recertification process following COVID 19 waiver and requirements

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

FINDINGS

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

REQUIREMENT

The MHP shall certify, or use another MHP's certification documents to certify, the organizational providers that subcontract with the MHP to provide SMHS, in accordance with California Code of Regulations, title 9, section 1810.435. (MHP contract, Ex. A, Att. 8)

FINDING

The MHP did not furnish evidence to demonstrate compliance that the MHP must certify, or use another MHP's certification documents to certify, the organizational providers that subcontract with the MHP to provide SMHS, in accordance with California Code of Regulations, title 9, section 1810.435; MHP contract, Ex. A, Att. 8.

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

- Policy 706-Medi-Cal Certification and Re-certification of Organizational Providers
- Policy 191-Re-certification of County Owned Sites (self-cert) for Medi-Cal Reimbursement
- Medi-Cal Re-Certification Tracking Log
- MHP Re-Certification of County Owned and Operated Providers Self-Survey Form
- Gateway Signed Letter of Certification
- Medi-Cal Certification and Transmittal form
- SD/MC Provider Certification and Re-Certification Protocol from DHCS

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 subcontract with the MHP to provide SMHS within the required timeline. Specifically, the DHCS Overdue Provider Report revealed four (4) of 20 providers were found overdue for re-certification due to COVID-19.

DHCS deems the MHP in partial compliance with California Code of Regulations, title 9, section 1810.435; MHP contract, Ex. A, Att. 8. The MHP must complete a CAP addressing this finding of non-compliance.

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 beneficiaries about services needed to treat a beneficiary's urgent condition. The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

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). 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 Wednesday, January 8, 2020, at 2:40 pm. 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 operator asked caller to provide his/her name and contact information. The caller provided the name, but not the contact number. The operator advised the caller that he/she would need the contact number for someone in the county to call back for information. The caller informed the operator that he/she was not comfortable in giving out the number. The operator informed the call that he/she needs the number to process the referral so someone could call the caller back. The caller informed the operator that he/she would check to see if he/she could give the number out. The caller and operator 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, 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 #2

Test call #2 was placed on Thursday, February 6, 2020, at 4:17 pm. 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. After selecting the option for English, the caller was transfer to a live operator. The caller requested information about accessing mental health services in the county. The operator asked the caller to provide personal information. The caller provided some personal information to the operator. The operator informed the caller that he/she would send a referral to behavioral health. The operator informed the caller if he/she is in crisis to go to the 24/7 Crisis Stabilization Unit and provided the CSU address. The operator informed the caller that he/she will keep this open for a callback from caller. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and 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 #3 was placed on Tuesday, February 11, 2020, at 7:12 am. 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 operator asked the caller to provide his/her personal information. The caller provided the operator some personal information. The operator informed the caller that an Access worker would call the caller back to explain the process. The operator provided the caller some information about the clinic. The operator asked the caller if he/she needed mental health services or if he/she was in crisis. The caller replied in the negative. The operator asked if the caller had any issues with substance abuse or alcohol abuse. The caller replied in the negative. The operator informed the caller that he/she will fax the information to the county and someone will be calling back. The caller thanked the operator and ceased 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 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 Wednesday, February 12, 2020, at 9:12 p.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 operator assessed the caller's current condition by asking if he/she required immediate services or felt suicidal. The caller replied in the negative. The operator requested some personal information from the caller. The caller provided some personal information to the operator. The operator explained the assessment screening process. The operator requested that the caller complete an information screening form to have an Access Worker call the caller back for an assessment screening. The caller advised operator that he/she would call back during business hours. The operator advised the caller that the form would still be required for the screening process. The operator advised the caller that the provider information would be given at the time of referral. 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 was provided information about services needed to treat a beneficiary's urgent condition.

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

TEST CALL #5
Test call #5 was placed on Tuesday, February 25, 2020, at 9:52 am. The call was answered after two (2) rings via live operator. The caller requested information about accessing mental health services in the county. The operator asked if he/she was in crisis. The operator advised the caller to hang up and call a different number for the children's system of care. The caller dialed the number for children's system of care and the operator provided basic information about how the assessment process worked. The operator informed the caller that he/she would need to provide identifying information to receive further information about the type of SMHS available to her and her child. The caller was informed that he/she would not be able to speak to anyone else directly but would have to leave a message and receive a return phone call. The caller was not provided information about how to access SMHS and 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 #6
Test call #6 was placed on Friday, February 7, 2020, at 11:57 am. The call was answered after two (2) rings via live operator. The operator advised the caller to call the Patient Rights Advocate office and talk to a person from the Patient Rights Advocate department. No additional information about how to use the beneficiary's problem resolution and fair hearing process. 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).

TEST CALL #7
Test call #7 was placed on Monday, February 24, 2020, at 7:36 am. The call was answered after two (2) rings via a live operator who said they were a part of the crisis line. The caller asked how to file a complaint. The operator gave the caller the phone number to the Patient Right's Advocate. The operator asked if the caller was seeing a therapist in Nevada County and the caller stated he/she was seeing a therapist. The operator asked for the caller's personal information and the caller provided some of the information. The operator asked if the caller was familiar with the CSU or ER if the caller was unable to reach their therapist at any time. The caller said he/she was familiar with the CSU and ER. The operator asked if the caller was in the Truckee area and the operator provided the location of the Truckee office. The caller thanked the operator and the ceased the call. 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).

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	OOC	OOC	IN	IN	OOC			40%
3	OOC	IN	IN	IN	IN			80%
4						OOC	OOC	0%

Based on the test calls, DHCS deems the MHP in partial compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1). 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. (Cal. Code Regs., tit. 9, chap. 11, §1810, subd.405(f)). The written log(s) contain the following required elements: Name of the beneficiary.

Date of the request.

Initial disposition of the request.

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:

- Policy 501.1 Access Line and Contact Log
- Access Line Report 1st Qtr.
- Access Line Report 2nd Qtr.
- Access Calls 1-8 thru 2-25-20

While the MHP submitted evidence to demonstrate compliance with this requirement, three (3) of five (5) required DHCS test calls were not logged on the MHP's written log of initial request. The table below summarizes DHCS' findings pertaining to its test calls:

Test Call #	Date of Call	Time of Call	Log Results		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
1	1/8/2020	2:40 PM	OOC	OOC	OOC
2	2/6/2020	4:17 PM	IN	IN	IN
3	2/11/2020	7:12 AM	OOC	OOC	OOC
4	2/12/2020	9:12 PM	IN	IN	IN
5	2/25/2020	9:52 AM	OOC	OOC	OOC
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. This is a repeated deficiency identified in the previous triennial review.

BENEFICIARY RIGHTS AND PROTECTIONS

REQUIREMENT

The MHP shall acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing. (MHP contract, Ex. A, Att. 12; Fed. Code. Regs., tit. 42, § 438, subd.406(b)(1).) The written acknowledgement to the beneficiary must be postmarked within five (5) calendar days of receipt of the grievance. (MHSUDS., IN., 18-010E)

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 12, Federal Code of Regulations, title 42, section 438, subdivision 406(b)(1), and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-010E. The MHP must acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing meeting the written acknowledgment to the beneficiary must be postmarked within five (5) calendar days of receipt of the grievance.

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

- Policy 632 Beneficiary Problem Resolution Process, pages 6-14
- Letter of Receipt for Grievance (acknowledgement letter)
- Samples of acknowledgement letters
- Grievance Log FY 17-18
- Grievance Log FY 18-19
- Grievance Log FY 19-20

INTERNAL DOCUMENTS REVIEWED:

- Grievance and Appeal Tracking Sheet

In addition, DHCS reviewed grievance, appeals and expedited appeals samples to verify compliance with this requirement. The sample verification findings are as detailed below.

	# OF SAMPLE REVIEWED	ACKNOWLEDGMENT		COMPLIANCE PERCENTAGE
		# IN	# OOC	
GRIEVANCES	**40**	**17**	**23**	**43%**
APPEALS	**N/A**	**N/A**	**N/A**	**N/A**
EXPEDITED APPEALS	**N/A**	**N/A**	**N/A**	**N/A**

DHCS deems the MHP in partial compliance with the MHP contract, exhibit A, attachment 12, Federal Code of Regulations, title 42, section 438, subdivision 406(b)(1),

and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-010E. The MHP must complete a CAP addressing this finding of partial compliance.

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 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 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 632 Beneficiary Problem Resolution Process, pages 6 through 15;
- Grievance Log FY 17-18
- Grievance Log FY 18-19
- Grievance Log FY 19-20

INTERNAL DOCUMENTS REVIEWED:

- Grievance and Appeal Tracking Sheet

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP logs grievances within one (1) working day of the date of receipt of the grievance. Specifically, DHCS could not verify 40 of the 40 grievances were logged within one (1) working day because DHCS could not validate the receipt date of the grievances.

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.

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 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 ensure the MHP's expedited appeal process complies above mentioned requirements.

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

- Policy 632 Beneficiary Problem Resolution Process

While there was discussion during the review that the MHP does not take any punitive action against a provider who requests an expedited resolution or supports a beneficiary's expedited appeal, this requirement is not included as part of their policy. In addition, the MHP did not provide evidence of practice regarding this requirement.

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

- Policy 195.5-Reporting Suspected Fraudulent Activity
- Whistleblower poster

- HIPAA Policy 200-County of Nevada General Use and Disclosure of Protected Health Information (PHI) Policy

While the MHP submitted evidence to demonstrate compliance with this requirement, the policy provided did not contain language regarding the False Claims Act and rights of employees to be protected as whistleblowers. In addition, the MHP did not provide evidence of practice regarding 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.