CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2019/2020

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE SAN FRANCISCO COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: Tuesday, October 20, 2020 through Thursday, October 22, 2020

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

TABLE OF CONTENTS

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 San Francisco County MHP's Medi-Cal SMHS programs on October 20, 2020 to October 22, 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 San Francisco 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 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.

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

FINDINGS

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

QUESTION A.I.G

FINDING
The MHP did not furnish evidence to demonstrate that their subcontracted providers maintain hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which the provider offers services to non-Medi-Cal beneficiaries. If the provider only serves Medi-Cal beneficiaries, the MHP shall require that hours of operation are comparable to the hours the provider makes available for Medi-Cal services that are not covered by the MHP, or another MHP. Per discussion during the review, the MHP will update its contract boilerplate to reflect this requirement.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(ii). The MHP must complete a CAP addressing this finding of non-compliance.

QUESTION A.VI.D10

FINDING
The MHP did not furnish evidence to demonstrate that all contracts or written agreements between the MHP and any network provider specify all aspects listed in this requirement.

- The MHP did not submit evidence that the contractor is required to maintain data and records in an accessible location and condition, and that this audit right exists for 10 years from the final date of the contract period, or from the date of completion of any audit, whichever is later. However, per the discussion during the review, the MHP will update the contract boilerplate to reflect requirement.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 230 and MHP Contract, exhibit A, attachment 1. The MHP must complete a CAP addressing this finding of non-compliance.

QUESTION A.VI.E

FINDING
The MHP did not furnish evidence to demonstrate they certify, or use another MHP's certification documents to certify, the organizational providers that subcontract to provide SMHS.

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

- Policy 3.07-4:-S.F Private Provider Network Selection and Retention
- Medi-Cal Re-Certification Tracking Log
- MHP Re-Certification of County Owned and Operated Providers Self-Survey Form
- Medi-Cal Certification and Transmittal forms;
- SD/MC Provider Certification and Re-Certification Protocol from DHCS

Internal documents:

- Provider Monitoring Report.

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP certified their subcontractors per requirements. Specifically, the DHCS Provider Monitoring Report revealed one (1) of the 76 providers were overdue. Per discussion during the review, the MHP indicated they were aware of the overdue provider and is now in the process of working with DHCS to ensure they are in compliance.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 8. The MHP must complete a CAP addressing this finding of non-compliance.

Repeat deficiency Yes

ACCESS AND INFORMATION REQUIREMENTS

QUESTION D.IV.B

FINDING

The MHP did not furnish evidence to demonstrate that information included in a paper provider directory shall be updated at least monthly and electronic provider directories shall be updated no later than 30 calendar days after the MHP receives updated provider information.

- The MHP did not submit evidence that the MHP ensures that information included in a paper provider directory is updated at least monthly and electronic provider directories are updated no later than 30 calendar days after the MHP receives updated provider information. Per the discussion during the review, the MHP will update the provider directory to reflect this requirement.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(h)(3). The MHP must complete a CAP addressing this finding of non-compliance.

QUESTION D.VI.B1-4

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 about 1) how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met; 2) services needed to treat a beneficiary's urgent condition; and 3) 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 Monday, January 13, 2020, at 9:05 a.m. The call was answered after one (1) ring via live operator. The caller requested information about accessing mental health services in the county. The operator asked the caller for their Medi-Cal information, but did not require it to provide information on how to access services. The operator explained the intake process and advised the caller that clinic locations near their residence would be assigned after an assessment. The operator provided the caller with business hours and the address of a walk-in clinic. The operator did not provide information about services needed to treat a beneficiary's urgent condition. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, but the caller was not 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 #2
Test call was placed on Monday, February 3, 2020, at 11:04 p.m. The call was answered after one (1) ring via live operator. The caller requested information about accessing mental health services in the county. The operator assessed for urgent and crisis service needs. The operator described the assessment and screening process and advised the caller of various levels of care that may be available after screening and assessment. The operator advised the caller to call back during business hours for screening and also advised the caller of the walk-in process and provided the caller with the name and phone numbers of providers. The operator advised the caller that the 24/7 access line is available for crisis or urgent services. The caller was 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 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, February 5, 2020, at 7:19 a.m. The call was answered after one (1) ring via live operator. The caller requested information about filing a complaint with the mental health department. The operator advised the caller of the grievance process and offered to assist the caller in filling out the grievance form. The caller was also informed that the grievance form could be mailed or picked up from lobby of the clinic. The caller stated that he/she preferred to pick up the form. The operator inquired if the caller was aware of the clinic's address and the caller replied in the affirmative. 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 #4
Test call was placed on Friday, February 7, 2020, at 10:51 a.m. 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 requested personal identification information from the caller and attempted, but was unable, to validate the caller's Medi-Cal status. The operator told the caller that Medi-Cal or insurance information is required to receive information about SMHS. The operator assessed for urgent and crisis service needs. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, but 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 Friday, February 7, 2020, at 11:29 a.m. The call was answered after one (1) ring via live operator. The caller requested information about accessing mental health services in the county. The caller requested a medication refill. The operator verified that the caller had Medi-Cal. The operator provided the caller with the location, phone number, and hours of operation of the clinic. The operator shared information regarding the walk-in and screening process. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, but the caller was not 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 was placed on Wednesday, February 12, 2020, at 7:14 a.m. The call was answered after one (1) ring via live operator. The caller requested information about accessing mental health services in the county. The caller stated they had Medi-Cal and the operator requested personal identifying information to validate the status, which the caller declined to provide. The operator attempted to assess if the caller was in crisis or in need of urgent services, to which the caller replied in the negative. The operator explained to the caller that a phone number and address is required for a call-back regarding services. In this case, however, the operator advised the caller to call back during business hours. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, but 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 #7
Test call was placed on Friday, February 14, 2020, at 12:28 p.m. The call was answered after one (1) ring via live operator. The caller requested information about how to file a complaint regarding a county referred therapist. The operator requested details about the grievance, but the caller declined to share the information. The operator provided information about where to access the grievance and complaint forms, and offered to mail a form to the caller. The caller declined to have form mailed and stated he/she preferred to pick one up in person. The operator inquired about the caller's address and provided the caller with the address of the closest clinic. 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).

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	IN	IN	100%
2	IN	IN	N/A	OOC	IN	OOC	N/A	60%
3	OOC	IN	N/A	IN	OOC	IN	N/A	60%
4	N/A	N/A	IN	N/A	N/A	N/A	IN	100%

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.

Repeat deficiency Yes

QUESTION D.VI.C1

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:
• Final Service Log FY19-20

While the MHP submitted evidence to demonstrate compliance with this requirement, one (1) of five 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	1/13/2020	9:05 a.m.	IN	IN	IN
2	2/3/2020	11:04 p.m.	IN	IN	OOC
3	2/7/2020	10:51 a.m.	IN	IN	IN
4	2/7/2020	11:29 a.m.	IN	IN	OOC
5	2/12/2020	7:14 a.m.	OOC	OOC	OOC
Compliance Percentage			**80%**	**80%**	**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.

Repeat deficiency Yes

COVERAGE AND AUTHORIZATION OF SERVICES

QUESTION E.III.M

FINDING
The MHP did not furnish evidence to demonstrate 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 will update the contract boilerplate to reflect this requirement.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services., Information Notice, No. 18-027. The MHP must complete a CAP addressing this finding of non-compliance.

QUESTION E.III.N

FINDING
The MHP did not furnish evidence to demonstrate they have a procedure for expedited transfers within 48-hours of placement of the foster child or youth outside of the county of original jurisdiction. Per the discussion during the review, the MHP will update the contract boilerplate to reflect 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.

QUESTION E.IV.A.4

FINDING
The MHP did not furnish evidence to demonstrate they provide beneficiaries with a Notice of Adverse Beneficiary Determination (NOABD) under the required circumstances.

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

- Service Request Log

- NOABD Log
- Policy-3.11-04: Issuing Notices of NOABDs to Medi-Cal Beneficiaries

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provided beneficiaries with a NOABD upon failure to provide services in a timely manner. The Notice of Adverse Benefit Determination (NOABD) column on the service request log does not reflect whether a NOABD was sent for timeliness. The NOABD logs for the fiscal year did not reflect that any NOABDs were sent. However, per the discussion during the review, the MHP is aware that they are out of compliance with this requirement.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 400. The MHP must complete a CAP addressing this finding of non-compliance.

PROGRAM INTEGRITY

QUESTION G.IV.F

FINDING
The MHP did not furnish evidence to demonstrate they submit disclosures and updated disclosures to the Department or Health and Human Services including information regarding certain business transactions within 35 days, upon request.

- The MHP did not provide evidence that they have mechanisms to submit disclosures and updated disclosures to the DHCS or HHS including information regarding certain business transactions within 35 days, upon request. However, per the discussion during the review, the MHP is aware that they are out of compliance with this requirement.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 13. The MHP must complete a CAP addressing this finding of non-compliance.

QUESTION G.IV.G1-2

FINDING
The MHP did not furnish evidence to demonstrate they submit disclosures to DHCS of the 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 the 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 did not provide evidence they submit the identity of any person who is a managing employee of the MHP or have a mechanism to identify any person who is an agent of the MHP who has been convicted of a crime related to federal

health care programs to DHCS regarding the MHPs management. Per the discussion during the review, the MHP is aware that they are out of compliance with this requirement.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title.42, section 455, subdivision 101 and 106. The MHP must complete a CAP addressing this finding of non-compliance.

OTHER REGULATORY AND CONTRACTUAL REQUIREMENTS

QUESTION H.B.2

FINDING

The MHP must allow inspection, evaluation and audit of its records, documents and facilities, and those of its subcontractors, for 10 years from the term end date of this Contract or in the event the Contractor has been notified that an audit or investigation of this Contract has been commenced, until such time as the matter under audit or investigation has been resolved, including the exhaustion of all legal remedies, whichever is later

- The MHP did not provide evidence that they allow inspection, evaluation and audit of its records, documents and facilities, and those of its subcontractors, for 10 years from the term end date of this Contract or in the event the Contractor has been notified that an audit or investigation of this Contract has been commenced, until such time as the matter under audit or investigation has been resolved, including the exhaustion of all legal remedies, whichever is later. However, per the discussion during the review, the MHP is aware that they are not in compliance with this requirement.

DHCS deems the MHP out of compliance with the MHP contract, exhibit E, and Federal Code of Regulations title 42, section 438, subdivision 3(h) and 230(c)(3)(i-iii). The MHP must complete a CAP addressing this finding of non-compliance.