

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2018/2019

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

SYSTEM FINDINGS REPORT-AMENDED****

Review Dates: June 5, 2019 and June 7, 2019

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	3
REVIEW FINDINGS OVERVIEW	4
FINDINGS	6
NETWORK ADEQUACY AND AVAILABILITY OF SERVICE	6
QUALITY IMPROVEMENT AND PERFORMAMCE IMPROVEMENT	9
ACCESS AND INFORMATION REQUIREMENTS	11
<i>COVERAGE AND AUTHORIZATION OF SERVICES</i>	18
BENEFICIARY RIGHTS AND PROTECTIONS.....	26
PROGRAM INTEGRITY.....	28

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 Bernardino County MHP's Medi-Cal SMHS programs on June 5, 2019 and June 7, 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) 2018/2019 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 Bernardino County MHP. The report is organized according to the findings from each section of the FY 2018/2019 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 Plan of Correction (POC) is required for all items determined to be out-of-compliance. The MHP is required to submit a POC to DHCS within 60-days of receipt of the findings report for all system and chart review items deemed out-of-compliance. The POC 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 POC determined not to be effective, the MHP should propose an alternative corrective action plan to DHCS; and
- (5) Description of corrective actions required of the MHP's contracted providers to address findings.

Review Findings Overview

In DHCS' review, the San Bernardino County MHP demonstrated numerous strengths, including but not limited to the following examples:

- Innovative solutions to the challenge of service provision due to county's geography and population spread. These solutions include collaborating with schools / institutions to train physicians, nurse practitioners and other licensed mental health professionals, and spreading services to accommodate Medi-Cal expansion as well as increase services to frontier regions through contracted local providers, familiar with the nuances of service provision in their areas.
- Use of virtual meeting place to facilitate interactions during public fora e.g. use of Adobe Connect® for meetings with stakeholders at hard to reach places.
- Responsive crisis interventions and programs for justice involved beneficiaries

DHCS identified opportunities for improvement in various areas, including:

- Monitoring referrals from source to point of service, treatment and rehabilitative services provided and intervention outcomes.
- Effective communication and service information to staff and beneficiaries.
- Consistent and routine monitoring of all provider services and MOUs with internal and external programs;
- Streamlined evaluation process and consistency in data collection and reporting tools.
- Routine assessment of capacity to provide MH services to beneficiaries.

DHCS further recommends that DBH do the following to ensure sustainability and continuous improvement of the departments mechanisms and practices.

- Beneficiary information
 - Informing materials and advance packages should be clearly identified, strategically placed and processes for provision to beneficiaries outlined and implemented. Such information can be read out, for example at each beneficiary encounter, as a way to improve access to DBH information.
 - DBH should consider ways to make the DBH website more user friendly to beneficiary.

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

FINDINGS

SECTION A: NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

I. Availability of Specialty Mental Health Services

REQUIREMENT	
D.	The MHP shall implement mechanisms to assess the capacity of service delivery for its beneficiaries. This includes monitoring the number, type, and geographic distribution of mental health services within the MHP's delivery system. (MHP Contract, Ex. A, Att. 8; 42 C.F.R. § 438.207(b)(2).)

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, Ex. A, Att. 8; 42 C.F.R. § 438.207(b) (2). The MHP must implement mechanisms to assess the capacity of service delivery for its beneficiaries.

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

- QM6041 Timely Access policy
- QI Work Plan
- MHP Implementation Plan
- Network Adequacy Tool
- Bronzan-McCorquodale Act Outreach Tracking
- CCRT Assessment Mechanism (standalone document with description)
- Network Adequacy Monitoring Procedure
- Network Adequacy Policy

While the MHP strives to comply with timely access standards and mapping of service areas to show geographical coverage and concentration of MHP services, the MHP has been unsuccessful regarding implementation of mechanisms to assess the capacity of service delivery for its beneficiaries.

DHCS deems the MHP out of compliance with 42 CFR § 438.207(b)(2).

The MHP must complete a POC addressing these findings of non-compliance.

REQUIREMENT	
H.	The MHP shall establish mechanisms to ensure that network providers comply with the timely access requirements. (42 C.F.R. § 438.206(c)(1)(iv).) 1. The MHP shall monitor network providers regularly to determine compliance with timely access requirements. (42 C.F.R. § 438.206(c)(1)(v).)

	2. The MHP shall take corrective action if there is a failure to comply with timely access requirements. (42 C.F.R. § 438.206(c)(1)(vi).)
--	---

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 C.F.R. § 438.206(c)(1)(iv),(v)& (vi). The MHP must establish mechanisms to ensure that network providers comply with the timely access requirements as well as monitor network providers regularly to determine compliance with timely access requirements, and take corrective action if there is a failure to comply with timely access requirements.

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

- Implementation Plan
- ICL Log
- QM6041 Timely Access procedure
- QM6046 Service Availability Policy
- Timeliness Findings: Measure 3 (standalone description; from initial request to first psychiatry appointment)
- Initial Contact Log

While the MHP has mechanisms to monitor network providers timely access requirements, DHCS determined that timeliness was not met with respect to response following initial contact. Additionally, evidence was not provided that corrective action was taken when timeliness standards were not met.

DHCS deems the MHP out of compliance with (42 C.F.R. § 438.206(c)(1)(iv).), (42 C.F.R. § 438.206(c)(1)(v).) and (42 C.F.R. § 438.206(c)(1)(vi).).

The MHP must complete a POC addressing this finding of non-compliance.

III. Children’s Services

REQUIREMENT

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

3D2: The MHP convenes a CFT for children and youth who are receiving ICC, IHBS, or TFC, but who are not involved in the child welfare or juvenile probation systems. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018)

(42 C.F.R. § 438.206(b)(1).)

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 C.F.R. § 438.206(b)(1). The MHP must provide Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) to all children and youth who meet medical necessity criteria for those services. It must also convene a CFT for children and youth who are receiving ICC, IHBS, or TFC, but who are not involved in the child welfare or juvenile probation systems.

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

- CYCS IPC Policy
- CYCS SPROUT Log FY 18-19
- ICC Coordinator (Youth); “Youth’s circle of care”
- Fidelity to practice, CFT meetings
- Child and Family Team Meeting (CFTM) training
- Template Child and Family Team (CFT) Individualized Care Plan (ICP)
- Intensive Care Coordination Report
- Intensive Home Base Services Report
- TFC Screening tool

DHCS deems the MHP out-of-compliance with 42 C.F.R. § 438.206(b)(1), MHP Contract, Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries.

The MHP must complete a POC addressing this finding of non-compliance.

SECTION C: QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

I. Quality Assessment and Performance Improvement (QAPI) Program

REQUIREMENT
IB. The MHP evaluates the impact and effectiveness of the QAPI Program annually and updates the Program as necessary. (MHP Contract, Ex. A, Att. 5; CCR, title 9, section 1810.440(a)(6).)

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, Ex. A, 42 C.F.R. § 438.330(a)(e)(2) and Att. 5; CCR, title 9, section 1810.440(a)(6). The MHP must have a written description of the Quality Assessment and Performance Improvement (QAPI) Program evaluates the impact and effectiveness of the QAPI Program annually and updates the program as necessary.

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

- Mental Health Quality of Care Referral Policy
- Quality Management Program Description 2019
- Quality Improvement Performance Plan FY 2018/2019
- Quality Management Advisory Committee meeting Agenda and minutes, FY ~~16/17 and 17/18~~ 2018-2019
- Quality Management Action Committee Policy

The MHP did not submit evidence of annual QAPI program evaluations. The evaluation would include goals met, continued or modified and the rationale for selecting new goals.

DHCS deems the MHP out of compliance with MHP Contract, Ex. A, Att. 5; CCR, title 9, section 1810.440(a)(6).)

The MHP must complete a POC addressing this finding of non-compliance.

II. QAPI Work Plan

REQUIREMENT
IIF. The QAPI work plan includes evidence of compliance with the requirements for cultural competence and linguistic competence. (MHP Contract, Ex. A, Att. 5; CCR, title 9, section 1810.440(a)(6).)

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, Ex. A, Att. 5. The MHP must ensure the QAPI work plan includes evidence of compliance with the requirements for cultural competence and linguistic competence.

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

- Quality Improvement Performance Plan FY 2018/2019
- Quality Management Advisory Committee meeting Agenda and minutes, FY 16/17 and 17/18
- Cultural Competence Plan 2017
- QAPI Work Plan FY 2018/2019

While the 2018/2019 QI work plan includes goals related to increasing penetration rates for underserved populations as well as increasing the number of MHP providers that complete their Cultural Competency training, however, it does not address linguistic competence.

DHCS deems the MHP Out of-Compliance with MHP Contract, Ex. A, Att. 5; CCR, title 9, section 1810.440(a)(6).

The MHP must complete a POC addressing this finding of non-compliance.

III. Quality Improvement Committee (QIC)

REQUIREMENT
IIIA2) The QIC shall: Recommend policy decisions, review and evaluate the results of QI activities, including performance improvement projects (PIP), institute needed QI actions, ensure follow-up of QI processes, document QI committee meeting minutes regarding decisions and actions taken. (MHP Contract, Ex. A, Att. 5)
IIIB. The MHP QAPI program includes active participation by the MHP’s practitioners and providers, as well as beneficiaries and family members, in the planning, design and execution of the QI program (MHP Contract, Ex. A, Att. 5)

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, Ex. A, Att. 5. The QIC must review and evaluate the results of QI activities, institute needed QI

actions and ensure follow-up of QI processes. Also, the MHP QAPI program must include active participation by the MHP’s practitioners and providers, as well as beneficiaries and family members; in the planning, design and execution of the QI program.

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

- QMAC meeting agenda and minutes and sign-in sheets, FY 18/19
- Quality Management Committee Membership/Participation No. 15-1.10
- Grievance Resolution Monitoring Tool.
- Quality Management Action Committee Policy – A draft(Revised 05/06/2019)

While MHP has a Quality Management Action Committee (QMAC) and documented meeting minutes, The MHP did not identify sufficient evidence of the mechanisms for recruitment and selection of QMAC members which should include beneficiaries and their family members. Additionally, the MHP did not provide evidence that beneficiaries and their families participate in the planning, design, and execution of the QI plan. The QIC minutes sign in sheets from 2018/2019 indicated that there was one person who could be identified as a beneficiary in only one of the meetings.

DHCS deems the MHP out of compliance with the (MHP Contract, Ex. A, Att. 5).

The MHP must complete a POC addressing this finding of non-compliance.

SECTION D ACCESS AND INFORMATION REQUIREMENTS

VI. 24/7 Access Line and Written Log of Requests for SMHS

REQUIREMENT
<p>VI.B. 1) Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number</p> <p>(Cal. Code Regs., tit. 9, chapter 11, §§ 1810.405(d) and 1810.410(e)(1).</p>
<p>2) The toll-free telephone number provides information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met.</p> <p>(Cal. Code Regs., tit. 9, chapter 11, §§ 1810.405(d) and 1810.410(e)(1).</p>
<p>4) The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.</p> <p>(Cal. Code Regs., tit. 9, chapter 11, §§ 1810.405(d) and 1810.410(e)(1).</p>

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 it complies with California Code of Regulations, title 9, chapter 11, §§ 1810.405(d) and 1810.410(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 six (6) test calls are summarized below.

Test call #1 was placed on Tuesday, May 29, 2019, at 9:09 p.m. The call was answered after one (1) ring via a phone tree directing the DHCS test caller to dial 911 if life-threatening emergency then prompted the caller to press one (1) to speak with an operator. The message repeated in the MHP's threshold language of Spanish. The caller pressed one (1) and was immediately transferred to a live operator. The caller requested information about accessing SMHS in the county. The operator verified that the caller had Medi-Cal and lived in the county. The operator inquired if the caller was in crisis and required medication immediately. The caller advised the operator that medication will be needed soon. The Operator provided the caller with three (3) clinic locations to see a psychiatrist and obtain a prescription for a prescription refill on medication. The operator advised the caller of the assessment process including evaluation for medication. The operator advised caller of the walk-in process. The operator advised the caller of the availability of the 24/7 clinic as well as the Crisis walk-in clinic for immediate access for medication. The MHP has a statewide, toll-free number 24/7 with language capability. 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.

The call is deemed in compliance with the regulatory requirements for protocol questions D-VI-B1, D-VI-B2 and D-VI-B3.

Test call #2 was placed on Monday, March 4, 2019, at 9:22 p.m. The call was answered after one (1) ring via a phone tree directing the DHCS test caller to dial 911 if life-threatening emergency then prompted the caller to press one (1) to speak with an operator. The message repeated in the MHP's threshold language of Spanish. The caller pressed one (1) and was immediately transferred to a live operator. The caller requested information about accessing SMHS in the county. The operator advised the caller that the scenario presented could prompt symptoms of anxiety and depression. The operator inquired if the caller required urgent services and the caller replied in the negative. The operator advised the caller of the assessment process. The operator advised caller of the walk-in process advising initial appointment is preferred prior to walking into the clinic. The operator requested caller's zip code and provided them with a clinic location near their residence. The caller was provided clinic's address and hours of operation. The operator advised caller of the availability of 24/7 line. The MHP has a statewide, toll-free number 24/7 with language capability. 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.

The call is deemed in compliance with the regulatory requirements for protocol questions D-VI-B1, D-VI-B2 and D-VI-B3.

Test call #3 was placed on Wednesday, February 13, 2019, at 7:51 am. The call was answered after three (3) rings by an operator who identified that the caller had reached the San Bernardino Access line and that her name was Kathy. She asked if anyone was experiencing a mental health crisis. The caller replied no. The caller described the issues she was having with her son. The operator asked the child's name and age. The caller responded 13 and that his name was Daniel. The operator asked where the caller lived and the caller replied Colton. The operator stated that they have resources available that could help with the problem and that she was going to transfer the caller to a clinical therapist to help the caller with her son. The caller was put on a brief hold and the line was answered by a clinician who identified herself as Carla. She informed the caller that she was a mandated reporter and if any information provided was considered reportable she was required to do so. She reviewed the information provided by the previous operator and stated that all the clinics that would be provided to the caller accept Medi-Cal. The clinician provided three clinic names and phone numbers as well as an individual therapist as options for the caller.

The call is deemed in compliance with the regulatory requirements for protocol questions D.V1.B.2 and D.V1.B.3.

Test call #4 was placed on Monday, February 25, 2019, at 4:27pm. The call was answered by an automated message. Once the caller selected the appropriate option to request for information, the call was looped between the welcome automated message and a ringing sequence for over three (3) minutes. Once a live operator was reached, the caller attempted to request how to file a complaint three (3) times. Each time, the operator refused to give this information until the caller provided personal information (name and phone number) about themselves. No information, including about how to file a complaint/grievance, was provided to the caller before the call ended. It took over 3 minutes to gain hold of a live operator. Once an operator was on the line, the operator refused to provide the caller with any information.

The call is deemed out of compliance with the regulatory requirements for protocol question D-VI-B4.

Test call #5 was placed on Thursday, February 14, 2019, at 9:14am. The call was answered after one (1) ring via a phone tree directing the caller to select a language option or Option 1 to speak with an access team member. After selecting the option to speak with the access team member, within few second, call was answered by the live operator. The operator identified herself as a mandated reporter, then asked caller's name and phone number. Caller gave name as May Lee and declined to give phone number, then gave the scenario 2. The operator asked if the caller is in crisis, DTO, DTS. The caller told the operator no. The operator stated that she will transfer the call to the clinical staff who will further provide information on services. Call was placed on hold for about 20 seconds then transferred to RN Margie. Margie identified herself as RN for access team. She provided caller with two therapists near the area the caller stated as

she live. The RN also asked the caller if she is in Crisis, DTO or DTS which the caller stated no. RN stated to the caller that if she needs any more help to call back to the toll free number and also provided crisis intervention walk in service and crisis 24/7 call number in case she may need help immediately. Information provided are as below. The caller was provided information about how to access SMHS, including information about services needed to treat a beneficiary's urgent condition.

The call is deemed in compliance with the regulatory requirements for protocol questions D-VI-B2 and D-VI-B3

Test call #6 was placed on Monday, March 11, 2019, at 7:29 am. The call was answered immediately via a phone tree directing the caller to dial 911 if it was life threatening and to stay on the line for an operator. The phone tree continued in Spanish. At the end of the phone tree, an operator asked the caller how he/she could assist the caller. The caller requested information about how he/she could file a complaint. The operator informed the caller that he/she could tell the operator the problem. The caller informed the operator that he/she would like to remain anonymous. The operator informed the caller that he/she could file a verbal grievance or go to the clinic to pick up a form to fill out and that staff could provide assistance if the caller need help to fill out the form. The caller thanked the operator and ceased the call. The caller was provided information about how to use the beneficiary problem resolution process.

The call is deemed in compliance with the regulatory requirements for protocol question D.VI.B4.

Test call #7 was placed on Tuesday, June 4, 2019, at 11:00 a.m. The call was answered after one (1) ring via a phone tree directing the DHCS test caller to dial 911 if life-threatening emergency then prompted the caller to press one (1) to speak with an operator. The message repeated in the MHP's threshold language of Spanish. The caller pressed one (1) and was placed on hold with a message advising that staff is currently helping others. The caller was on hold for one (1) minute and ten (10) seconds followed by a recording "Sorry, this number did not answer." The call was placed back in the queue where the caller was on hold another one (1) minute and ten (10) seconds followed by a recording "Sorry, this number did not answer." The caller disconnected the call after the call was not answered after being placed on hold for the second time.

The call is deemed in compliance with the regulatory requirements for protocol questions D-VI-B1. The call is deemed out of compliance with the regulatory requirements for protocol questions D-VI-B2 and D-VI-B3.

SUMMARY OF TEST CALL FINDINGS

Protocol Question	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
9a-1	IN	IN	N/A	IN	IN	IN	IN	100%

9a-2	IN	IN	IN	N/A	IN	N/A	OOC	80%
9a-3	IN	IN	IN	N/A	IN	IN	IN	100%
9a-4	N/A	N/A	N/A	OOC	N/A	IN	N/A	50%

In addition to the seven (7) test calls, the MHP submitted the following documentation as evidence of compliance with California Code of Regulations, title 9, sections 1810.405(d) and 1810.410(e)(1):

- Policy QM6045 24/7 Access Line Requirements
- Procedures QM6045-1 24/7 Access line Requirements
- Policy QM6046 Service Availability
- 211-After Hours Service Protocol
- Agreement with Inland Empire United Way for the 211 San Bernardino Program
- Audit Tool A Access Unit and After Hours Access Test Calls
- Test Cal Quarterly Report Period January through March 2019
- 211 Meeting/Training Sign in Sheet
- Department of Behavioral Health Access Unit After Hours Coverage

While the MHP submitted evidence to demonstrate compliance with this requirement, the MHP's toll-free telephone number did not provide all required information to beneficiaries.

DHCS deems the MHP in partial compliance with California Code of Regulations, title 9, sections 1810.405(d) and 1810.410(e)(1).

The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
VI.C 2) The written log(s) contain the following required elements (Cal. Code Regs., tit. 9, chapter 11, § 1810.405(f).): a) Name of the beneficiary. b) Date of the request. c) Initial disposition of the request.

FINDING

The MHP did not furnish evidence to demonstrate it complies with California Code of Regulations, title 9, chapter 11, § 1810.405(f). The MHP must maintain a written log of the initial requests for SMHS from beneficiaries of the MHP. The requests must be recorded whether they are made via telephone, in writing, or in person. The log must contain the name of the beneficiary, the date of the request, and the initial disposition of the request

The MHP submitted their 24/7 Access Call log as evidence of compliance with this requirement.

While, the MHP submitted evidence to demonstrate compliance with this requirement, one of the five calls was not logged on the MHP’s access log.

The table below details the findings:

Test Call #	Caller’s Name	Date of Call	Time of Call	Log Results		
				Name of the Beneficiary (a)	Date of the Request (b)	Initial Disposition of the Request (c)
1	Deborah Taylor	05/28/2019	9:09 p.m.	IN	IN	IN
2	Marie Glen	03/04/2019	9:22 p.m.	IN	IN	IN
3	Sarah	02/13/2019	7:51 a.m.	IN	IN	IN
5	May Lee	02/14/2019	9:14 a.m.	IN	IN	IN
7	N/A	06/04/2019	11:58 a.m.	OOC	OOC	OOC
Compliance Percentage				80%	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, § 1810.405(f).

The MHP must complete a POC addressing this finding of non-compliance.

VII. Cultural Competence Requirements

REQUIREMENT
<p>VIIA. The MHP has updated its Cultural Competence Plan annually in accordance with regulations.</p> <p>(CCR title 9, section 1810.410)</p>

VII B. Regarding the MHP's Cultural Competence Committee (CCC):

2) The MHP has evidence of policies, procedures, and practices that demonstrate the CCC activities include the following:

- a) Participates in overall planning and implementation of services at the county,
- b) Provides reports to the Quality Assurance and/or the Quality Improvement Program.

(CCR title 9, section 1810.410)

VII C. The CCC completes its Annual Report of CCC activities as required in the CCPR.

(CCR title 9, section 1810.410).

FINDING

The MHP did not furnish evidence to demonstrate it complies with CCR title 9, section 1810.410. The MHP must ensure it completes its Annual Report of CCC activities as required in CCPR.

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

- Cultural Competence Advisory Committee (CCAC) Meeting minutes (February 21, 2019)
- CCAC Work-plan 2017-2019
- Cultural Competency plan 2017
- Cul 1004 Satisfying Beneficiary Language Policy

The MHP submitted a Cultural Competency Plan for 2017. In that Plan, cultural competency goals and objectives were outlined and specifically described, with timelines in the cultural competency work plan for 2017-2019, however evidence was not provided regarding the required annual updates.

DHCS deems the MHP Out of-Compliance with CCR title 9, section 1810.410.

The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
<p>VIID. Regarding the MHP’s plan for annual cultural competence training necessary to ensure the provision of culturally competent services:</p> <p>1) There is a plan for cultural competency training for the administrative and management staff of the MHP.</p>

FINDING

The MHP did not furnish evidence to demonstrate it complies with CCR title 9, section 1810.410 (c) (4). The MHP must provide an annual cultural competence-training plan necessary to ensure the provision of culturally competent services to beneficiaries. Also, the MHP must provide a plan for cultural competency training for the administrative and management staff, on the one hand and for persons providing SMHS, employed by or contracting with the MHP on the other.

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

- CCAC Work-plan 2017-2019
- Cultural Competency plan 2017
- List of all competency training for fiscal year 2018/2019
- Event attendance sheets
- Training information flyers
- Cultural Competency Training Policy
- Relias Cultural Competence LCours

The MHP provided numerous examples of cultural competency training topics, a schedule for training and sign in sheets showing attendance of service providers (DBH staff and contracted providers alike); there was no clear evidence to support training provided to administrative and management staff.

DHCS deems the MHP Out-of-Compliance with CCR title 9, section 1810.410. The MHP must complete a POC addressing these findings of non-compliance.

SECTION E: COVERAGE AND AUTHORIZATION OF SERVICES

I. Service Authorization Requirements

REQUIREMENT
<p>C. The MHP shall have any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested be made by a health care professional who has appropriate clinical expertise in addressing the beneficiary’s behavioral health needs. (MHP Contract, Ex. A, Att 6; 42 C.F.R. § 438.210(b)(3).)</p>

FINDINGS

The MHP did not furnish evidence it complies with regulatory requirements regarding the service authorizations. DHCS reviewed the MHP’s service authorization policy and procedure. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements.

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

- Information Notice 14-10.
- Day Rehabilitation template
- Services Availability Policy
- Consistency in Inpatient and Outpatient Utilization Review and Authorization Process
- Consistency in Inpatient Utilization Review and Authorization Practices Procedures
- Consistency in Outpatient Utilization Review and Authorization Practices Procedure
- Consistency in Inpatient Utilization Review and Authorization Practices February 2017, 2018
- Inpatient Documentation Power Point

In addition, DHCS inspected a sample of one hundred (150) Service Authorization requests. One (1) of the Service Authorization Requests related to Day Rehabilitation did not verify what services were authorized nor did it include the required signature by a licensed mental health or waived/registered professional.

The service authorization sample review findings are detailed below:

PROTOCOL REQUIREMENT		# SERVICE AUTHORIZATIONS IN COMPLIANCE	# SERVICE AUTHORIZATIONS OOC	COMPLIANCE PERCENTAGE
E.I.C	Service authorization approved or denied by licensed mental health or waived/registered professionals	150	1	99%

Protocol question E.I.C are deemed in partial compliance.

DHCs deems the MHP out of compliance with (MHP Contract, Ex. A, Att 6; 42 C.F.R. § 438.210(b)(3)). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT	
D.	The MHP shall notify the requesting provider, and give the beneficiary written notice of any decision by the Contractor to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested. (MHP Contract, Ex. A, Att 6; 42 C.F.R. § 438.210(c).)

FINDING

The MHP did not furnish evidence it complies with (MHP Contract, Ex. A, Att 6; 42 C.F.R. § 438.210(c).) DHCS reviewed the following documentation presented by the MHP as evidence of compliance:

- Information Notice 14-10.
- Day Rehabilitation template
- Services Availability Policy
- Consistency in Inpatient and Outpatient Utilization Review and Authorization Process
- Consistency in Inpatient Utilization Review and Authorization Practices Procedures
- Consistency in Outpatient Utilization Review and Authorization Practices Procedure
- Consistency in Inpatient Utilization Review and Authorization Practices February 2017,2018
- Inpatient Documentation PowerPoint
- Sample of 150 Service Requests
- NOABD's provided by MHP

DHCS reviewed one hundred and fifty (150) Service Requests and corresponding NOABD's. Sixteen (16) of the requests did not provide evidence that the requesting provider was given written notice of any decision by the Contractor to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested.

DHCS deems the MHP Out-of-Compliance with (MHP Contract, Ex. A, Att 6; 42 C.F.R. § 438.210(c).)

The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
<p>IH 1) For standard authorization decisions, the MHP shall provide notice as expeditiously as the beneficiary's condition requires not to exceed 14 calendar days following receipt of the request for service, with a possible extension of up to 14 additional calendar days when:</p> <p>a) The beneficiary, or the provider, requests extension</p> <p>b) The MHP justifies (to DHCS upon request) a need for additional information and how the extension is in the beneficiary's interest.</p> <p>(MHP Contract, Ex. A, Att 6; 42 C.F.R. § 438.210(d)(1).)</p>

FINDING

The MHP did not furnish evidence to demonstrate it complies fully with MHP Contract, Ex. A, Att 6; 42 C.F.R. § 438.210(d)(1) and(42 C.F.R. § 438.210(d)(2)). The MHP must provide notice as expeditiously as the beneficiary's condition requires not to exceed 14 calendar days when the beneficiary, or provider, requests extension or when the MHP justifies a need for additional information and how the extension is in the beneficiary's interest.

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

- Sample of Authorization Requests and NOABDS (MFT Letter 03/19/18)
- UM Tools Chart Review Summary Master
- MHP Approved Authorization Signatories
- Policies: 1) Quality Management Service Availability Policy, 2) Consistency in Inpatient and Outpatient Utilization Review and Authorization Practices; a) Policy and b) Procedure

In the policies and procedure submitted by the MHP, DHCS could not locate the requirement for a possible extension of up to 14 additional calendar days when:

- a) The beneficiary, or the provider, requests extension
- b) The MHP justifies (to DHCS upon request) a need for additional information and how the extension is in the beneficiary's interest.

This was also not evident in the MHP's practices.

DHCS deems the MHP Out-of-Compliance with (MHP Contract, Ex. A, Att 6; 42 C.F.R. § 438.210(c).)

The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT	
A.	1) The MHP requires providers to request payment authorization for day treatment intensive and day rehabilitation services: In advance of service delivery when day treatment intensive or day rehabilitation will be provided more than 5 days per week.
	2) The MHP requires providers to request payment authorization for day treatment intensive services at least every 3 months for continuation of Day Treatment.
	3) The MHP requires providers to request payment authorization for day rehabilitation services at least every 6 months for continuation of Day Rehabilitation.
	4) The MHP also requires providers to request authorization for additional SMHS provided concurrently with day treatment intensive or day rehabilitation, excluding services to treat emergency and urgent conditions. These services are provided with the same frequency as the concurrent day treatment intensive or day rehabilitation services. (CCR, title 9, § 1810.227; CCR, title 9, §1810.216 and 1810.253)

FINDINGS

The MHP did not furnish evidence it requires providers to request authorization for additional SMHS provided concurrently with day treatment intensive or day rehabilitation, excluding services to treat emergency and urgent conditions. These services are provided with the same frequency as the concurrent day treatment intensive or day rehabilitation services. DHCS reviewed the MHP's authorization policy and procedure

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

- Information Notice 14-10.
- Day Rehabilitation template
- Services Availability Policy
- Consistency in Inpatient and Outpatient Utilization Review and Authorization Process
- Consistency in Inpatient Utilization Review and Authorization Practices Procedures
- Consistency in Outpatient Utilization Review and Authorization Practices Procedure
- Consistency in Inpatient Utilization Review and Authorization Practices February 2017,2018
- Sample of 150 Service Requests

The evidence submitted by the MHP does not address this requirement.

DHCS deems the MHP Out of-Compliance with CCR, title 9, § 1810.227; CCR, title 9, §1810.216 and 1810.253.

The MHP must complete a POC addressing this finding of non-compliance.

III. Presumptive Transfer

REQUIREMENT	
A.	The MHP shall have a comprehensive policy and procedure describing its process for timely provision of services to children and youth subject to Presumptive Transfer. (MHSUDS IN No., 17-032 and 18-027)

FINDING

The MHP did not furnish evidence to demonstrate it complies fully with Welf. & Inst. Code § 14717.1(f) & MHSUDS IN No., 17-032 and 18-027. The MHP must have a comprehensive policy and procedure describing its process for timely provision of services to children and youth subject to Presumptive Transfer.

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

- Presumptive Transfer Policy (draft, yet to be implemented)
- Presumptive Transfer List of Presumptive Transfers- from April 2018-Current
- Interoffice Memo; Subject: AB1299
- Presumptive Transfer Of Medi-Cal For Foster Children (draft)

While the MHP described extensive collaborations between its children services division, and the county's child welfare department related to presumptive transfers, it has only established a draft policy.

DHCS deems the MHP out of-Compliance with Welf. & Inst. Code § 14717.1(f) & MHSUDS IN No., 17-032 and 18-027.

The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
IIID. 1) The MHP shall provide evidence of a single point of contact or a unit with a dedicated phone number and/ or email address for the purpose of Presumptive Transfer.
2) The MHP shall provide evidence the contact information is posted to its public website.

FINDING

The MHP did not furnish evidence to demonstrate it complies fully with MHSUDS IN No., 17-032, & 42 C.F.R. § 438.206(c)(1)(i). The MHP must provide evidence of a single point of contact or a unit with a dedicated phone number and/or email address for the purpose of Presumptive Transfer.

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

- MHP website
- Children Contract Template with presumptive transfers
- Transfer Log: AB299 List of all youth transfer

The phone line on website is not dedicated to presumptive transfer services but for general and emergency service requests. Further, MHP described itself as the single point of contact for presumptive transfers but this is not clear on the website nor does it provide a link for access to presumptive transfers.

DHCS deems the MHP Out of-Compliance with MHSUDS IN No., 17-032, 42 C.F.R. § 438.206(c)(1)(i).

The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT	
A.	The MHP provides a second opinion from a network provider, or arranges for the beneficiary to obtain a second opinion outside the network at no cost to the beneficiary. (MHP Contract, Ex. A, Att.2; 42 C.F.R. § 438.206(b)).

FINDING

The MHP did not furnish evidence it complies with (MHP Contract, Ex. A, Att.2; 42 C.F.R. § 438.206(b)). DHCS reviewed the following documentation presented by the MHP as evidence of compliance:

- 2nd Opinion Process
- Service Availability Policy
- Evidence of second opinion provided to a beneficiary

While the MHP provided evidence to meet this requirement. The evidences does not address the beneficiaries' option to obtain a second opinion outside the network at no cost to the beneficiary.

DHCS deems the MHP Out of-Compliance with (MHP Contract, Ex. A, Att.2; 42 C.F.R. § 438.206(b)).

The MHP must complete a POC addressing this finding of non-compliance

REQUIREMENT	
B.	At the request of the beneficiary when the MHP or its network provider has determined that the beneficiary is not entitled to SMHS due to not meeting the medical necessity criteria, the MHP provides for a second opinion by a licensed mental health professional (other than a psychiatric technician or a licensed vocational nurse). (MHP Contract, Ex. A, Att.2; CCR, title 9, § 1810.405(e)).

FINDING

The MHP did not furnish evidence it complies with MHP Contract, Ex. A, Att.2; CCR, title 9, § 1810.405(e)). DHCS reviewed the following documentation presented by the MHP as evidence of compliance:

- Second Opinion Internal Policy & Procedure
- Availability policy
- Second Opinion Determination

While the MHP submitted evidence for this requirement. The MHP’s Service Availability Policy identifies only that the MHP will provide a second opinion if requested. The Second Opinion Internal Policy outlines the counties process related to 2nd opinions requested or ordered from an judge but does not explain that it can be requested by a beneficiary or network provided or who can provide the second opinion or under what circumstances. The evidence provided did not meet the requirements.

DHCS deems the MHP Out of-Compliance with MHP Contract, Ex. A, Att.2; CCR, title 9, § 1810.405(e)).

The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT	
A.	The MHP maintains policies and procedures ensuring an appropriate process for the management of Forms JV 220, JV 220(A), JV 221, JV 222, and JV 223 and that related requirements are met. (Judicial Council Forms, JV 219)

FINDING

The MHP did not furnish evidence it complies with this requirement. DHCS reviewed the following documentation presented by the MHP as evidence of compliance

- Sample of completed forms

The requirements specifically identifies the MHP must have policies and procedures for this requirement. MHP did not provide evidence of compliance

DHCS deems the MHP Out of-Compliance with this requirement.

The MHP must complete a POC addressing this finding of non-compliance.

SECTION F: BENEFICIARY RIGHTS AND PROTECTIONS

II. Handling Grievance and Appeals

REQUIREMENT	
IIA	<p>The MHP shall adhere to the following record keeping, monitoring, and review requirements:</p> <p>1) 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.</p> <p>(42 C.F.R. § 438.416(a); Cal. Code Regs. tit. 9, § 1850.205(d)(1).</p>

FINDING

The MHP did not furnish evidence it complies with (42 C.F.R. § 438.416(a); Cal. Code Regs., tit. 9, § 1850.205(d)(1).) The MHP must ensure that all grievances, appeals, and expedited appeals are logged within one working day of receipt of the grievance, appeal or expedited appeal.

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

- Policy QM6029 Grievance and Appeal policy
- Policy & Procedure QM6029-1 Grievance Procedure
- Grievance log revised 04-06-15 which included 5 fiscal years of data
- Sample of 52 grievances from fiscal year 16/17 & 17/18

While the MHP submitted evidence to demonstrate compliance with this requirement, the evidence did not validate that all grievances, were logged within one working day of the date of receipt of the grievance. A sample of 52 grievances were reviewed for FY 16/17 and 17/18. Five (5) out of the fifty two (52) grievances were not logged within one working day of receipt.

DHCS deems the MHP out-of-compliance with (42 C.F.R. § 438.416(a); Cal. Code Regs., tit. 9, § 1850.205(d)(1). The MHP should improve efficiency of its processes and mechanisms to meet the requirement.

The MHP must complete a POC addressing this finding of non-compliance.

III. Grievance Process

REQUIREMENT	
B.	Resolve each grievance as expeditiously as the beneficiary's health condition requires not to exceed 90 calendar days from the day the Contractor receives the grievance. (42 C.F.R. § 438.408(a)-(b)(1).)

FINDING

The MHP did not furnish evidence it complies with (42 C.F.R. § 438.408(a)-(b)(1).The MHP must resolve each grievance as expeditiously as the beneficiary's health condition requires not to exceed 90 calendar days from the day the contractor receives the grievance.

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

- QM6029-1 Grievance Procedure,
- Grievance log FY 16/17 & 17/18.

While the MHP submitted evidence to demonstrate compliance with this requirement, the evidence did not demonstrate that grievances were resolved expeditiously as the beneficiary's health condition requires not to exceed 90 calendar days from the day the contractor receives the grievance.

A sample of fifty two (52) grievances were reviewed. Three (3) out of the (52) reviewed were resolved outside of the timeframe required. Review process included identifying and reviewing samples within timeframes before and after the issuance of MHSUDS Info Notice 18-010.

The timeframe review findings are detailed below:

RESOLVED WITHIN TIMEFRAMES			REQUIRED NOTICE OF EXTENSION EVIDENT	COMPLIANCE PERCENTAGE
# REVIEWED	# IN COMPLIANCE	# OOC		
52	49	3	N/A	94%
N/A	N/A	N/A	N/A	
N/A	N/A	N/A	N/A	

The MHP must complete a POC addressing these findings of non-compliance.

IV. Appeals Process

REQUIREMENT	
IV.C	The MHP provides notice, in writing, to any provider identified by the beneficiary or involved in the grievance, appeal, or expedited appeal of the final disposition of the beneficiary's grievance, appeal, or expedited appeal. (CCR, title 9, § 1850.205(d)(6)).

FINDING

The MHP did not furnish evidence it complies with (Cal. Code Regs., tit. 9, § 1850.205(d)(6).) The MHP must provide notice, in writing, to any provider identified by the beneficiary or involved in the grievance, appeal, or expedited appeal of the final disposition of the beneficiary's grievance, appeal, or expedited appeal.

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

- Policy QM6029 Grievance and Appeal policy
- Policy & Procedure QM6029-1 Grievance Procedure
- Sample of 52 disposition letters

While the MHP submitted evidence to demonstrate compliance with this requirement, the evidence did not identify that the provider received written notice of the final disposition of the beneficiary's grievance.

DHCS deems the MHP out-of-compliance with (Cal. Code Regs., tit. 9, § 1850.205(d)(6). The MHP should adopt the practice of sending disposition notices to beneficiaries that utilize the grievance and appeals systems.

The MHP must complete a POC addressing this finding of non-compliance.

SECTION G: PROGRAM INTEGRITY

I. Compliance Program

REQUIREMENT	
I.B4	A system for training and education for the CO, the organization's senior management, and the organization's employees for the federal and state standards and requirements under the contract. (MHP Contract, Ex. A, Att. 13; 42 C.F.R. §438.608(a)(1).)

FINDING

The MHP did not furnish evidence it complies with MHP Contract, Ex. A, Att. 13; 42 C.F.R. §438.608(a)(1). The MHP must provide a system for training and education for the Compliance Officer (CO). Despite capturing this requirement by way of policy and

compliance plan directives, including provision of numerous compliance training to staff, contractors and virtually all service providers, the MHP has not identified sufficient evidence in support of training and education specific for the CO.

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

- Annual compliance certification
- Compliance Plan 2019

While the MHP submitted evidence to demonstrate compliance with this requirement, the evidence did not substantiate that the current CO attended training or that there is a specific training plan for the current CO.

DHCS deems the MHP out-of-compliance with MHP Contract, Ex. A, Att. 13; 42 C.F.R. §438.608(a)(1).

The MHP must complete a POC addressing this finding of non-compliance.