CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2019/2020

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE SANTA BARARA COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: February 11, 2020 to February 13, 2020

Santa Barbara 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 Santa Barbara County MHP's Medi-Cal SMHS programs from 2/11/2020 to 2/13/2020. 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 Santa Barbara 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 DHCS review, the Santa Barbara County MHP demonstrated numerous strengths, including but not limited to the following examples:

- The Community Treatments and Support (CTS) joint provider meetings that prioritizes and triages placement of clients into appropriate programs.

- The level of sophistication of the analysis of the consumer Satisfaction Survey findings and its transparency in making those findings available on the MHP's internet website.
- Use of databases in guiding and targeting MHP resources and service improvements.
- The procedures developed to facilitate the integration and coordination of care by requiring the organizational providers to document the services using the MHP's Electronic Health Record (EHR) System.
- The newly implemented and proposed services, including; Tele Counseling; Crisis Residential programs; Mental Health Rehabilitation Centers (MHRC); and, the Housing First outreach model to increase the effectiveness of addressing homelessness in persons with severe and persistent behavioral health issues.
- The multi-disciplinary monitoring and psychiatrist peer review activities focused on medication-related quality issues, such as polypharmacy.

- DHCS identified opportunities for improvement in various areas, including:

  - Continuous efforts to establish Therapeutic Foster care (TFC) services.
  - Continuous improvements related to providing training to those individuals who answer the 24/7 toll free line. This would include the requirements necessary to accurately document and log the calls.
  - Reviewing performance monitoring activities related to the Quality Improvement Work Plan.

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 offer an appropriate range of SMHS that is adequate for the number of beneficiaries in the county. (Fed. Code Regs., tit. 42, § 438, subd.207(b)(1).)

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulation, title 24, section 438, subdivision 207(b)(1). The MHP must offer an appropriate range of SMHS that is adequate for the number of beneficiaries in the county.

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

- Policy & Procedure 2.001 Network Adequacy Standards and Monitoring
- Map Overview
- Map all beneficiaries
- Map PSY child
- Map PSY adult
- Map SMHS child
- Map SMHS adult
- NACT
- Santa Barbara CAP Remediation Tool
- Network Certification Findings Report
- Timely Access Reporting

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP offers an appropriate range of SMHS that is adequate for the number of beneficiaries in the county. In addition to the evidence submitted by the MHP, DHCS reviewed the most recent Network Adequacy Findings Report and the Remediation Tool. The MHP received a conditional pass on the Network Adequacy Findings Report for Outpatient Specialty Mental Health Services (SMHS) Provider Capacity for Children/Youth, and is required to complete a Corrective Action Plan (CAP).

DHCS deems the MHP out of compliance with Federal Code of Regulation, Title 24, Section 438, subdivision 207(b)(1). The MHP must comply with CAP requirements per the Network Adequacy Finding Report addressing this finding of non-compliance.

REQUIREMENT
The MHP must provide Therapeutic Foster Care (TFC) services to all children and youth who meet medical necessity criteria for TFC. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018)

FINDING

The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for ICC, IHBS, and TFC Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must provide TFC services to all children and youth who meet medical necessity criteria for TFC.

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

- P&P Katie A./Pathways to Mental Health Services
- P&P Intensive Mental Health Services for Youth
- Requests for Qualifications for Therapeutic Foster Care FY 2019-2023

Specifically, while the MHP is currently making efforts to identify providers for TFC services, the MHP currently does not have any TFC providers and therefore this services is not being provided.

DHCS deems the MHP out of compliance with the Medi-Cal Manual for ICC, IHBS and TFC Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must complete a CAP addressing this finding of non-compliance.

REQUIREMENT
The MHP has an affirmative responsibility to determine if children and youth who meet medical necessity criteria need TFC. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018)

FINDING

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

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

- P&P Katie A./Pathways to Mental Health Services
- P&P Intensive Mental Health Services for Youth
- Requests for Qualifications for Therapeutic Foster Care FY 2019-2023

- Katie A –Pathways to Mental Health Services

While the MHP submitted evidence to demonstrate compliance with this requirement, and stated that they do determine the level of care needed for all children and youth, evidence was not provided that they determine if children and youth who meet medical necessity criteria need TFC.

DHCS deems the MHP out of compliance with the Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must complete a CAP addressing this finding of non-compliance.

CARE COORDINATION AND CONTINUITY OF CARE

REQUIREMENT
The MHP has a process for resolving disputes between the MHP and the MCP that includes a means for beneficiaries to receive medically necessary services, including SMHS and prescription drugs, while the disputes is being resolved (Cal. Code Regs., tit. 9, §1810, subd. 370(a)(5)).

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, subdivision 370(a)(5). The MHP must have a process for resolving disputes between the MHP and the MCP that includes a means for beneficiaries to receive medically necessary services, including SMHS and prescription drugs, while the disputes are being resolved.

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

- MH Template Final
- CenCal health and County Mental Health Dispute Resolution
- SB County Mental Health MOU

Specifically, the MHP's dispute resolution process does not include a means for beneficiaries to receive prescription drugs, while disputes are being resolved.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, subdivision 370(a)(5). The MHP must complete a CAP addressing this finding of non-compliance.

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

REQUIREMENT
The Quality Assessment and Performance Improvement Work Plan includes evidence of the monitoring activities including, but not limited to, review of beneficiary grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals, and clinical records review. (MHP contract, Ex. A, Att. 5)

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5. The MHP must ensure the Quality Assessment and Performance Improvement Work Plan (QAPI) includes evidence of the monitoring activities including, but not limited to, review of beneficiary grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals, and clinical records review.

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

- MHP QAPI Work Plan FY 19/20
- MHP QAPI Work Plan Evaluation FY 18/19

Specifically, the QAPI Work Plan submitted focuses on accurately logging Mental Health grievances but does not include the review of beneficiary grievances, appeals, expedited appeals, fair hearings, and provider appeals.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5. The MHP must complete a CAP addressing this finding of non-compliance.

REQUIREMENT
The Quality Assessment and Performance Improvement Work Plan includes evidence that Quality Improvement activities, including performance improvement projects, have contributed to meaningful improvement in clinical care and beneficiary service. (MHP contract, Ex. A, Att. 5)

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5. The MHP must ensure the Quality Assessment and Performance Improvement Work Plan includes evidence that Quality Improvement activities, including performance improvement projects, have contributed to meaningful improvement in clinical care and beneficiary service.

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

- MHP QAPI Work Plan FY 19/20
- MHP QAPI Work Plan Evaluation FY 18/19

Specifically, the QAPI Work Plan submitted identified a goal that the MHP tracks the progress of the Performance Improvement Projects (PIPs) without any progress information or evidence of implementation. The MHP did not provide any additional information related to how their PIPs contributed to meaningful improvement in clinical care and beneficiary service.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5. The MHP must complete a CAP addressing this finding of non-compliance.

REQUIREMENT
The MHP shall establish a Quality Improvement Committee to review the quality of SMHS provided to beneficiaries. The Quality Improvement Committee shall: (MHP contract, Ex. A, Att. 5)
Recommend policy decisions.

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5. The MHP must establish a Quality Improvement Committee to review the quality of SMHS provided to beneficiaries including above listed elements.

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

- Sample of Quality Improvement Committee (QIC) meeting minutes
- Behavioral Wellness Quality Improvement Committee Charter

Specifically, The Behavioral Wellness Quality Improvement Committee Charter identifies that the QIC committee is responsible for recommending policy decisions however; the MHP did not submit evidence of this practice. The MHP identified that they plan to add policy updates as part of the QIC minutes in the future.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5. 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 MHP provides a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county.

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 Monday, September 30, 2019, at 8:45 p.m. The call was answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. The DHCS test caller was instructed to call 911 in a life-threatening emergency. The caller requested information about accessing mental health services in the county. The operator advised the caller of the assessment process and requested information regarding the caller's residence. The operator provided the caller with the name of a clinic, phone number and hours of operation. The caller was advised to call for an assessment and an appointment and that the clinic does allow walk-ins. The operator advised the caller the 24/7 Access line is available in the event of a crisis. The caller was provided information about how to access SMHS and the caller was provided information about services needed to treat a beneficiary's urgent condition.

FINDING

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

TEST CALL #2

Test call #2 was placed on Monday, November 18, 2019, at 7:45 a.m. and 7:39 a.m. The call was answered via a phone tree and repeated the same information in Spanish. The recording also mentioned to dial 911 if this was a life-threatening emergency. The phone tree proceeded to provide options to select. The caller selected #2 for Mental Health Services and the call went directly to a voice message system to leave a voice message.

The DHCS caller ceased the call and proceeded to call the hotline again and pressed #4 this time for information only. The call was answered by a live operator who inquired why the caller was calling. The caller informed the operator that he/she would like to obtain some information about services for his/her son. The operator asked for the caller's name and telephone number. The caller provided his/her name, but not the telephone number. The operator said that he/she needs the number in order to provide information, a safety assessment, and to provide a counselor to follow up. The operator said the caller could call back after 8 a.m. to speak to staff and that they could help the caller with the process. The caller thanked the operator and ceased the call. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

FINDING

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

TEST CALL #3

Test call #3 was placed on Tuesday, October 29, 2019, at 2:17 p.m. The call was answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. The caller then heard a recorded greeting and instructions to call 911 if this is a life-threatening emergency; for mental health services, press 2; for alcohol and drug, press 3; for information only, press 4; and, for all other calls, press 5. The caller pressed 2. The caller was placed on hold for 5 minutes and transferred to a live operator. The caller requested information about filing a complaint against a therapist in the county. The operator asked the caller to provide his/her name and date of birth. The operator provided the caller with options to file a complaint, which included; 1) the caller can address it with the clinician and the clinician's supervisor first; 2) the operator can take the complaint over the phone; 3) the operator can mail the Grievance form to caller's residence; and, 4) the caller can pick up the Grievance form at the clinic and the caller can view/print the Grievance form on the website. No additional information about SMHS was provided to the caller. The toll-free telephone number provided information to the beneficiaries 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 #4 was placed on November 5, 2019 at 8:59 a.m. The call was answered by phone tree. After selecting the option for mental health services, the call was put on hold for one minute for the next available screener. The caller requested information on how

to obtain a medication refill. The operator asked the caller for insurance information and advised the caller that a screening has to be completed first which will take about two weeks. The operator advised the caller that if it is urgent need, then the caller should go to the urgent care. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

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

TEST CALL #5

Test call #5 was placed on Tuesday, November 19, 2019, at 7:18 a.m. The call was immediately answered via a phone tree and information repeated in Spanish. The recording also mentioned to dial 911 if it was a life-threatening emergency. The phone tree proceeded to provide options to select. The caller selected #4 for Information only and the call went directly to a live operator who identified himself/herself as Michelle. The caller asked how he/she could file a complaint against a therapist. The operator stated that she was not 100% sure how to answer the question and asked for the caller's information to have someone to call back. The caller stated he/she did not want to give the information and asked again if the operator could assist with the information. The operator stated that the caller would have to call back after 8:00 a.m. 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 #6

Test call #6 was placed on Tuesday, November 19, 2019, at 7:55 a.m. The call was answered after two (2) rings via a phone tree directing the caller to select a language option, which included the MHP's threshold language. After selecting the option for English, the DHCS test caller then heard a recorded greeting and instructions to call 911 in an emergency. The caller was then placed on hold for two (2) minutes while the call was transferred to a live operator. The caller discussed issues he was having related to caring for his mother and requested information about accessing mental health services in the county. The operator asked the caller to provide his/her name. The caller spelled out his/her name to the operator. The operator informed the caller that the right solution would be to start with caller's information before his mother's. The caller replied that his mother was of more importance at the moment and needed to find a way to help her. The caller further stated that the mother was irritable and found it difficult to cope, which made him depressed. The operator asked the caller if the service request was for the mother or for himself. The caller explained that his mother's condition was the source of his

depression and finding a way to help her will also help him get out of depression. The operator asked for the caller's phone number. The call dropped after five (5) minutes without getting the information requested. The caller was not provided with the information on how to access SMHS. 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 #7 was placed on Monday, November 25, 2019, at 11:03 a.m. The call was answered after one (1) ring via a phone tree directing the caller to select a service option and allowed callers to select Spanish (threshold language). After selecting the option for mental health services, the DHCS test caller heard a recorded greeting that included what to do in case of an emergency and was placed on hold for five (5) minutes. When the test caller reached a live operator, she requested information about accessing mental health services in the county. The operator provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met.

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

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	OOC	N/A	OCC	N/A	OOC	IN	40%
3	IN	IN	IN	IN	IN	IN	IN	100%
4	N/A	N/A	IN	N/A	OOC	N/A	N/A	50%

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:

- Language Line training flow chart
- Policy & Procedure 24/7 Toll free access line
- Policy & Procedure 24/7 Toll free access line monitoring

While the MHP submitted evidence to demonstrate compliance with this requirement, four of five required DHCS test calls were not logged on the MHP's written log of initial request or missing required elements in the log. 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	9/30/2019	8:45 p.m.	OOC	OOC	OOC
2	11/18/2019	7:45 a.m. and 7:39 a.m.	OOC	IN	IN
4	11/5/2019	8:59 a.m.	IN	OOC	OOC
6	11/19/2019	7:55 a.m.	OOC	OOC	OOC
7	11/25/2019	11:03 a.m.	IN	IN	IN
Compliance Percentage			**40%**	**40%**	**40%**

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

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

finding of partial compliance. This is a repeated deficiency identified in the previous triennial review.

COVERAGE AND AUTHORIZATION OF SERVICES

REQUIREMENT
The MHP must provide beneficiaries with a NOABD under the following circumstances:
The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of covered benefit.(Fed. Code Regs., tit.42, § 438, subd.400(b)(1))

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 400. The MHP must provide beneficiaries with a Notice of Adverse Beneficiary Determination under the circumstances listed above.

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

- Service Request Log
- 29 NOABDS

Specifically, the MHP provided twenty nine (29) Notices of Adverse Beneficiary Determinations (NOABD) related to the Service Request Log. However, five (5) NOABD's were not provided to all beneficiaries that were denied based on not meeting medical necessity criteria.

DHCS deems the MHP in partial compliance with Federal Code of Regulations, title 42, section 438, subdivision 400(b)(1). The MHP must complete a CAP addressing this finding of non-compliance.

BENEFICIARY RIGHTS AND PROTECTIONS

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

FINDING

The MHP did not furnish evidence to demonstrate 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:

- Sample of 47 grievances
- Grievance Log

Specifically, the MHP process did not include stamping their grievances with a date upon receipt, as such DHCS was unable to verify if the grievances were logged within one (1) working day.

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
Notify the beneficiary of the resolution of a grievance in a format and language that meets applicable notification standards. (Fed. Code Regs., tit. 42, § 438, subd.408(d)(1) and 10.)

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(d)(1) and 10. The MHP must notify the beneficiary of the resolution of a grievance in a format and language that meets applicable notification standards.

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

- Policy 4.020 Beneficiary Problem Resolution Process
- Sample of 47 grievance resolution notifications

Specifically, thirty (30) out the forty seven (47) grievance resolution letters reviewed were not in 12 point font, therefore did not meet the format requirements.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(d)(1) and 10. The MHP must complete a CAP addressing this finding of non-compliance.