CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2020/2021

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW OF THE SANTA CLARA COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: July 27, 2021 to July 29, 2021

Santa Clara County Mental Health Plan
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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 Clara County MHP's Medi-Cal SMHS programs on July 27, 2021 to July 29, 2021. 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) 2020/2021 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:

- Category 1: Network Adequacy and Availability of Services
- Category 2: Care Coordination and Continuity of Care
- Category 3: Quality Assurance and Performance Improvement

- Category 4: Access and Information Requirements
- Category 5: Coverage and Authorization of Services
- Category 6: Beneficiary Rights and Protections
- Category 7: Program Integrity

This report details the findings from the Medi-Cal SMHS Triennial System Review of the Santa Clara County MHP. The report is organized according to the findings from each section of the FY 2020/2021 Protocol 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.

FINDINGS

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

Question 1.1.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i). The MHP must meet, and require its providers to meet, Department standards for timely access to care and services, taking into account the urgency of need for services.

Triennial review will focus on timeliness of all urgent appointments and physician appointments.

1. Urgent care appointments for services that do not require prior authorization: within 48 hours of the request for appointment
2. Emergent care appointments for services that require prior authorization: within 96 hours of the request for appointment

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

- Policy 415-001 Network Adequacy and Timely Access
- Policy 415-403 Access and Availability of Behavioral Health Services
- Urgent Care June 2020 Service Log /Mental Health Urgent Referral Log 8-5-2021
- Service Request Log –All Clinics Mar April 2021 CSI Phase II Updated 7-30-01
- Contract Agreement CS F&C FY 20
- CAP Final Memo New Call Center Referral Procedure 01-12-2021
- CAP Referral And NOABD Tracking Log
- CAP Santa Clara MHP CAP Resolution
- CAP Santa Clara MHP FY 20-21 CAP Tool DHCS Response
- CAP Workflow for Referral Tracking Report
- Policy 415-903 A Notification of Hospitalization
- Policy 415-903 B

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP met the timeliness standards for all physician appointments. The evidence provide showed that thirty-five (35) of the fifty (50) psychiatric appointments exceeded the timely access requirement. Per the discussion during the review, the MHP shared details of monitoring physician and psychiatry appointments within the MHP's electronic health record. DHCS requested additional evidence for this process, however the evidence submitted did not demonstrate compliance.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i).

Similar deficiencies were found in the focused review. The MHP has submitted a CAP to DHCS as a follow-up. Therefore, the MHP shall continue working with DHCS to implement the CAP to comply and maintain compliance in the future.

Question 1.1.6

FINDING
The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulation, title 42, section 438, subdivision 206(c)(1)(iv), (v), and (vi). The MHP shall establish mechanisms to ensure that network providers comply with the below timely access requirements:

1. The MHP shall monitor network providers regularly to determine compliance with timely access requirements.
2. The MHP shall 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:

- Timely Access Referrals through Call Center (June 2020)
- Policy 415-001 Network Adequacy and Timely Access
- Policy 415-403 Access and Availability of Behavioral Services
- Contract Monitoring Tool v12
- Memo Contract Monitoring Tool
- CAP Referral and NOABD Tracking Log
- CSI Log June 2020
- Final Memo New Call Center Referral Procedure 01-12-2021
- NACT Referral from Mar20 to Aug20 Summary v4
- Non-Clinical PIP Monthly Measurements_Jan20-YTD
- TADT Timeliness NACT Dec20 – Feb21
- Timely Access Referrals through Call Center August 2020
- Timely Access Referrals through Call Center July 2020
- Service Request Log –All Clinics Mar April 2021 CSI Phase II Updated 7-30-01
- Urgent Care June 2020 Service Log /Mental Health Urgent Referral Log 8-5-2021

While the MHP submitted evidence to demonstrate this requirement, it is not evident that the MHP meets, or requires its contracted providers to meet, Department standards for timely access to care and services. Per the discussion during the review, the MHP confirmed psychiatry appointment tracking is inadequate in the electronic health records, which results in psychiatry appointments outside of Department standards for timely access.

DHCS deems the MHP out of compliance with Federal Code of Regulation, title 42, section 438, subdivision 206(c)(1)(iv), (v), and (vi).

Similar deficiencies were found in the focused review. The MHP has submitted a CAP to DHCS as a follow-up. Therefore the MHP shall continue working with DHCS to implement the CAP to comply and maintain compliance in the future.

CARE COORDINATION AND CONTINUITY OF CARE

Question 2.5.7

FINDING

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No.18-059. The MHP must ensure the written notification to a beneficiary regarding his/her continuity of care request complies with the below listed requirements:

1. The MHP's denial of the beneficiary's continuity of care request;
2. A clear explanation of the reasons for the denial;
3. The availability of in-network SMHS;
4. How and where to access SMHS from the MHP;
5. The beneficiary's right to file an appeal based on the adverse benefit determination; and,
6. The MHP's beneficiary handbook and provider directory.

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

- Policy 415-904 Care Coordination and Continuity of Care
- Notice of Adverse Benefit Determination dated 4/1/2021 for denial of Continuity of Care

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted by the MHP that the MHP provides written notification for the availability of in-network SMHS, how and where to access SMHS from the MHP, and the MHP's beneficiary handbook and provider directory. These requirements were not included in any evidence provided by the MHP. The MHP was given additional an opportunity to submit evidence but no evidence was submitted.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Service, Information Notice, No.18-059.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 2.5.8

FINDING
The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-059. The MHP must notify the beneficiary and the beneficiary's authorized representative, 30-calendar days before the end of the continuity of care period, about the process to transition his or her care at the end of the continuity of care period.

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

- Policy 415-904 Care Coordination and Continuity of Care
- Policy 1000 Care Coordination and Continuity of Care 04-11-18
- Policy 1000 Care Coordination and Continuity of Care 9-25-19

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted by the MHP that the MHP ensures written notification regarding the transition of care is provided to beneficiaries, or their authorized representatives, 30-calendar days prior to the end of the continuity of care period. Per the discussion during the review, the MHP confirmed it had not developed a process or a notification template for this requirement.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-059.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

ACCESS AND INFORMATION REQUIREMENTS

Question 4.1.1

FINDING
The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(f)(1). The MHP must make a good faith effort to give written notice of termination of a contracted provider, within 15 calendar days after receipt or issuance of the termination notice, to each beneficiary who was seen regularly by the terminated provider.

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

- NOABD Termination Notice 2018.02.14
- Client Intake Packet
- P&P 415-302 Attachment B Sample Program Closure Sample Notification Letter Template

- P&P 415-302 Attachment A Program Closure Client Tracking Table 01-08-18 Template

While the MHP submitted evidence to demonstrate this requirement, it is not evident in the documentation submitted by the MHP that the MHP's process includes notifying beneficiaries within 15 calendar days after receipt or issuance of a provider's termination notice. Per the discussion during the review, the MHP described a process, which included mailing certified letters to the beneficiaries to ensure a notice was received within the required timeframe. The MHP was given an additional opportunity to submit evidence but no evidence was submitted.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(f)(1).

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 4.3.2

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 to the below-listed requirements:

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.
2. 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.
3. The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.
4. The toll-free telephone number 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, May 3, 2021, at 7:27 a.m. The call was answered after one (1) ring via phone tree, providing language capabilities in all county threshold languages. The message instructed the caller to dial 911 if experiencing a life-threatening emergency. After selecting option one (1) for English and option five (5) for general information, the call was answered by a live operator. The caller identified

him/herself and requested information about how to access mental health services for his/her son, who was having behavioral issues in school and difficulties with distance learning. The operator requested the child's age and type of insurance. The caller provided his/her child's age and stated the son had Medi-Cal. The operator explained the children's assessment and intake screening process, as well as provided the locations, business hours, and phone numbers for the mental health clinic.

The caller was provided information on accessing SMHS, including SMHS required assessing whether medical necessity criteria are met.

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

TEST CALL #2
Test call was placed on Monday, April 12, 2021, at 3:50 p.m. The call was answered after two (2) rings via phone tree providing language capabilities in all county threshold languages. The message stated to dial 911 if experiencing a life-threatening emergency. After selecting option one (1) for English and option five (5) for general information, the caller was placed on hold for ten (10) minutes. The caller ended the call.

The caller was not provided information about accessing SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information on how to treat an 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 was placed on Wednesday, March 17, 2021, at 7:32 a.m. The call was answered after one (1) ring via phone tree, providing language capabilities in all county threshold languages. The message stated to dial 911 if experiencing a life-threatening emergency. After selecting option one (1) for English and option two (2) for children's services, the phone rang nine (9) times before being answered by a live operator. The caller identified him/herself and requested information about how to access mental health services for his/her son, who was disruptive in class, unable to sit through lessons, yelling a lot, and is experiencing anger issues. The operator requested the child's age and type of insurance. The caller provided his/her child's age and Medi-Cal. The operator requested the child's Medi-Cal or Social Security number. The caller declined to provide this information. The operator explained that he/she would need this information to verify Medi-Cal eligibility before proceeding.

The caller was not provided information on accessing SMHS, including SMHS required assessing whether medical necessity criteria are met. The caller was provided information on how to treat an 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 #4
Test call was placed on Thursday, April 1, 2021, at 8:42 a.m. The call was answered after one (1) ring via phone tree, providing language capabilities in all county threshold languages. The message stated to dial 911 if experiencing a life-threatening emergency. The caller selected option one (1) for English, option three (3) for general information, and option one (1) for adult mental health services since he/she was calling to obtain a refill for anxiety medication. The call was placed on hold and an automated system announced that the wait time was approximately 15 minutes. After three minutes the caller ended the call.

The caller was not provided information on how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information on how to treat an 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 Wednesday, March 24, 2021, at 7:06 am. The call was answered after one (1) ring via phone tree, providing language capabilities in all county threshold languages. The message stated to dial 911 if experiencing a life-threatening emergency. After selecting option one (1) for English and option five (5) for general information, the phone rang four (4) times before being answered by a live operator. The caller requested information about obtaining a refill for anxiety medication. The operator informed the caller that he/she would go through a screening process, be assessed for medical necessity, and then be referred to a clinic. The caller was not provided clinic contact information, locations, or hours of operation.

The caller was not provided information about accessing SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information on how to treat an 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, March 17, 2021, at 7:29 a.m. The call was answered after one (1) ring via phone tree, providing language capabilities in all county threshold languages. The message stated to dial 911 if experiencing a life-threatening emergency. The caller selected option one (1) for English and option six (6) for complaints or grievances. A recorded message stated that the office was closed and the caller could not reach a live operator for assistance. The recording included the business office hours of Monday through Friday from 8:00 a.m. to 5:00 p.m. and requested the caller to call back during business hours or to leave a voicemail. The caller did not leave a voicemail and ended the call.

The caller was not provided information on how to use the beneficiary problem resolution and fair hearing processes.

FINDING

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

TEST CALL #7

Test call was placed on Monday, November 2, 2020, at 12:06 p.m. The call was answered after one (1) ring via phone tree, providing language capabilities in all county threshold languages. The message stated to dial 911 if experiencing a life-threatening emergency. After selecting option one (1) for English, six (6) for complaints and grievances, one (1) for mental health service complaints, and option two (2) to speak to a live operator. The caller was placed on hold. No additional recorded information was provided for the beneficiary problem resolution and fair hearing processes while the caller was on hold. After 3 minutes, a recorded announcement was presented stating that the call had reached the Quality Control team but no one was available. The caller was presented with the option to leave a voicemail for a return call. The caller did not leave a voicemail and ended the call.

The caller was not provided information on how to use the beneficiary problem resolution and fair hearing processes.

FINDING

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

SUMMARY OF TEST CALL FINDINGS

Required Elements	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
1	IN	IN	IN	IN	IN	IN	IN	100%
2	IN	OOC	OOC	OOC	OOC	NA	NA	20%
3	NA	IN	NA	IN	IN	NA	NA	100%
4	NA	NA	NA	NA	NA	OOC	OOC	0%

Based on the test calls, DHCS deems the MHP in *partial compliance* with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1).

The MHP must comply with CAP requirement addressing this finding of partial/non-compliance.

Repeat deficiency Yes

Question 4.3.4

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 writing. The written log(s) must contain the name of the beneficiary, the date of the request, and the initial disposition of the request.

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

- Policy 415-403 Access and Availability of Services Policy
- Call Logs

While the MHP submitted evidence to demonstrate compliance with this requirement, five (5) of five (5) required DHCS test calls were not logged on the MHP's written log of the initial request. The table below summarizes DHCS' findings of 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	5/3/2021	7:27 AM	OOC	OOC	OOC
2	4/12/2021	3:50 PM	OOC	OOC	OOC
3	3/17/2021	7:32 AM	OOC	OOC	OOC
4	4/1/2021	8:42 AM	OOC	OOC	OOC
5	3/24/2021	7:06 AM	OOC	OOC	OOC
Compliance Percentage			**0%**	**0%**	**0%**

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 *out of compliance* with California Code of Regulations, title 9, section 1810, subdivision 405(f).

The MHP must comply with CAP requirement addressing this finding of out of compliance

Question 4.4.6

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 410(c)(4). The MHP must have evidence of the implementation of training programs to improve the cultural competence skills of staff and contract providers.

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

- Policy 415-804 Cultural Competence and Non-Discrimination
- Policy 7500 Cultural Competency and Non-Discrimination
- Policy 7500 Attachment CLAS Infographics 04-15-18
- Policy 7500 Attachment Enhances-National CLAS Standards 04-15-18
- CC Training Bilingual Interpreters and Staff FY19
- CC Training Bilingual Interpreters and Staff FY20
- CC Training Log FY18
- CC Training Log FY19
- CC Training Log FY20
- FY 22CS CYF Agreement for Contractor

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the evidence submitted that the MHP has a process to ensure all contracted providers providing SMHS services within the MHP complete cultural

competency training. Per the discussion during the review, the MHP stated it does not monitor contracting providers' cultural competency training.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 410(c)(4).

The MHP must comply with CAP requirement addressing this finding of non-compliance.

COVERAGE AND AUTHORIZATION OF SERVICES

Question 5.2.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with MHSUDS IN 19-026. The MHP must establish and implement written policies and procedures addressing the authorization of SMHS.

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

- Policy 6000 Utilization Management 04-11-18
- Policy 6300 Utilization Management Treatment Authorization Request for Mental Health Stay in Hospital
- Policy 415-812 Utilization Management Treatment Authorization Request for Mental Health Stay in Hospital
- Policy 415-803 Utilization Management Program
- Service Authorization Requests (Day Rehab, IHBS & TFC, KinGAP, TBS/TBS-ID)
- Treatment Authorization Requests
- Payment Authorization TARs Log 2019/2020

While the MHP submitted evidence for this requirement, it is not evident that the MHP has developed a written policies and procedures addressing concurrent authorization of SMHS that are compliant with MHSUDS 19-026. Per the discussion during the review, the MHP stated it will be developing a policy to meet this requirement.

DHCS deems the MHP out of compliance with MHSUDS 19-026.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 5.2.2

FINDING

The MHP did not furnish evidence to demonstrate compliance with MHSUDS IN 19-026. The MHP must comply with the following communication requirements:

1. Notify DHCS and contracting providers in writing of all services that require prior or concurrent authorization and ensure that all contracting providers are aware of the procedures and timeframes necessary to obtain authorization for these services;
2. Maintain telephone access 24-hours a day, 7-days a week for providers to make admission notifications and request authorization for inpatient acute psychiatric hospital services and/or to request expedited authorization of an outpatient service requiring prior authorization;
3. A physician shall be available for consultation and for resolving disputed requests for authorizations;
4. Disclose to DHCS, the MHP's providers, beneficiaries and members of the public, upon request, the UM or utilization review policies and procedures that the MHP, or any entity that the MHP contracts with, uses to authorize, modify, or deny SMHS. The MHP may make the criteria or guidelines available through electronic communication means by posting these online;
5. Ensure the beneficiary handbook includes the procedures for obtaining benefits, including any requirements for service authorizations and/or referrals for SMHS; and,
6. MHPs must provide written notification regarding authorization decisions in accordance with the established timeframes for the type of authorization.

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

- Policy 6000 Utilization Management 04-11-18
- Policy 6300 Utilization Management Treatment Authorization Request for Mental Health Stay in Hospital
- Policy 415-403 Access and Availability of Service Policy
- Policy 415-803 Utilization Management Program
- Service Authorization Requests (Day Rehab, IHBS & TFC, KinGAP, TBS/TBS-ID)
- Treatment Authorization Requests
- Payment Authorization TARs Log 2019/2020

While the MHP submitted evidence for this requirement, it is not evident that the MHP has developed a communication policy or process for concurrent authorization of SMHS that is compliant with MHSUDS 19-026. Per the discussion during the review, the MHP stated it will be developing a communication process for concurrent review that meets this requirement.

DHCS deems the MHP out of compliance with MHSUDS 19-026.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 5.2.3

FINDING
The MHP did not furnish evidence to demonstrate compliance with MHSUDS IN 19-026. The MHP are required to conduct concurrent review and authorization for all psychiatric inpatient hospital services and psychiatric health facility services for the below:

1. MHPs shall conduct concurrent review of treatment authorizations following the first day of admission.
2. MHPs may elect to initially authorize multiple days, but each day of treatment must meet medical necessity and/or continued stay criteria.

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

- Policy 6000 Utilization Management 04-11-18
- Policy 6300 Utilization Management Treatment Authorization Request for Mental Health Stay in Hospital
- Policy 415-403 Access and Availability of Service Policy
- Policy 415-803 Utilization Management Program
- Service Authorization Requests (Day Rehab, IHBS & TFC, KinGAP, TBS/TBS-ID)
- Treatment Authorization Requests
- Payment Authorization TARs Log 2019/2020

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted by the MHP that the MHP has developed a policy or procedures that is compliant with MHSUDS 19-026. Per the discussion during the review, the MHP was informed that the current policy is out of compliance. The MHP stated it will update the policy to include the language outlined in MHSUDS 19-026.

DHCS deems the MHP out of compliance with MHSUDS 19-026.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 5.2.4

FINDING
The MHP did not furnish evidence to demonstrate compliance with MHSUDS IN 19-026. The MHP shall make decisions to approve, modify, or deny provider requests for

authorization concurrent with the provision of SMHS to beneficiaries shall be communicated to the beneficiary's treating providers, including both the hospital and treating physician, in writing, within 24 hours of the decision for the below:

1. If the MHP denies or modifies the request for authorization, the MHP must notify the beneficiary, in writing, of the adverse benefit determination.
2. In the case of concurrent review, care shall not be discontinued until the beneficiary's treating provider(s) has been notified of the MHP's decision and a care plan has been agreed upon by the treating provider that is appropriate for the medical needs of the beneficiary.

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

- Policy 415-805 Beneficiary Problem Resolution Process
- Policy 415-819 Grievance and Appeal System Oversight
- Payment Authorization TARs Log 2019/2020

While the MHP submitted evidence for this requirement, it is not evident in the documentation submitted by the MHP that the MHP has developed a policy to ensure care continues until a beneficiary's treatment provider(s) has been notified of the MHP's decision and a care plan has been agreed upon by the treating provider that is appropriate for the medical needs of the beneficiary. Per the discussion during the review, the MHP was informed its current policy does not meet the requirements of MHSUDS 19-026. The MHP stated it will update the policy to include the required language.

DHCS deems the MHP out of compliance with MHSUDS 19-026.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 5.2.5

FINDING

The MHP did not furnish evidence to demonstrate compliance with MHSUDS IN 19-026. The MHP shall review that the hospital has documented having made at least one contact to a non-acute residential treatment facility per day (except weekends and holidays), starting with the day the beneficiary is placed on administrative day status for the below requirements:

1. Once five contacts have been made and documented, any remaining days within the seven-consecutive-day period from the day the beneficiary is placed on administrative day status can be authorized.
2. A hospital may make more than one contact on any given day within the seven-consecutive-day period; however, the hospital will not receive authorization for the days in which a contact has not been made until and unless all five required contacts are completed and documented.

3. Once the five-contact requirement is met, any remaining days within the seven-day period can be authorized without a contact having been made and documented.

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

- Policy 415-803 Utilization Management Program
- Policy 415-812 Utilization Management Treatment Authorization Request for Mental Health Stay in Hospital
- Denial Reduction Documentation PowerPoint
- Policy 6000 Utilization Management 04-11-18
- Policy 6300 Utilization Management Treatment Authorization Request for Mental Health Stay in Hospital
- Treatment Authorization Requests 5-1-19 through 6-30-2020
- Payment Authorization TARs Log 2019/2020

While the MHP submitted evidence for this requirement, it is not evident in the documentation submitted by the MHP that the MHP has developed a policy or procedure compliant with MHSUDS 19-026. Per the discussion during the review, the MHP was informed that the current policy it out of compliance. The MHP stated it will update the policy to include the language outlined in MHSUDS 19-026.

DHCS deems the MHP out of compliance with MHSUDS 19-026.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 5.2.6

FINDING

The MHP did not furnish evidence to demonstrate compliance with MHSUDS IN 19-026. The MHP must utilize referral and/or concurrent review and authorization for all Crisis Residential Treatment Services (CRTS) and Adult Residential Treatment Services (ARTS). MHPs may not require prior authorization for the below:

1. If the MHP refers a beneficiary to a facility for CRTS or ARTS, the referral may serve as the initial authorization as long as the MHP specifies the parameters (e.g., number of days authorized) of the authorization.
2. The MHP must then re-authorize medically necessary CRTS and ARTS services, as appropriate, concurrently with the beneficiary's stay and based on beneficiary's continued need for services.

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

- 415-403 Access and Availability of Services Policy

- Policy 415-812 Utilization Management Treatment Authorization Request for Mental Health Stay in Hospital
- Policy 6000 Utilization Management 04-11-18
- Policy 6300 Utilization Management Treatment Authorization Request for Mental Health Stay in Hospital
- Crisis Admission Criteria Process
- Crisis Extension Request Form
- Crisis Residential Application 1-29-2021
- Crisis Residential Approvers
- Crisis Residential Service Authorization Request Samples
- Crisis Residential Tracking Log

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted by the MHP that the MHP has policies and procedures that comply with MHSUDS 19-026 related to utilizing referral and/or concurrent review and authorization for all CRTS and ARTS. Per discussion during the review, the MHP was informed that the current policies and procedures do not meet the standards outlined in MHSUDS 19-026. The MHP stated it will update the policy to include the required language.

DHCS deems the MHP out of compliance with MHSUDS 19-026.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 5.2.12

FINDING
The MHP did not furnish evidence to demonstrate compliance with MHSUDS IN 19-026. In cases where the review is retrospective, the MHP's authorization decision shall be communicated to the individual who received services, or to the individual's designee, within 30 days of the receipt of information that is reasonably necessary to make this determination, and shall be communicated to the provider in a manner that is consistent with state requirements.

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

- Policy 415-803 Utilization Management Program
- Policy 6000 Utilization Management 04-11-18
- Policy 6300 Utilization Management Treatment Authorization Request for Mental
- Service Authorization Requests (Day Rehab, IHBS & TFC, KinGAP,TBS/TBS-ID)
- Treatment Authorization Requests 5-1-19 through 6-30-2020
- Payment Authorization TARs Log 2019/2020

While the MHP submitted evidence to demonstrate compliance with this requirement, it not evident in the documentation submitted by the MHP that the MHP communicates retrospective review decisions to the beneficiary, or their designee, within 30 days. Per the discussion during the review, the MHP was informed that the current policies is out of compliance. The MHP stated it will update the policy to include the language outlined in MHSUDS 19-026.

DHCS deems the MHP out of compliance with MHSUDS 19-026.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

BENEFICIARY RIGHTS AND PROTECTIONS

Question 6.1.4

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 12, and Federal Code of Regulations, title 42, section 438, subdivision 402(b) and 228(a). The MHP must have only one level of appeal for beneficiaries.

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

- Policy 415-805 Beneficiary Problem Resolution Process
- Policy 415-819 Grievance and Appeal System Oversight
- Policy 11400 Beneficiary Rights
- Policy 8400 Managed Care Plan Dispute Resolution
- Policy 415-820 J NOABD Your Rights Attachment
- Policy 415-820 K Language Assistance Taglines
- Policy 415-820 L Beneficiary Non-Discrimination Notice
- Problem Resolution Form

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted by the MHP that the MHP has a single level of appeal for beneficiaries. Per the discussion during the review, the MHP was informed that the current policies is out of compliance. The MHP stated it will update the policy to include this language.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 12, and Federal Code of Regulations, title 42, section 438, subdivision 402(b) and 228(a).

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 6.1.5

FINDING

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

1. The MHP shall acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing.
2. The acknowledgment letter shall include the following:
    a. Date of receipt
    b. Name of representative to contact
    c. Telephone number of contact representative
    d. Address of Contractor
3. The written acknowledgement to the beneficiary must be postmarked within five (5) calendar days of receipt of the grievance.

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

- Policy 415-805 Beneficiary Problem Resolution Process
- Policy 415-819 Grievance and Appeal System Oversight
- Policy 11400 Beneficiary Rights
- Policy 8400 Managed Care Plan Dispute Resolution
- Policy 415-820 M Letter of Acknowledgement
- Grievance and Appeals Tracking Log
- Grievance and Appeals samples
- Acknowledgement letter samples

While the MHP submitted evidence to demonstrate compliance with this requirement, one (1) of 31 acknowledgment letters were not sent within five (5) calendar days of receipt of the grievance.

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

	# OF SAMPLE REVIEWED	ACKNOWLEDGMENT		COMPLIANCE PERCENTAGE
		# IN	# OOC	
GRIEVANCES	31	30	1	97%
APPEALS	NA	NA	NA	NA
EXPEDITED APPEALS	NA	NA	NA	NA

DHCS deems the MHP in partial compliance with the MHP contract, exhibit A, attachment 12, Federal Code of Regulations, title 42, section 438, subdivision 406(b)(1), and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-010E.

The MHP must comply with CAP requirement addressing this finding of partial compliance.

Question 6.2.1

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, and subdivision 205. The MHP must 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.

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

- Policy 415-805 Beneficiary Problem Resolution Process
- Policy 415-819 Grievance and Appeal System Oversight
- Policy 11400 Beneficiary Rights
- Grievance and Appeals Tracking Log
- Grievance and Appeals samples

While the MHP submitted evidence to demonstrate compliance with this requirement, five (5) of 31 grievances were not logged within one working day of the date of receipt of the grievance.

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

	# OF SAMPLE REVIEWED	LOGGED WITHIN ONE (1) DAY		COMPLIANCE PERCENTAGE
		# IN	# OOC	
GRIEVANCES	31	26	5	84%
APPEALS	NA	NA	NA	NA
EXPEDITED APPEALS	NA	NA	NA	NA

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 comply with CAP requirement addressing this finding of out of compliance.

Question 6.3.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1850, subdivision 206(c). The MHP must provide written notification to the beneficiary or the appropriate representative of the resolution of a grievance and documentation of the notification or efforts to notify the beneficiary, if he or she could not be contacted.

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

- Policy 415-805 Beneficiary Problem Resolution Process
- Policy 415-819 Grievance and Appeal System Oversight
- Policy 415-820 O Notice of Grievance Resolution
- Grievance and Appeals Tracking Log
- Grievance and Appeals samples
- Samples of acknowledgment letters to beneficiaries

While the MHP submitted evidence to demonstrate compliance with this requirement, two (2) of 31 grievances did not include written notification to the beneficiary or the appropriate representative of the resolution of a grievance and documentation of the notification or efforts to notify the beneficiary, if he or she could not be contacted.

In addition, DHCS reviews grievances, appeals, and expedited appeal samples to verify compliance with standards. Results of the sample verifications are detailed below:

	# OF SAMPLE REVIEWED	RESOLUTION NOTICE		COMPLIANCE PERCENTAGE
		# IN	# OOC	
GRIEVANCES	31	29	2	94%
APPEALS	NA	NA	NA	NA
EXPEDITED APPEALS	NA	NA	NA	NA

DHCS deems the MHP partial compliance with California Code of Regulations, title 9, section 1850, subdivision 206(c).

The MHP must comply with CAP requirement addressing this finding of partial compliance.

Question 6.4.2

FINDING
The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(c)(3)(ii) and 406(b)(3); MHP Contract, Exhibit 1 att. 12. The MHP must treats oral inquiries seeking to appeal an adverse benefit determination as appeals (to establish the earliest possible filing date for the appeal). The MHP requires a beneficiary who makes an oral appeal to subsequently submit a written, signed appeal, unless the beneficiary or the provider requests an expedited appeal.

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

- Policy 415-805 Beneficiary Problem Resolution Process
- Policy 415-819 Grievance and Appeal System Oversight
- Policy 415-820 Notice of Adverse Benefit Determination
- Grievance and Appeals Tracking Log
- Grievance and Appeals samples
- Samples of acknowledgment letters to beneficiaries

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP requires a beneficiary who makes an oral appeal to submit a written, signed appeal unless the beneficiary or the provider is requesting an expedited appeal. Per the discussion during the review, the MHP stated it does not require the beneficiary to submit a written, signed appeal when the beneficiary makes an oral appeal.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 406(b)(3) and 408(c)(3)(ii), and MHP Contract.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 6.4.7

FINDING
The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 406(b)(6). The MHP must allow the beneficiary, his or her representative, or the legal representative of a deceased beneficiary's estate, to be included as parties to the appeal.

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

- Policy 415-805 Beneficiary Problem Resolution Process
- Policy 415-819 Grievance and Appeal System Oversight
- Policy 415-820 Notice of Adverse Benefit Determination
- Grievance and Appeals Tracking Log
- Grievance and Appeals samples
- Samples of acknowledgment letters to beneficiaries

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP allows the beneficiary, his or her representative, or the legal representative of a deceased beneficiary's estate, to be included as parties to the appeal. The evidence, including policies and procedures, as well as other documentation, was deficient in meeting the requirements.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 406(b)(6).

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 6.4.12

FINDING
The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 402(c)(3)(ii). The MHP must allow the beneficiary to file the request for an expedited appeal orally without requiring the beneficiary to submit a subsequent written, signed appeal.

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

- Policy 415-805 Beneficiary Problem Resolution Process
- Policy 415-819 Grievance and Appeal System Oversight

- Policy 415-820 Notice of Adverse Benefit Determination
- Grievance and Appeals Tracking Log
- Grievance and Appeals samples
- Samples of acknowledgment letters to beneficiaries

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident the MHP allows the beneficiary to file a request for an expedited appeal orally without requiring the beneficiary to submit a signed written appeal. The evidence, including policies and procedures, as well as other documentation, was deficient in meeting the requirements.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 402(c)(3)(ii).

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 6.4.16

FINDING
The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(d)(2); California Code of Regulations, title 9, section 1850, subdivision 207(h). The MHP must provide a beneficiary with a written notice of the expedited appeal disposition and make reasonable efforts to provide oral notice to the beneficiary and/or his or her representative.

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

- Policy 415-805 Beneficiary Problem Resolution Process
- Policy 415-819 Grievance and Appeal System Oversight
- Policy 415-820 Notice of Adverse Benefit Determination
- Policy 415-820 P Notice of Appeal Resolution
- Grievance and Appeals Tracking Log
- Grievance and Appeals samples
- Samples of acknowledgment letters to beneficiaries

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides a beneficiary with written notice of the expedited appeal disposition or makes reasonable efforts to provide oral notice to the beneficiary and his or her representative. The evidence, including policies and procedures, as well as other documentation, was deficient in meeting the requirements.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(d)(2); California Code of Regulations, title 9, section 1850, subdivision 207(h).

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 6.4.17

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 410(c)(1). If the MHP denies a request for an expedited appeal resolution, The MHP shall:

1. Transfer the expedited appeal request to the timeframe for standard resolution of no longer than 30 calendar days from the day the Contractor receives the appeal. (42 C.F.R. § 438.410(c)(1).)
2. Make reasonable efforts to give the beneficiary and his or her representative prompt oral notice of the denial of the request for an expedited appeal.

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

- Policy 415-805 Beneficiary Problem Resolution Process
- Policy 415-819 Grievance and Appeal System Oversight
- Policy 415-820 Notice of Adverse Benefit Determination
- Policy 415-820 P Notice of Appeal Resolution
- Grievance and Appeals Tracking Log
- Grievance and Appeals samples
- Samples of acknowledgment letters to beneficiaries

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP transfers expedited appeal requests to the standard resolution timeframe or provides prompt oral notice of the denial of the request for an expedited appeal to the beneficiary or representatives of the beneficiary. The evidence, including policies and procedures, as well as other documentation, was deficient in meeting the requirements.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 410(c)(1).

The MHP must comply with CAP requirement addressing this finding of non-compliance.

PROGRAM INTEGRITY

Question 7.1.5

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attached 13, and Federal Code of Regulations, title 42, section 438, subdivision 608(a)(1). The MHP has a system for training and education for the Compliance Officer, the organization's senior management, and the organization's employees for the federal and state standards and requirements under the contract.

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

- Compliance New Employee Orientation PowerPoint
- Compliance Officer Job Duty Description
- Effective Education and Training HHS Compliance Plan
- MHSD Health Learning January 2021
- New Employee Orientation Meeting Agenda 1-25-2021
- New Orientation Calendar YTD 2021
- BHSD eLearning Tracking Log 1-1-21 through 8-4-2021
- Assignment Completion Report

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted by the MHP that the MHP has a training and education system in place that satisfies this requirement for MHP employees but not contract providers. Per the discussion during the review, the MHP does not monitor contract providers' required education and training.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attached 13, and Federal Code of Regulations, title 42, section 438, subdivision 608(a)(1).

The MHP must comply with CAP requirement addressing this finding of non-compliance.