CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2019/2020

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

SYSTEM FINDINGS REPORT-AMENDED

Review Dates: September 22, 2020 to September 23, 2020

Shasta 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 a webinar review of the Shasta County MHP's Medi-Cal SMHS programs on September 22, 2020 to September 23, 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 Shasta County MHP. The report is organized according to the findings from each section of the FY 2019/2020 Protocol and the Attestation deemed out of compliance (OOC), or in partial compliance, with regulations and/or the terms of the contract between the MHP and DHCS.

For informational purposes, this findings report also includes additional information that may be useful for the MHP (e.g., a description of calls testing compliance of the MHP's 24/7 toll-free telephone line).

The MHP will have an opportunity to review the report for accuracy and appeal any of the findings of non-compliance (for both system review and chart review). The appeal must be submitted to DHCS in writing within 15 business days of receipt of the findings report. DHCS will adjudicate any appeals and/or technical corrections (e.g., calculation errors, etc.) submitted by the MHP and, if appropriate, send an amended report.

A Corrective Action Plan (CAP) is required for all items determined to be OOC or in partial compliance. The MHP is required to submit a CAP to DHCS within 60-days of receipt of the findings report for all system and chart review items deemed OOC. The CAP should include the following information:

(1) Description of corrective actions, including milestones;
(2) Timeline for implementation and/or completion of corrective actions;
(3) Proposed (or actual) evidence of correction that will be submitted to DHCS;
(4) Mechanisms for monitoring the effectiveness of corrective actions over time. If the CAP is determined to be ineffective, the MHP should inform their county liaison of any additional corrective actions taken to ensure compliance; and
(5) A description of corrective actions required of the MHP's contracted providers to address findings.

Review Findings Overview

- During the DHCS review, the Shasta County MHP demonstrated numerous strengths, including but not limited to the following examples:
    - Discharge planning process begins as soon as the beneficiary is admitted to the ER.
    - Woodland project I and II. Woodland 1 currently provides 55 housing units and Woodland II will soon provide 20 additional unit for the homeless.

  - The average wait time has decreased in the ER. The inpatient placement is completed within 4 hours.

- DHCS identified opportunities for improvement in various areas, including:
  - Improve and develop tracking mechanisms e.g. database checks, disclosures.
  - Identify a provider for TFC services.
  - Improve the logging process for the 24/7 access line.

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

FINDINGS

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

QUESTION A.III.F

FINDING

The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (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 did not submit any evidence of compliance with this requirement.

During the facilitation discussion, the MHP confirmed that they do not assess nor provide TFC services. The MHP will seek to procure the services in a future RFP.

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

QUESTION A.III.G

FINDING

The MHP did not furnish evidence to demonstrate 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 have an affirmative responsibility to determine if children and youth who meet medical necessity criteria need TFC.

The MHP did not submit any evidence of compliance with this requirement.

During the facilitated discussion, the MHP confirmed they do not assess for the need for 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.

QUESTION A.VI.C1-4

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 214(a), (b), (c), (d) and 12(a)(2), and (1), and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-019. The MHP must comply with following;

- The MHP shall have written policies and procedures for selection and retention of providers.
- The MHP's policies and procedures for selection and retention of providers must not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment.
- The MHP may not discriminate in the selection, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or certification under applicable state law, solely on the basis of that license or certification.
- The MHP shall give practitioners or groups of practitioners who apply to be MHP contract providers and with whom the MHP decides not to contract written notice of the reason for a decision not to contract.

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

- MH Clinician 1 job
- Provider spreadsheet
- Social Worker duties

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP complied with the following:

- The MHP shall have written policies and procedures for selection and retention of providers.
- The MHP's policies and procedures for selection and retention of providers must not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment.
- The MHP may not discriminate in the selection, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or certification under applicable state law, solely on the basis of that license or certification.
- The MHP shall give practitioners or groups of practitioners who apply to be MHP contract providers and with whom the MHP decides not to contract written notice of the reason for a decision not to contract.

During the facilitated discussion, the MHP did not provide a policy and procedure for selection and retention of providers which needs to include all required elements described above. In addition, evidence was not provided to show that these required elements have been put into practice.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 214(a), (b), (c), (d) and 12(a)(2), and (1), and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-019. The MHP must complete a CAP addressing this finding of non-compliance.

QUESTION A.VI.E

FINDING
The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 8. The MHP must certify, or use another MHP's certification documents to certify, the organizational providers that subcontract with the MHP to provide SMHS, in accordance with California Code of Regulations, title 9, section 1810, subsection 435.

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

- New Org Provider MC Cert Procedure
- New Provider Set Up (Excel)
- Certification Procedure (Excel)
- COO Site Certification Procedure (Excel)

INTERNAL DOCUMENTS REVIEWED.

- Overdue Provider Report

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP certified their organizational providers that subcontracts with the MHP to provide SMHS. Specifically, the DHCS certification report revealed five (5) of the 48 providers were overdue.

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

CARE COORDINATION AND CONTINUITY OF CARE

QUESTION B.III.B

FINDING
The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 415(d). The MHP must, when the MHP determines that the beneficiary's diagnosis is not included as a SMHS, or is included but would be responsive to physical health care based treatment; the MHP of the beneficiary shall refer the beneficiary in accordance with state regulations.

The MHP did not submit any evidence of compliance with this requirement:

During the facilitated discussion, the MHP did not provide documentation to support the requirement. The MHP was awarded 3-year grant to fund physical health care based treatment.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 415(d). The MHP must complete a CAP addressing this finding of non-compliance.

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

QUESTION C.V.B

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, Federal Code of Regulations, title 42, section 438, subdivision 236(b), and California Code of Regulations, title 9, section 1810, subdivision 326. The MHP must disseminate the practice guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries.

The MHP did not submit any evidence of compliance with this requirement.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, Federal Code of Regulations, title 42, section 438, subdivision 236(b), and California Code of Regulations, title 9, section 1810, subdivision 326. The MHP must complete a CAP addressing this finding of non-compliance.

QUESTION C.V.C

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, Federal Code of Regulations, title 42, section 438, subdivision 236(b), and California Code of Regulations, title 9, section 1810, subdivision 326. The MHP must take steps to assure that decisions for utilization management, beneficiary education, coverage of services, and any other area to which the practice guidelines apply are consistent with the guidelines adopted.

The MHP did not submit any evidence of compliance with this requirement.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, Federal Code of Regulations, title 42, section 438, subdivision 236(b), and California Code of Regulations, title 9, section 1810, subdivision 326. The MHP must complete a CAP addressing this finding of non-compliance.

ACCESS AND INFORMATION REQUIREMENTS

QUESTION D.I.B5

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(c)(6). The MHP must ensure the beneficiary is informed that the beneficiary informing materials are available in paper form and electronically upon request within five (5) business days

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

- Confirmation of Notification to Client
- Beneficiary Handbook
- Provider Directory
- Provider & Beneficiary Booklet
- https://www.co.shasta.ca.us/index/hhsa/alcohol-tobacco-drugs/behavioral-health

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP informs the beneficiary that information is available in paper or electronic formatting upon request within five (5) business days.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(c)(6). The MHP must complete a CAP addressing this finding of non-compliance.

QUESTION D.III.A

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 360. The MHP must provide beneficiaries with a copy of the beneficiary handbook when the beneficiary first accesses SMHS and thereafter upon request.

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

- Beneficiary Handbook
- Provider & Beneficiary Booklet Revision

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides beneficiaries with a copy of the beneficiary handbook when the beneficiary first accesses SMHS and thereafter upon request.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 360. The MHP must complete a CAP addressing this finding of non-compliance.

QUESTION D.IV.B

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(h)(3). The MHP must ensure that information included in a paper provider directory shall be updated at least monthly and electronic provider directories shall be updated no later than 30 calendar days after the MHP receives updated provider information.

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

- Provider List 5-1-2020

While the MHP submitted evidence to demonstrate compliance with this requirement, it was not evident that information included in the paper provider directory was updated at least monthly and electronic provider directories updated no later than 30 calendar days after the Contractor receives updated provider information.

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

QUESTION D.VI.B3

FINDING

DHCS' review team made seven (7) calls to test the MHP's statewide 24/7 toll-free number. The seven (7) test calls must demonstrate compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1). The toll-free telephone number provides information to beneficiaries about 1) how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met; 2) services needed to treat a beneficiary's urgent condition; and 3) provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes. The seven (7) test calls are summarized below.

TEST CALL #1

Test call was placed on Friday, March 13, 2020, at 1:27 p.m. The call was answered after one (1) ring via a live operator. The caller requested information about accessing mental health services in the county. The operator transferred the caller to the crisis line. The operator asked the caller if they had used mental health services before. The caller replied in the negative. The operator asked the caller for his/her age and if he/she had Medi-Cal insurance. The caller stated yes, he/she had Medi-Cal but did not provide an answer about their age. The operator informed the caller that he/she could go to Turn Creek walk-in services and obtain medication and possibly be seen by a therapist. The operator asked the caller if he/she was suicidal or wanted to hurt oneself. The caller

replied in the negative. The operator provided the caller with a toll free number he/she could call for assistance and to get in contact with a therapist. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and information about services needed to treat an 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 was placed on Tuesday, March 17, 2020, at 10:30 a.m. The call was answered after two (2) rings via a live operator. The call was transferred to the Children's Mental Health Services Department. The caller requested information about accessing mental health services in the county. The operator asked for the caller's name. The operator provided information how to access services and provided their address and hours of operation. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, however the caller was not provided information about services needed to treat an urgent condition.

FINDING
The call is deemed 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 Friday, March 27, 2020, at 8:42 a.m. The call was answered after two (2) rings via a live operator. The caller requested information about accessing mental health services in the county. The operator provided the address and hours of operation. The operator asked the caller if they would like to be transferred to speak to a clinician, but during the transfer the call was dropped. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met however, the caller was not provided information about services needed to treat an urgent condition.

FINDING
The call is deemed 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 Monday, March 30, 2020, at 3:49 pm. The call was answered after four (4) rings via a live operator. The caller requested information about accessing mental health services in the county, specifically a refill on anxiety medication, without being an established patient. The operator explained that the county would not refill or prescribe mediations without first conducting an assessment and establishing care with a physician, which could take up to three weeks. The operator advised the caller visit

the ER. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met however, the caller was not provided information about services needed to treat an urgent condition.

FINDING
The call is deemed 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 Tuesday, April 7, 2020, at 6:30 a.m. The call was answered after one (1) ring via a live operator. The operator asked if the caller was in crisis. The caller responded in the negative. The operator asked the caller for his/her name. The caller provided his/her name. The operator asked the caller how they could help. The caller requested information about accessing mental health services in the county. The operator informed the caller they have reached the crisis line and there were a couple of ways to access services by either calling back after 8:00 a.m., coming into the clinic which the operator provide the address or use the website. The caller thanked the operator and terminated the call. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and provided information about services needed to treat an 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 #6
Test call was placed on Thursday, January 9, 2020, at 10:06 a.m. The call was answered after one (1) ring via a live operator. The caller requested information about the MHP's grievance process. The operator informed the caller there were two ways to file a complaint, 1) by picking up the forms in the office, or 2) by phone. The caller was provided information about how to use the beneficiary problem resolution and fair hearing processes.

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

TEST CALL #7
Test call was placed on Saturday, March 7, 2020, at 10:16 p.m. The call was answered after two (2) rings via a live operator. The caller requested information about obtaining information regarding the grievance process. The operator immediately assessed the caller for crisis by inquiring if the caller felt suicidal or felt like harming self or others. The caller responded in the negative. The operator provided the caller with information regarding the grievance and appeal process and how to file a complaint with Managed Care. The caller was provided the phone number and hours of operation of the

grievance coordinator. The caller was advised that complaint forms could be obtained from the website. The caller was provided information about how to use the beneficiary resolution and fair hearing process.

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	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
2	IN	IN	IN	IN	IN	N/A	N/A	100%
3	OOC	IN	OOC	OOC	IN	N/A	N/A	40%
4	N/A	N/A	N/A	N/A	N/A	IN	IN	100%

Based on the test calls, DHCS deems the MHP in partial compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1). The MHP must complete a CAP addressing this finding of partial compliance.

Repeat deficiency Yes

QUESTION D.VI.C2A-C

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:

- Reviewed evidences Policy (no policy #) 24-7-access-to-services-and-documentation-2014-06-effective-5-27-14 throughout the policy
- Contact Log 01-09-2020 to 04-07-2020

While the MHP submitted evidence to demonstrate compliance with this requirement, four (4) of five (5) required DHCS test calls were not logged on the MHP's written log of initial request. The table below summarizes DHCS' findings pertaining to the 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	3/13/2020	1:27 pm	OOC	OOC	OOC
2	3/17/2020	10:30 am	OOC	OOC	OOC
3	3/27/2020	8:42 am	IN	IN	IN
4	3/30/2020	3:49 pm	OOC	OOC	OOC
5	4/7/2020	6:30 am	OOC	OOC	OOC
Compliance Percentage			**20%**	**20%**	**20%**

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

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

Repeat deficiency Yes

COVERAGE AND AUTHORIZATION OF SERVICES

QUESTION E.III.N

FINDING
The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-027, and California Welfare and Institution Code, section 14717, subdivision 1(b). The MHP must have a procedure for expedited transfers within 48-hours of placement of the foster child or youth outside of the county of original jurisdiction.

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

- Presumptive Transfer Placement of Foster Youth in Shasta County

While the MHP submitted evidence to demonstrate compliance with this requirement, no documentation was submitted to show evidence that the MHP has a procedure for expedited transfers within 48-hours of placement of the foster child or youth outside of the county of original jurisdiction.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-027, and California Welfare and Institution Code, section 14717, subdivision 1(b). The MHP must complete a CAP addressing this finding of non-compliance.

QUESTION E.III.O

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Welfare and Institution Code, section 14717, subdivision 1(d)(6). The MHP must ensure a waiver processed based on an exception to presumptive transfer shall be contingent upon the MHP in the county of original jurisdiction demonstrating an existing contract with a SMHS provider, or the ability to enter into a contract within 30 days of the waiver decision, and the ability to deliver timely SMHS directly to the foster child. That information shall be documented in the child's case plan.

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

- Presumptive Transfer Placement of Foster Youth in Shasta County

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that MHP ensures that a waiver will be processed based on an exception to presumptive transfer shall be contingent upon the MHP in the county of original jurisdiction demonstrating an existing contract with a SMHS provider, or the ability to enter into a contract within 30 days of the waiver decision, and the ability to deliver timely SMHS directly to the foster child. That information shall be documented in the child's case plan.

DHCS deems the MHP out of compliance with California Welfare and Institution Code, section 14717, subdivision 1(d)(6). The MHP must complete a CAP addressing this finding of non-compliance.

QUESTION E.V.B

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 405(e). The MHP must ensure, 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).

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

- Request for Second Opinion 2014-08 Final 5-27-14

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that MHP ensures, 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). Specifically, the policy provided by the MHP did not include updated language.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 405(e). The MHP must complete a CAP addressing this finding of non-compliance.

BENEFICIARY RIGHTS AND PROTECTIONS

QUESTION F.I.E3

FINDING
The MHP did not furnish evidence to demonstrate compliance with the Mental Health and Substance Use Disorder Services, Information Notice, No. 18-010E. The written acknowledgment to the beneficiary must be postmarked within five (5) calendar days of receipt of the grievance.

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

- Policy (No Policy) Adverse Benefit Determination, Appeals, and State Hearing
- Sample of Acknowledgement letter
- Grievance Log FY 2017-2018
- Grievance Log FY 2018-2019
- Grievance Log FY 7-1-19 to 8-31-19
- Appeal Log FY 2017-2018
- Appeal Log FY 2018-2019
- Appeal Log FY 7-1-19 to 8-31-19

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

		ACKNOWLEDGMENT	

	# OF SAMPLE REVIEWED	# IN	# OOC	COMPLIANCE PERCENTAGE
GRIEVANCES	**40**	**38**	**2**	**95%**
APPEALS	**N/A**	**N/A**	**N/A**	**%**
EXPEDITED APPEALS	**N/A**	**N/A**	**N/A**	**%**

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

QUESTION F.II.A2

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: 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 (No Policy) Adverse Benefit Determination, Appeals, and State Hearing
- Grievance Log FY 2017-2018
- Grievance Log FY 2018-2019
- Grievance Log FY 7-1-19 to 8-31-19
- Appeal Log FY 2017-2018
- Appeal Log FY 2018-2019
- Appeal Log FY 7-1-19 to 8-31-19

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that MHP maintains a grievance and appeal log and records grievances, appeals, and expedited appeals in the log within one working day of the date of receipt of the grievance, appeal, or expedited appeal. Specifically, one (1) out of the 40 grievances were not logged within one 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.

PROGRAM INTEGRITY

QUESTION G.II.D

FINDING
The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 13, and Federal Code of Regulations, title 42, section 438, subdivision 608(a)(8). The MHP shall implement and maintain arrangements or procedures that include provision for the Contractor's suspension of payments to a network provider for which there is a credible allegation of fraud.

The MHP did not furnish evidence to demonstrate compliance with MHP contract, Ex. A, Att. 13; Fed. Code Regs., tit.42, § 438, subd.608(a)(8). Specifically, no evidence was provided to show that the MHP implements and maintains arrangements or procedures that include provision for the Contractor's suspension of payments to a network provider for which there is a credible allegation of fraud.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 13, and Federal Code of Regulations, title 42, section 438, subdivision 608(a)(8). The MHP must complete a CAP addressing this finding of non-compliance.

QUESTION G.V.A3

FINDING
The MHP did not furnish evidence to demonstrate compliance with Fed. Code Regs., tit.42, §438, subd.608(a)(2),(4) that if the MHP finds a party that is excluded, it must promptly notify DHCS.

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

- AGR.BSS.OIG Compliance Now 1922.FEX
- License Verification

While the MHP submitted evidence to demonstrate compliance with this requirement, no evidence was provided that shows that the MHP promptly notifies or will notify DHCS if the MHP finds a party this is excluded.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 608 and section 455, subdivision 436. The MHP must complete a CAP addressing this finding of non-compliance.

SURVEY ONLY FINDINGS

AUTHORIZATION REQUIREMENTS FOR CONCURRENT REVIEW AND PRIOR AUTHORIZATION

QUESTION E.III.B4

FINDING

The MHP did not furnish evidence to demonstrate compliance with MHSUDS IN., No 19-026. The MHP must comply with communication requirements to 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.

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

- Authorization of Outpatient Services P&P D2
- NEW VOC UM 92 Information for UM Decision Making
- NEW VOC CUR 135 Clinical Coverage and Access to Utilization Management Staff
- NEW VOC CSNT 122 Evaluation of Utilization Management

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP meets this requirement as the requirement is not included in the MHP's policy and procedure and it was not evident that the MHP makes the criteria or guidelines available through electronic communication means by posting the UM or utilization review policies online.

SUGGESTED ACTION

DHCS recommends, at a minimum, the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements, or to strengthen current processes in this area to ensure compliance in future reviews:

- Update policy and procedures to reflect requirement

QUESTION E.III.F1-2

FINDING

The MHP did not furnish evidence to demonstrate compliance with MHSUDS., IN., No 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.

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:

- Auth of Outpatient Services P&P D2
- Authorization of Out-of-Network Mental Health Services FEX (2)
- Hospital Concurrent Authorization Process 6-2019
- PHF Concurrent Authorization Process Rev 6-2019

While the MHP submitted evidence to demonstrate compliance with this requirement, it was not evident in the evidence provided that the MHP must utilize referral and/or concurrent review and authorization for all Crisis Residential Treatment Services (CRTS) and Adult Residential Treatment Services (ARTS) and the MHPs may not require prior authorization 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. It was also not evident in the materials provided that 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.

SUGGESTED ACTION

DHCS recommends, at a minimum, the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements, or to strengthen current processes in this area to ensure compliance in future reviews:

- Update policies and procedures to LIST RECOMMENDATIONS