



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2020/2021

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE SOLANO COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: December 7, 2021 to December 9, 2021

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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 virtual onsite review of the Solano County MHP's Medi-Cal SMHS programs on December 7, 2021 to December 9, 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

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- 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 Solano 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.

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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:

- Contract - Boilerplate Template FY 20-21
- Contract - Boilerplate Template FY 21-22
- Example - Monthly Timeliness CAP
- Log_Data - Report333 ServiceTimeliness_ContractorAdult 20200101-20210101
- Log_Data - Report333 ServiceTimeliness_ContractorYouth 20200101-20210101
- Policy - AAA205 Access to Emergency Services 4-16-20
- Policy - AAA220 Access to Services 11-3-17
- Policy - AAA220 Access to Services 11-30-20
- Policy - AAA221 Network Adequacy and Data Reporting Requirements 3-25-19
- Policy - CLI428 Target Population and Array of Services. 4-16-20
- Template - NOABD_Timely_Access_Notice - Routine
- Template - NOABD_Timely_Access_Notice – Urgent
- Solano Requested NOABDs
- Solano Service Request Log - 50 Urgent & 50 Psychiatry.10.18.21
- NOABD – Beneficiaries 1-6
- 1.1.3 Log for Authorized Services Explanation
- NOABD for psychiatry
- NOABD_Timely Access Notice for Urgent SMHS Requiring Authorization
- QI Outpatient Authorization Log -Template with Urgent and Routine Type Option

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP implemented Department standards for timely access to care, taking into account the urgency of need for services. Per the discussion during the

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review, the MHP stated that all requests were tracked and monitored for urgency and timeliness standards. The evidence submitted was deficient in demonstrating that all requests for psychiatry appointments met required timeliness standards.

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

Question 1.2.7

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

- CFT - Subclass & Pathways Eligibility Criteria
- Policy - AAA226 Pathways to Wellbeing for ICC IHBS and TFC 06-22-21
- Policy - AAA226 Pathways to Wellbeing for ICC IHBS and TFC 08-31-20
- TFC - Eligibility Criteria
- TFC - RFQ 952-0701-22 TFC Services 7-1-21
- TFC - RFQ 2019-BH01 TFC Services 3-29-19
- TFC - Solano MHP Summary of Efforts to Implement TFC
- Training - Documentation Manual Pathways Services Section
- Training - Solano TFC ISFC Comparison

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides TFC services to all children and youth who meet medical necessity criteria for TFC. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it is in the process of establishing TFC services with a contract provider, however the contract has not been finalized.

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.

Repeat deficiency Yes

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Question 1.2.8

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

- CFT - Subclass & Pathways Eligibility Criteria
- Policy - AAA226 Pathways to Wellbeing for ICC IHBS and TFC services 06-22-21
- Policy - AAA226 Pathways to Wellbeing for ICC IHBS and TFC services 08-31-20
- TFC - Eligibility Criteria
- TFC - Solano MHP Summary of Efforts to Implement TFC
- Training - Documentation Manual Pathways Services Section
- Training - Solano TFC ISFC Comparison
- Additional Info Regarding TFC
- TFC Screening Tool - Youth TFC Referral DRAFT 12-14-20

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP assesses children and youth to determine if they meet medical necessity criteria for TFC. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP has developed a draft TFC assessment tool but it does not routinely screen children and youth for the need for TFC services.

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.

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

Question 3.5.2

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 guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries.

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

- Notification - Regional ACT Implementation kickoff flyer 1-29+30-2019
- Notification - System Notice of Solano MHP Practice Guidelines
- Policy - QI623 Mental Health QAPI Program 8-31-20
- Practice Guidelines Online Training Materials
Provider Contract Boilerplate
- Solano ACT Resource Guide 2019
- Solano BH Practice Guidelines 2020
- Notification - System Notice of Solano MHP Practice Guidelines - Highlighted

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted that the MHP disseminates the practice guidelines, upon request, to beneficiaries and potential beneficiaries. Per the discussion during the review, the MHP stated it has a process in place to disseminate guidelines to beneficiaries and would provide additional evidence of this process. The evidence provided was deficient in meeting the 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.

ACCESS AND INFORMATION REQUIREMENTS

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.

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TEST CALL #1

Test call was placed on Thursday, October 28, 2021, at 3:30 p.m. The call was answered after three (3) rings via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. After selecting the option for English, a recorded message provided instructions to dial 9-1-1 in an emergency. The recording also provided instructions for the caller to hang up and dial the number for Solano County Crisis if experiencing a crisis. The caller was then provided the option to hold to speak to a member of the Access Team. Upon transfer to a live operator, he/she requested information about accessing mental health services in the county concerning his/her child's mental health and disruptive behavior in school. The operator asked if the child was in danger or showing signs of self-harm or hurting others. The caller responded in the negative. The operator asked for the child's personally identifying information, which the caller provided. The operator provided the caller with detailed information about the screening, intake, and assessment processes. The operator explained medical necessity eligibility, levels of care, and the different types of services that may be offered or available depending on the determined level of need. The operator provided the hours of operation and discussed the types of information the caller would need to provide.

The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met.

FINDING

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

TEST CALL #2

Test call was placed on Wednesday, December 9, 2020, at 6:14 p.m. The call was answered after three (3) rings via a recorded message that provided instructions to dial 9-1-1 in an emergency. The caller was then transferred to a live operator. The caller requested information about accessing mental health services in the county for his/her feelings of depression, including an inability to get out of bed and lack of sleep. The operator asked how long he/she had been experiencing the reported symptoms, and the caller responded approximately two weeks. The operator assessed the caller for urgent and crisis care needs by asking if the caller was feeling safe, for which the caller answered in the affirmative. The operator asked if the caller was hurt, for which the caller responded in the negative. The operator offered to fax a referral to the county and stated that it could take 48 to 72 hours to receive a response. The operator asked for personally identifying information, which the caller provided. The operator asked for a callback number, which the caller declined. The operator stated that in order to send a referral, he/she needed a call back number. The caller explained that he/she did not have one and ended the call.

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The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

FINDING

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

TEST CALL #3

Test call was placed on Friday, October 23, 2020, at 2:35 p.m. The call was answered after one (1) ring by a phone tree directing the caller to select a language option, which included the MHP's threshold language. After selecting the option for English, a recorded message provided instructions to dial 9-1-1 in an emergency. The recording also provided instructions for the caller to hang up and dial the number for Solano County Crisis if experiencing a crisis. The call was then answered by a live operator after two (2) rings. The caller requested information about how to access mental health services for himself/herself due to depression, sleeplessness, and anxiety. The operator assessed the caller's current condition by asking if he/she was at risk of harming himself/herself or others. The caller replied in the negative. The operator explained the screening, assessment, and intake process. The operator also provided information about clinic hours, walk-in services, and reminded the caller of the crisis services available via the 24/7 access line.

The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

FINDING

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

TEST CALL #4

Test call was placed on Friday, December 11, 2020, at 7:39 a.m. The call was answered after one (1) ring via a recorded message stating the call would be answered momentarily. After two (2) additional rings, a second recorded message provided instructions to dial 9-1-1 in an emergency. The recordings repeated in the MHP's threshold language. After one (1) additional ring, the line was answered by a live operator. The caller requested information about accessing mental health services in the county. The operator asked the caller what language he/she preferred and to provide his/her name. The caller responded English and provided his/her name. The operator asked if the caller was feeling suicidal or was experiencing a psychiatric emergency, for which caller responded in the negative. The operator advised the caller that he/she could make a referral for the caller or to call back during business hours to speak to someone at the clinic. No additional information about SMHS was provided to the caller.

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The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria were met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

FINDING

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

TEST CALL #5

Test call was placed on Monday, November 2, 2020, at 1:43 p.m. The call was answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. After selecting the option for English, a recorded message provided instructions to dial 9-1-1 in an emergency. Upon transfer to a live operator, the caller requested information about accessing mental health services in the county as he/she was in need of an anxiety medication refill. The operator assessed the caller for an urgent condition by asking if the caller felt suicidal or had thoughts of hurting others. The caller responded in the negative. The operator advised the caller of the screening process that is conducted via telephone. The operator asked the caller if he/she had Medi-Cal or was in the process of transitioning coverage to the county, for which the caller responded in the affirmative. The operator offered to conduct a screening to assess the caller's level of care, for which the caller declined. The operator verified that the caller had enough medication to last until a new prescription could be ordered. The caller replied in the affirmative. The operator advised the caller that the 24/7 Access line was available in the event of a crisis. The caller advised the operator that they would call back for a screening.

The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

FINDING

The call is deemed *in 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, December 17, 2020, at 3:35 p.m. The call was answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. The caller was instructed to call 9-1-1 if experiencing an emergency. The caller was offered multiple prompts that included crisis, new SMHS, current services, and other services offered. Upon transfer to a live operator, the caller requested information for how to file a grievance. The operator provided the information to the caller including clinic address, hours of operation, and that front desk staff could provide assistance with completing grievance forms.

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The caller was provided information about how to use the beneficiary problem 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).

TEST CALL #7

Test call was placed on Friday, March 19, 2021, at 07:33 a.m. The call was answered after three (3) rings via a phone tree directing the caller to select a language option, which included the MHP’s threshold languages. The caller was instructed to call 9-1-1 if experiencing an emergency. The message repeated in Spanish and then the call was disconnected. The caller called back and was disconnected again after the Spanish recorded message.

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

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	N/A	IN	IN	IN	N/A	N/A	100%
2	IN	OOC	IN	OOC	IN	N/A	N/A	60%
3	IN	IN	IN	IN	IN	N/A	N/A	100%
4	N/A	N/A	N/A	N/A	N/A	IN	OOC	50%

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

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

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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:

- Access Call Log Report 333q 3.19.2021
- Access Call Log Report 333q 10.23.2020
- Access Call Log Report 333q 11.2.2020
- Access Call Log Report 333q 12.10.2020
- Access Call Log Report 333q 12.11.2020
- Access Call Log Report 333q 12.17.2020
- Access Call Log Report 333q 12.17.2020
- Access Test Call Logging explanation
- Triennial test calls

While the MHP submitted evidence to demonstrate compliance with this requirement, two of five required DHCS test calls were not logged on the MHP’s written log of initial request. The table below summarizes DHCS’ findings pertaining to its test calls:

Test Call #	Date of Call	Time of Call	Log Results		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
1	10/28/2021	3:30 p.m.	IN	IN	IN
2	12/10/2020	6:14 p.m.	OOC	OOC	OCC
3	10/23/2020	2:35 p.m.	IN	IN	IN
4	12/11/2020	7:39 a.m.	OOC	OOC	OOC
5	11/2/2020	1:43 p.m.	OOC	OOC	OCC
Compliance Percentage			40%	40%	40%

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

DHCS deems the MHP *in partial compliance* with California Code of Regulations, title 9 section 1810, subdivision 405(f).

COVERAGE AND AUTHORIZATION OF SERVICES

Question 5.3.5

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

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require its providers to meet, the DHCS standards for timely access to care and services for children and youth presumptively transferred to the MHP's responsibility.

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

- Network Adequacy Internal Compliance Data
- Copy Data - PT Timeliness Tracking 1-1-20 to 1-1-21
- Data - PT Timeliness Tracking 1-1-20 to 1-1-21
- Policy - AAA220 Access to Services 11-30-20
- Policy - AAA225 Presumptive Transfer Policy 11-30-20
- Policy - AAA227 Timely Access Tracking and Monitoring 03-22-21
- PT Timeliness - DHCS Edits

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP meets DHCS standards for timely access to care and services for children/youth presumptively transferred to the MHP's responsibility. Of the 63 beneficiaries presumptively transferred to the MHP during the review period, nine (9) did not meet timeliness standards. Per the discussion during the review, the MHP stated that the high volume of presumptive transfers, coordination with specialized providers, and staffing shortages can cause delays in service.

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

Repeat deficiency Yes

Question 5.4.1

FINDING

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

1. The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of covered benefit.
2. The reduction, suspension or termination of a previously authorized service.
3. The denial, in whole or in part, of a payment for service.
4. The failure to provide services in a timely manner.
5. The failure to act within timeframes provided in 42 C.F.R. § 438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.
6. The denial of a beneficiary's request to dispute financial liability, including cost sharing and other beneficiary financial liabilities.

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

- Explanation - Letter No Instances of Failure to Act 9 29 21
- Log - NOABD 2020
- Policy - AAA201 Notices of Adverse Benefits Determination Requirements 9-14-20
- Sample - Denial Notice 2020
- Sample - Modification Notice 2020
- Sample - NOABD Delivery System Notice 2020
- Sample - NOABD_Payment_Denial_Notice 2020
- Sample - Timely Access Notice 2020
- Sample -Termination Notice - Not Meeting Med Nec 2020
- NOABD for psychiatry
- Solano Requested NOABDs
- Solano Service Request Log - 50 Urgent & 50 Psychiatry.10.18.21
- NOABD – Beneficiaries 1-6

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides NOABDs to beneficiaries for failure to provide services in a timely manner. Per the discussion during the review, the MHP stated it would provide evidence of NOABDs for failure to provide psychiatry appointments and urgent care appointments for services that do not require prior authorization within the required timeframes. This additional evidence was not provided.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 400.

BENEFICIARY RIGHTS AND PROTECTIONS

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, 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:

- Log - Triennial Grievance and Appeal Problem Resolution Log
- Policy - ADM141 Beneficiary Problem Resolution - Grievances 9-14-20
- Policy - ADM142 Beneficiary Problem Resolution - Appeals and Expedited Appeals 9-23-20

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- Sample - Access item 1-3
- Sample - Appeal item 1-6
- Sample - Med Concern item 1-3
- Sample - Staff Behaviors item 1-14
- Sample - Tx issue item 1-9

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the 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 29 grievances reviewed, one (1) was not logged within one (1) business day. Of the six (6) appeals reviewed, two (2) were not logged within one (1) business day. Per the discussion during the review, the MHP stated the untimely logging may be due to issues with the electronic tracking system or administrative error.

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, and subdivision 205.

Repeat deficiency Yes

Question 6.4.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(a); 408(b)(2). The MHP must resolve each appeal and provide notice, as expeditiously as the beneficiary's health condition requires, within 30 calendar days from the day the MHP receives the appeal.

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

- Informing Materials - Beneficiary Problem Resolution Process Poster English
- Log - Triennial Grievance and Appeal Problem Resolution Log
- No Expedited Appeals Letter 9-29-21
- Policy - ADM 142. Beneficiary Problem Resolution Appeals and Expedited Appeals
- Sample - Appeal item 1-6

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP resolves each appeal and provides notice, as expeditiously as the beneficiary's health condition requires, within 30 calendar days from the day the MHP receives the appeal. Of the six (6) appeals reviewed, one (1) was not resolved within 30 days. Per the discussion during the review, the MHP stated the out of compliance appeal may have been a result of adhering to an expired policy and the MHP has since updated its internal policies and procedures to the required timeline.

**Solano County Mental Health Plan
FY 2020/2021 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(a); 408(b)(2).