CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2019/2020

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE SONOMA COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: January 26, 2021 to January 28, 2021

Sonoma County Mental Health Plan
FY 2019/2020 Medi-Cal SMHS Triennial Review
Systems Review Findings Report

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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 Sonoma County MHP's Medi-Cal SMHS programs on January 26, 2021, to January 28, 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) 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

This report details the findings from the Medi-Cal SMHS Triennial System Review of the Sonoma County MHP. The report is organized according to the findings from each section of the FY 2019/2020 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 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 submitted the following documentation as evidence of compliance with this requirement:

- Policy & Procedure MHP 07 Continuum of Care Intensive Services for Children and Youth
- ICC Coordinators
- ICC IHBS Services FY 19-20
- FY 19-20 Service Summary
- Sonoma Implementation Plan Update 2017 Final
- Sonoma Implementation Plan Update 2020 Final

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a current contract to provide TFC services, nor does it have evidence of an RFP to enlist eligible providers. During the facilitated discussion, the MHP indicated it would follow up with the DHCS County Liaison to inquire about local TFC contractors for single case agreements. The MHP also discussed its plans to release an RFP for TFC providers by the end of the 20/21 Fiscal Year. The MHP did not submit any further evidence of the RFP or its ability to provide single case agreements.

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.

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

ACCESS AND INFORMATION REQUIREMENTS

Question D.VI.B

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
The test call was placed on Monday, October 21, 2019, at 4:08 p.m. The call was answered after one (1) ring via 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 greeting provided instructions to dial 9-1-1 in an emergency. The recording also provided instructions for the caller to hang up and dial a different number in the event of a psychiatric emergency. The caller was also provided the option to hold to speak to a member of the Access Team. Once the caller was transferred to a live operator, he/she requested information about accessing mental health services in the county concerning their child's mental health and his/her disruptive behavior in school. The operator asked for the child's personally identifying information, which the caller provided. The operator provided the caller with the location and hours for a walk-in clinic and 24/7 crisis services in addition to the 24/7 access telephone line. 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 <u>in compliance</u> 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
The test call was placed on Monday, October 21, 2019, at 7:29 a.m. The call was answered after one (1) ring via phone tree, which provided the caller with the option to dial 9-1-1 in an emergency. The recorded message informed the caller to stay on the line to speak to a counselor for non-emergency calls. The caller quickly reached a live operator who identified herself as Rebecca. The caller asked for assistance with what he/she described as overwhelming sadness and despair that was not going away on its own. The operator asked the caller questions including assessing the need for urgent and crisis care. The operator asked for personally identifying information. The operator offered to leave a message on behalf of the caller so that he/she would receive a return

call for an assessment during regular business hours. The operator provided information on the 24/7 access line and reassured the caller that he/she could call and receive talk therapy and support at any time. 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
The test call was placed on Wednesday, October 2, 2019, at 1:43 p.m. The call was answered after five (5) rings via phone tree. The phone tree instructed the caller to select his/her preferred language from English or Spanish, which is the county's threshold language. The recorded message also notified the caller that in a psychiatric emergency, he/she would hang up and dial 707-576-8181. After selecting the option for English, the caller was transferred to a live operator named Jackie. The caller asked the operator for information about mental health services in the county and explained he/she had been providing care for an elderly parent and had been feeling overwhelmed, isolated, and hopeless. The operator explained that the caller had reached the county's 24/7 Access Team, where a licensed clinician was available to talk, provide crisis needs assessments, screenings, and make referrals for a clinician to call back during regular business hours. The operator stated that after the screening and assessments were complete, the caller would be able to obtain personalized information on service needs and clinic locations. The operator provided the caller with the Crisis Stabilization Unit telephone number and location for future reference. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was also 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
The test call was placed on Friday, October 18, 2019, at 1:31 p.m. The call was answered via phone tree directing the caller to select a language option, which included the MHP's threshold languages. The caller then heard a recorded greeting, instructions to call 9-1-1 in an emergency. After reaching the operator, the caller requested information about obtaining a refill for anxiety medication although he/she had not yet established a care provider in the county. The operator asked the caller if he/she were in crisis or danger. The caller responded in the negative. The operator informed the caller that he/she could provide their name and telephone number and someone would call them back. No additional information about SMHS was provided to the caller. 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 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 #5
The test call was placed on Wednesday, August 28, 2019, at 7:18 am. The call was answered immediately via phone tree, which instructed the caller to hang up and dial 9-1-1 in an emergency. The caller was given other options after selecting language preference and was transferred to speak to an operator. Upon transfer, the phone rang 16 times without an answer. After the sixteenth ring, the caller disconnected. 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 #6
The test call was placed on Tuesday, October 15, 2019, at 4:18 pm. The call was answered via phone tree that directed the caller to select a language option, which included the MHP's threshold languages. After selecting the option for English, the caller heard a recorded greeting and instructions to call 9-1-1 in an emergency. The caller was placed on hold for a little over one minute while the call was transferred to a live operator. The caller requested information on how to file a complaint about a therapist he/she was seeing through the county. The operator instructed the caller to hang up, dial a different telephone number, and ask for the patient's right advocate. No additional information was provided. The caller was not provided information about how to use the beneficiary problem resolution and fair hearing processes.

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

TEST CALL #7
The test call was placed on Thursday, October 17, 2019, at 7:22 a.m. The call was answered after one (1) ring via phone tree. The phone tree directed the caller to select a language option, which included the MHP's threshold languages. A recorded greeting provided instructions to call 9-1-1 in an emergency before the caller was placed on hold to wait for a live operator. The caller waited on hold for approximately one minute before reaching a live operator. The caller requested information on how to file a complaint

about a county referred therapist. The operator asked the caller for his/her personally identifying information, including name and phone number. The caller declined to provide this information and again requested information on how to file a complaint. The operator asked for information about the provider, but the caller declined to provide the information over the phone. The operator then placed the caller on hold. The call was disconnected approximately 30 seconds after being placed on hold. The caller was not provided information about how to use the beneficiary problem resolution and fair hearing processes.

FINDING

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

SUMMARY OF TEST CALL FINDINGS

Required Elements	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
1	IN	IN	IN	IN	--	--	--	100%
2	IN	OOC	IN	OOC	OOC	NA	NA	40%
3	NA	IN	IN	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 compliance.

Repeat deficiency Yes

Question D.VI.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:

- Optum Contract 07.01.20-06.30.21

- Call Log 8-28-19 through 10-21-19
- Afterhours Calls October 2019
- FY 19-20 Initial Request Log

While the MHP submitted evidence to demonstrate compliance with this requirement, four of five required DHCS test calls were not logged on the MHP's written log of initial request. 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	10/21/2019	4:08 p.m.	Out	Out	Out
2	10/21/2019	7:29 a.m.	In	In	In
3	10/02/2019	1:43 p.m.	Out	Out	Out
4	10/18/2019	1:31 p.m.	Out	Out	Out
5	8/28/2019	7:18 a.m.	Out	Out	Out
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 Select One with California Code of Regulations, title 9, section 1810, subdivision 405(f).

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

Repeat deficiency Yes

COVERAGE AND AUTHORIZATION OF SERVICES

Question E.I.A

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(b)(2)(i-ii). The MHP must have mechanisms in effect to ensure consistent application of review criteria for authorization decisions, and shall consult with the requesting provider when appropriate.

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

- Policy & Procedure MHP-03 Authorization Standards
- Presumptive Transfer and SAR Procedure
- 50 SCBH Service Authorization Request Samples
- 100 SCBH Treatment Authorization Request Samples
- SAR Reviewers with License Verification and Signature Samples

While the MHP submitted evidence to demonstrate compliance with this requirement, the MHP did not provide the authorized signature for one (1) Service Authorization Request (SAR) out of a sample of 50. During the facilitated discussion, the MHP described their authorization process and indicated they would follow up with more information on this SAR within the five (5) allotted days following the review. The MHP confirmed the SAR was missing the authorizing signature upon its review of the documentation, but stated that COVID-19 impacts had prevented its ability to locate the clinical documentation and file hard copies needed to demonstrate clinical necessity and validate delivery of services. Additionally, the MHP no longer employs the licensed mental health professional who authorized the SARs during the triennial review period.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(b)(2)(i-ii).

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

Question E.IV.A1-6

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.(Fed. Code Regs., tit.42, § 438, subd.400(b)(1)).
2) The reduction, suspension or termination of a previously authorized service. (Fed. Code Regs., tit. 42, § 438, subd.400(b)(2)).
3) The denial, in whole or in part, of a payment for service. (Fed. Code Regs., tit. 42, § 438, subd.400(b)(3)) .
4) The failure to provide services in a timely manner. (Fed. Code Regs., tit. 42, § 438, subd.400(b)(4)).

5) The failure to act within timeframes provided in Federal Code of Regulations, title 42, section 438, subdivision 408(b)(1) and (2) regarding the standard resolution of grievances and appeals. (Fed. Code Regs., tit. 42, § 438, subd.400(b)(5)).
6) The denial of a beneficiary's request to dispute financial liability, including cost sharing and other beneficiary financial liabilities. (Fed. Code Regs., tit. 42, § 438. subd.400(b)(7)).

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

- Policy & Procedure MHP-03 Authorization Standards for Specialty Mental Health Services
- 100 Treatment authorization requests
- FY 19-20 Initial Request Log (400 initial requests for services)
- Network Adequacy Remediation Tool
- FY 18-19 NOABDs
- FY 19-20 NOABDs
- Sonoma CAP Tool DHCS 21220
- Sonoma CAP Tool DHCS 2021

While the MHP submitted evidence to demonstrate with this requirement, it is not evident that the MHP issued all relevant and required Notices of Adverse Benefit Determination to beneficiaries in all applicable circumstances. These include the denial of services, modifications and reductions made to service requests, and untimely access to services at times of initial requests for services and during the treatment authorization process. Documentation of these specific requirements, as shown below, were not included in any evidence provided by the MHP. During the facilitated discussion, the MHP indicated they would research their records, which includes scanned and original, hard copy formats, in an attempt to resolve the outstanding questions and gaps in documentation. The MHP explained they are in the process of updating their EHR and tracking system to streamline the procedures and bring them into one system to improve efficiency and data capabilities.

The MHP did not provide documentation necessary to support that it had issued NOABDs to 19 beneficiaries when medical necessity criteria had not been met during assessments for initial requests for services; nor did the MHP issue NOABDs to 9 beneficiaries when the MHP failed to provide services in a timely manner upon initial requests for services (one (1) urgent and eight (8) non-urgent). Additionally, the MHP did not provide documentation necessary to support that it had issued NOABDs to (five) 5 beneficiaries when it was found that medical necessity criteria had not been met during the TAR review process; nor did the MHP issue NOABDs to 22 beneficiaries when the MHP denied in whole or in part, payment for service; nor did it provide evidence that it had issued two (2) NOABDs when it failed to provide services in a timely manner.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 400(b)(1), (3), and (4). The MHP must comply with CAP requirement addressing this finding of non-compliance.

Repeat deficiency Yes