CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2019/2020

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE STANISLAUS COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: JANUARY 28, 2020, to JANUARY 30, 2020

Stanislaus County Mental Health Plan
FY 2019/2020 Medi-Cal SMHS Triennial Review
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EXECUTIVE SUMMARY

The California Department of Health Care Services' (DHCS) mission is to provide Californians with access to affordable, integrated, high-quality health care including medical, dental, mental health, substance use treatment services, and long-term care. Our vision is to preserve and improve the overall health and well-being of all Californians.

DHCS helps provide Californians access to quality health care services that are delivered effectively and efficiently. As the single state Medicaid agency, DHCS administers California's Medicaid program (Medi-Cal). DHCS is responsible for administering the Medi-Cal Specialty Mental Health Services (SMHS) Waiver Program. SMHS are "carved-out" of the broader Medi-Cal program. The SMHS program operates under the authority of a waiver approved by the Centers for Medicare and Medicaid Services (CMS) under Section 1915(b) of the Social Security Act.

Medi-Cal is a federal/state partnership providing comprehensive health care to individuals and families who meet defined eligibility requirements. Medi-Cal coordinates and directs the delivery of important services to approximately 13.2 million Californians.

The SMHS program which provides SMHS to Medi-Cal beneficiaries through county Mental Health Plans (MHPs). The MHPs are required to provide or arrange for the provision of SMHS to beneficiaries' in their counties that meet SMHS medical necessity criteria, consistent with the beneficiaries' mental health treatment needs and goals as documented in the beneficiaries client plan.

In accordance with the California Code of Regulations, title 9, chapter 11, § 1810.380, DHCS conducts monitoring and oversight activities such as the Medi-Cal SMHS Triennial System and Chart Reviews to determine if the county MHPs are in compliance with state and federal laws and regulations and/or the contract between DHCS and the MHP.

DHCS conducted an onsite review of the Stanislaus County MHP's Medi-Cal SMHS programs on January 28, 2020, to January 30, 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 Stanislaus County MHP. The report is organized according to the findings from each section of the FY 2019/2020 Protocol and the Attestation deemed out of compliance (OOC), or in partial compliance, with regulations and/or the terms of the contract between the MHP and DHCS.

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

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

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

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

Review Findings Overview

- During DHCS review, the Stanislaus County MHP demonstrated numerous strengths, including but not limited to the following examples:
    - Improved overall compliance;
    - Improved and comprehensive QAPI work plan;

  - Improved time from initial request for service to the first offered appointment;
  - The MPH's responsiveness to issues affecting the community;
  - Outreach to the hard to reach communities;
  - Adaptability to changing service needs; and,
  - Application of complex laws and regulations.

- DHCS identified opportunities for improvement in various areas, including:
  - Provision of Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) to all children and youth;
  - Quality and clarity of services provided by the 24/7 Access Line;
  - Monitoring timely access and service request log tracking; and,
  - Monitoring information notices and applying changes to policies, procedures, and practice in a timely manner

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

FINDINGS

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

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

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulation, title 42, section 438, subdivision 207(b)(1). The MHP must offer an appropriate range of SMHS that is adequate for the number of beneficiaries in the county.

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

- Policies & Procedures 50.2.101 Specialty Mental Health Services
- Behavioral Health and Recovery Services Implementation Plan 2019-2020
- NACT MHP Stanislaus 2019 version 100119
- NACT Adult Outpatient 092019 Stanislaus County Adult Outpatient Beneficiaries and Mental Health Providers
- NACT Adult Psych 092019 Stanislaus County Adult Psych Beneficiaries and Mental Health Providers
- NACT All Beneficiaries 092019 Stanislaus County All Beneficiaries Receiving Services
- NACT Service Area 092019 Stanislaus County Entire Service Area
- NACT Youth Outpatient 092019 Stanislaus County Youth Outpatient Beneficiaries and Mental Health Providers
- NACT Youth Psych 092019 Stanislaus County Youth Psych Beneficiaries and Mental Health Providers
- Hospital Liaison Overview 2019
- Hospitalization Data 2019
- SSRS 728 - Client Retention by Ethnicity FY18-19
- SSRS 728 - Client Retention by Ethnicity FY19-20
- SSRS 944 10.1.18-09.30.19
- SSRS 1627 10.1.18-9.30.19

DHCS reviewed the following internal report:

- DHCS Network Adequacy Internal Compliance Data

DHCS deems the MHP out of compliance with Federal Code of Regulation, Title 42, Section 438, subdivision 207(b)(1). The MHP must comply with CAP requirement per the Network Adequacy Findings Report addressing this finding of non-compliance.

REQUIREMENT
The MHP must provide Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) to all children and youth who meet medical necessity criteria for those services. Membership in the Katie A. subclass is not a prerequisite to receiving ICC and IHBS. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care ITFC) Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018)

FINDING

The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must provide Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) to all children and youth who meet medical necessity criteria for those services. Membership in the Katie A. subclass is not a prerequisite to receiving ICC and IHBS.

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

- 90.3.105 Katie A 12-30-19 Draft
- Clients Eligible ICC or IHBS 10.01.2018-9.30.2019
- ICC 10.1.18-9.30.19
- IHBS 10.1.18-9.30.19
- Katie A Eligible Clients
- Draft Intensive Care Coordination P&P
- Draft Intensive Home Based Services (IHBS) P&P
- July 1 2018-June 30 2019 CW MH Log
- Katie A Screening Tool (003)
- Referral Screening Tool 111319

Although the MHP implemented policies and began screening for ICC and IHBS for all children regardless of subclass membership in the latter part of 2019 with plans to continue in FY 19-20, the MHP did not assess all children during FY17-18 and FY 18-19 as required.

DHCS deems the MHP out of compliance with Medi-Cal Manual for not providing ICC, IHBS, and TFC Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must complete a CAP addressing this finding of non-compliance.

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

FINDING

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

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

- 90.3.105 Katie A 12-30-19 Draft
- Draft Intensive Care Coordination P&P
- Draft Intensive Home Based Services (IHBS) P&P
- Referral Screening Tool 111319
- ASPIRANET CCR CFT FY18.20-BOS
- Blank Referral Tracking (CFT)
- Central Star-Pathways to Well-being (Katie A.) FY18.20-FE
- Referral Screening Tool ICC & IHBS

The MHP did not provide lists of ICC and IHBS eligible youth and children with related services during FY 17/18, FY 18/19, and FY 19/20. Policies to provide ICC and IHBS services to all eligible children and youth are developed for FY 19/20. However, the MHP did not submit evidence of actual practice being implemented.

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

REQUIREMENT
The MHP shall 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 1810.435. (MHP Contract, Ex. A, Att. 8)

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:

- Policies & Procedures 50.6.101 Site Certification Medi-Cal Specialty Mental Health Services

- Recertification Schedule
- CHS Oakdale 50BS Onsite Evidence
- CHS Oakdale 50BS Sample Cert Docs
- SED SBS 5067 Onsite Evidence
- SED SBS 5067 Sample Cert Docs
- SVCFS 5075 Onsite Evidence
- SVCFS 5075 Sample Cert Docs
- DHCS Master Program Certification-ReCert list 2019-2020
- Medi-Cal Certification Protocol

In addition, DHCS reviewed the following internal reports:

- DHCS Overdue Provider Report, Stanislaus County January 2020
- DHCS Overdue Provider Report Update, Stanislaus County, March 2020

The DHCS Overdue Provider Report and the report submitted by the MHP identified that one (1) of the MHP contracted/organizational providers was overdue for recertification.

DHCS deems the MHP out of compliance with the California Code of Regulations, title 9, section 1810.435 and the MHP Contract, Ex. A, Att. 8. The MHP must complete a CAP addressing this finding of non-compliance.

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

REQUIREMENT
The MHP shall conduct performance-monitoring activities throughout the MHP's operations. These activities shall include, but not be limited to, beneficiary and system outcomes, utilization management, utilization review, provider appeals, credentialing and monitoring, and resolution of beneficiary grievances. (MHP contract, Ex. A, Att. 5; Fed. Code Regs., tit. 42, § 438, subd.330(a)(e)(2).)

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, and Federal Code of Regulations, title 42, section 438, subdivision 330(a)(e)(2). The MHP must conduct performance-monitoring activities throughout the MHP's operation. These activities shall include, but not be limited to, beneficiary and system outcomes, utilization management, utilization review, provider appeals, credentialing and monitoring, and resolution of beneficiary grievances.

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

- QAPI Plan FY19-20 FINAL
- QI work plan FY18-19 with Evaluation & FY19-20 Update

DHCS has determined that the MHP's QAPI work plan does not include performance-monitoring activities throughout the MHP's operations for provider credentialing and monitoring activities.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, and Federal Code of Regulations, title 42, section 438, subdivision 330(a)(e)(2). The MHP must complete a CAP addressing this finding of non-compliance.

ACCESS AND INFORMATION REQUIREMENTS

REQUIREMENT
Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number: (Cal. Code Regs., tit. 9, chap. 11, § 1810, subd.405(d) and 410(e)(1).)
The MHP provides a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county.
The toll-free telephone number provides information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met.
The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.
The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

FINDING

The DHCS' review team made seven (7) calls to test the MHP's statewide 24/7 toll-free number. The seven (7) test calls must demonstrate compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1). Each MHP must provide a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county, that will provide information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met and services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearing processes. The seven (7) test calls are summarized below.

TEST CALL #1

Test call #1 was placed on Friday, September 27, 2019, at 1:24 a.m. The call was answered after two (2) rings via a live operator. Immediately upon answering, the operator assessed the DHCS test caller's current condition by asking if the caller was in crisis. The caller replied in the negative. The caller requested information about accessing mental health services in the county. The operator provided the caller with hours of operation and advised caller to call during business hours for assessment and referral to a location near the caller's residence. The operator provided the caller with

the phone number to the warm line for counseling and advised caller that they could call the 24/7 access line anytime for crisis. The caller was provided information about how to access SMHS and was provided information about services needed to treat a beneficiary's urgent condition.

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

TEST CALL #2
Test call #2 was placed on Thursday, October 10, 2019, at 9:03 a.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, the call was immediately answered by a live operator. The caller requested information about accessing mental health services for a child in the county. The operator asked the caller to provide his/her name, the child's name, date of birth, and age. The operator asked the caller to provide the child's Medi-Cal and Social Security number. When the information was not provided, the operator informed caller that services could not be provided without the information. The operator asked the caller to call back with the information. 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, nor was the caller 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 #3
Test call #3 was placed on Friday, October 25, 2019, at 12:39 p.m. The call was answered after one (1) ring via a phone tree directing the caller to press 1 for English and press 2 for Spanish. The caller pressed 1 for English. The phone tree then provided an option to either press 1 for information about mental health services or press 2 to receive information on substance use disorder services. The caller pressed 1 and was then placed on hold for six (6) minutes. After six minutes of holding without being able to speak to a live person, the caller disconnected the call. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, nor was the caller 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 #4

Test call #4 was placed on Tuesday, October 28, 2019, at 3:49 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 and Mental Health Services, the call was transferred to a live operator. The caller requested information about accessing mental health services in the county. The operator explained the assessment process to determine if criteria is met. The operator referred the caller to call the Managed Care Plan listed on the Medi-Cal card, which is either Health Net or Health Plan of San Joaquin, or to call back with their SSN so the operator could provide further assistance. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, but the caller was not provided information about services needed to treat a beneficiary's urgent condition.

FINDING

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

TEST CALL #5

Test call #5 was placed on Wednesday, October 30, 2019, at 7:19 a.m. The call was answered immediately via a live operator. The operator asked the caller if the call was an emergency and the caller replied in the negative. The caller requested information about how to file a complaint. The operator provided the Patient's Rights Office telephone number. The caller was not provided information about how to use the beneficiary problem resolution and fair hearing processes.

FINDING

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

TEST CALL #6

Test call #6 was placed on Monday, November 4, 2019, at 7:28 a.m. The call was answered after three (3) rings via an answering machine, stating the call would be answered in the order received, and that the call would be recorded. The operator who answered asked the caller if he or she was experiencing an emergency. The caller answered in the negative. The caller sought assistance with getting a refill on anxiety medication as a new resident. The operator asked for the caller's personal identifying information so someone could call the caller back to set up appointments, but the caller declined. The operator provided the caller with a warm line number. The caller was not provided information on how to access SMHS services or information about services needed to treat a beneficiary's urgent condition.

FINDING

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

TEST CALL #7

Test call #7 was placed on Tuesday, November 5, 2019, at 9:23 a.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, the DHCS test caller heard a recorded greeting and instructions to call 911 in an emergency. The caller selected the option for an operator. The caller asked the operator for information on how to file a grievance. The operator asked the caller to provide his name, which he stated was John. The operator informed the caller that there were several ways to obtain the information on filing a grievance. The operator provided the following options; 1) Go into the county building located at 800 Seismic Drive and obtain the forms in the lobby; 2) have the forms mailed to his home address; or, 3) leave a message with the Patient's Rights Advocate who would "walk you through the process". 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).

SUMMARY OF TEST CALL FINDINGS

Required Elements	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
D.VI.B.1	N/A	IN	IN	IN	N/A	N/A	N/A	100%
D.VI.B.2	IN	OOC	OOC	IN	N/A	OOC	N/A	40%
D.VI.B.3	IN	OOC	OOC	OOC	N/A	N/A	N/A	25%
D.VI.B.4	N/A	N/A	N/A	N/A	OOC	N/A	IN	50%

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

This is a repeated deficiency identified in the previous triennial review.

REQUIREMENT
The MHP must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing. (Cal. Code Regs., tit. 9, chap. 11, §1810, subd.405(f)). The written log(s) contain the following required elements:
Name of the beneficiary.
Date of the request.
Initial disposition of the request.

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code of 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 the 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:

- Policies & Procedures 50.1.100 Access To Services For Medi-Cal Beneficiaries
- Logs for DHCS Test Calls
- PESC Contract
- Test Call Sheet Revised 2 2019
- Access Line Training revised 3 2019

Although the MHP submitted evidence to demonstrate compliance with this requirement, three (3) of five (5) required DHCS test calls were not logged in the MHP's written log of initial requests. The table below summarizes DHCS' findings pertaining to its test calls:

Date of Call	Time of Call	Log Results		
		Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
9/27/2019	1:24 a.m.	OOC	OOC	OOC
10/10/2019	9:03 a.m.	IN	IN	IN
10/25/2019	12:39 p.m.	OOC	OOC	OOC
10/28/2019	3:49 p.m.	IN	IN	IN
11/4/2019	7:28 a.m.	OOC	OOC	OOC
Compliance Percentage		**40%**	**40%**	**40%**

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

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

COVERAGE AND AUTHORIZATION OF SERVICES

REQUIREMENT
In situations when a foster child or youth is in imminent danger to themselves or others or experiencing an emergency psychiatric condition, MHPs must provide SMHS immediately, and without prior authorization. (MHSUDS IN No., 18-027)

FINDING

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services., Information Notice, No. 18-027. The MHP must provide SMHS immediately, and without prior authorization, in situations when a foster child or youth is in imminent danger to themselves or others or experiencing an emergency psychiatric condition.

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

- Policy & Procedure Presumptive Transfer (AB 1299) - Access To Mental Health Services 90.1.107

The MHP's Presumptive Transfer policy and procedure does not clearly state, "In situations when a foster child or youth is in imminent danger to themselves or others or experiencing an emergency psychiatric condition, MHPs must provide SMHS immediately, and without prior authorization," thus does not demonstrate compliance with this requirement.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services., Information Notice, No. 18-027. The MHP must complete a CAP addressing this finding of non-compliance.

BENEFICIARY RIGHTS AND PROTECTIONS

REQUIREMENT
Posting notices explaining grievance, appeal, and expedited appeal process procedures in locations at all Contractor provider sites. Notices shall be sufficient to ensure that the information is readily available to both beneficiaries and provider staff. The posted notice shall also explain the availability of fair hearings after the exhaustion of an appeal or expedited appeal process, including information that a fair hearing may be requested whether or not the beneficiary has received a notice of adverse benefit determination. For the purposes of this Section, a Contractor provider site means any office or facility owned or operated by the Contractor or a provider contracting with the Contractor at which beneficiaries may obtain specialty mental health services. (MHP Contract, Ex. A, Att. 12; Cal. Code Regs., tit. 9, §§ 1850.205(c)(1)(B) and 1850.210.)

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 12, California Code of Regulations, title 9, section 1850, subdivisions 205 and 210, and Federal Code of Regulations, title 42, section 438, subdivision 406(a) and 228(a). The MHP must ensure that each beneficiary has adequate information about the MHP's problem resolution processes by taking at least above listed actions.

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

- Complaint Grievance Appeal Poster
- Complaint Grievance Appeal
- Complaint Grievance Appeal Poster Spanish
- Policy & Procedure 80.5.100 Problem Resolution Process
- MHP Beneficiary Handbook
- Free Language Assistance Poster

DHCS reviewed the MHP's submitted evidence, which included a photograph of the MHP's Complaint and Grievance/Appeal poster and determined that it was missing the required information regarding the availability of fair hearings after the exhaustion of an appeal or expedited appeal process. The poster did not notify beneficiaries that a fair hearing may be requested whether or not the beneficiary has received a notice of adverse benefit determination.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 12, California Code of Regulations, title 9, section 1850, subdivisions 205 and 210, and Federal Code of Regulations, title 42, section 438, subdivision 406(a) and 228(a). The MHP must complete a CAP addressing this finding of non-compliance.

REQUIREMENT
The MHP shall acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing. (MHP contract, Ex. A, Att. 12; Fed. Code. Regs., tit. 42, § 438, subd.406(b)(1).)
The written acknowledgement to the beneficiary must be postmarked within five (5) calendar days of receipt of the grievance. (MHSUDS., IN., 18-010E)

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 12, Federal Code of Regulations, title 42, section 438, subdivision 406(b)(1), and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-010E. The MHP must acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing meeting above listed standards by sending an acknowledgement letter to the beneficiary within five (5) calendar days of receipt of the grievance, appeal, or request for expedited appeal.

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

- MHP Beneficiary Handbook
- Policy & Procedure 0.5.100 Problem Resolution Process
- Acknowledgement Grievance template
- Grievances FY 17-18 Medication Concern

- Grievances FY 17-18 Other Quality of Care Issues
- Grievances FY 17-18 Patients' Rights
- Grievances FY 17-18 Staff Behavior Concerns
- Grievances FY 17-18 Treatment Issues or Concerns
- Grievances FY 18-19 Confidentiality Concern
- Grievances FY 18-19 Staff Behavior Concerns
- Grievances FY 18-19 Treatment Issues or Concerns
- Appeals & Expedited Appeals FY 17-18
- Appeals & Expedited Appeals FY 18-19

DHCS reviewed the MHP's submitted sample of fifty-seven (57) acknowledgement letters and found that four (4) acknowledgement letters were mailed to beneficiaries beyond the five (5)-calendar day timeline.

DHCS deems the MHP out of 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 out of compliance finding.

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

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 416 and California Code of Regulations, title 9, section 1850, subdivision 205. The MHP must adhere to the record keeping, monitoring, and review requirements as listed above.

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

- MHP Beneficiary Handbook
- Policy & Procedure 0.5.100 Problem Resolution Process
- Acknowledgement Grievance template
- Grievances FY 17-18
- Grievances FY 18-19
- Appeals & Expedited Appeals FY 17-18
- Appeals & Expedited Appeals FY 18-19

Upon review of the MHP's grievance log and the sample of fifty-seven (57) grievances, DHCS found twelve (12) grievances that were not logged within one (1) 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 INEGRITY

REQUIREMENT
The MHP has a process, at the time of hiring/ contracting, to confirm the identity and exclusion status of all providers (employees, network providers, subcontractors, person's with ownership or control interest, managing employee/agent of the MHP). This includes checking the: a) Social Security Administration's Death Master File. b) National Plan and Provider Enumeration System (NPPES) c) Office of the Inspector General List of Excluded Providers and Entities(LEIE) d) System of Award Management (SAM) e) Department's Medi-Cal Suspended and Ineligible List (S&I List). (MHP Contract, Ex. A, Att. 13; 42 C.F.R. §§ 438, subd.602(b)(d) and §455, subd.436)
The MHP has a process to confirm monthly that no providers is on the: a) OIG List of Excluded Individuals/Entities (LEIE). b) System of Award Management (SAM) Excluded Parties List System (EPLS). c) DHCS Medi-Cal List of Suspended or Ineligible Providers (S&I List). (Fed. Code Regs., tit. 42, § 438, subd.608(d) and §455, subd.436)
If the MHP finds a party that is excluded, it must promptly notify DHCS. (Fed. Code Regs., tit.42, §438, subd.608(a)(2),(4).

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 608 and section 455, subdivision 436. The MHP must comply with the database check processes for above listed circumstances. In addition, if the MHP finds an excluded party, the MHP must promptly notify DHCS.

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

- Provider Agreement Between Stanislaus County BHRS and ASPIRANET OPTBS
- Exclusions Tracking Logs
- Policies & Procedures 60.2.129 Monitoring and Verification

During the onsite review, the MHP reported that the MHP's process failed in verifying and confirming the exclusionary status and identity at hire of all providers, employees, network providers, and subcontractors.

Additionally, DHCS found that the MHP failed to ensure the completion of monthly exclusionary database status checks of employees and contracted providers.

The MHP did not notify DHCS upon learning of the employment of an excluded party as required by Title 42 of the Federal Code of Regulations §438.608(a)(2),(4).

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.