CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2019/2020

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE CONTRA COSTA COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: 10/06/2020 to 10/08/2020

Contra Costa 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 Contra Costa County MHP's Medi-Cal SMHS programs on 10/06/2020 to 10/08/2020. 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 Contra Costa County MHP. The report is organized according to the findings from each section of the FY 2019/2020 Protocol and the Attestation deemed out of compliance (OOC), or in partial compliance, with regulations and/or the terms of the contract between the MHP and DHCS.

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

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

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

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

Review Findings Overview

- During the DHCS review, the Contra Costa County MHP demonstrated numerous strengths, including but not limited to the following example:
    - Well established Quality Assurance and Performance Improvement Program
- DHCS identified opportunities for improvement in various areas, including:

- Issuing of NOABDs related to timeliness of care

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

FINDINGS

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

QUESTION A.VII.A2D

FINDING
The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 1, and California Code of Regulations, title 9, section 1810, subdivision 310. The MHP must comply with the provisions of the MHP's Implementation Plan as approved by the Department.

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

- Contra Costa Mental Health Implementation Plan March 2019
- Updated Implementation Plan

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP had a process for providing clinical consultation and training to beneficiaries' primary care physicians and other physical health care providers in place prior to the updated Implementation Plan submitted after the triennial review.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 1, and California Code of Regulations, title 9, section 1810, subdivision 310. The MHP must complete a CAP addressing this finding of non-compliance.

CARE COORDINATION AND CONTINUITY OF CARE

QUESTION B.I.A2

FINDING
The MHP did not furnish evidence to demonstrate compliance with the MHP Contract, exhibit A, attachment 10, and Federal Code of Regulations, title 42, section 438, subdivision 208(b)(1). The MHP must ensure the beneficiary is provided information on how to contact their designated person or entity.

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

- Policy 571
- Updated Policy 571

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the policy that the MHP ensures a beneficiary is provided information on how to contact their designated person who is responsible for coordinating services.

Furthermore, the updated policy was not in place prior to the triennial review. In addition, no evidence was provided to demonstrate the practice that beneficiaries are made aware of how to contact the designated person.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 10, and Federal Code of Regulations, title 42, section 438, subdivision 208(b)(1). The MHP must complete a CAP addressing this finding of non-compliance.

ACCESS AND INFORMATION REQUIREMENTS

QUESTION D.IV.D15

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(h)(1)(v), California Code of Regulations, title 9, chapter 11, section 1810, subdivision 410, and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-020. The MHP provider directory must contain all the elements.

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

- Provider Directory
- Contra Costa post review explanation submission
- Fee for service provider cultural competency training excel log

While the MHP submitted evidence to demonstrate compliance with this requirement, the provider directory did not contain information to indicate that cultural competence training was completed by fee for service providers, which is a required element of the provider directory.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(h)(1)(v), California Code of Regulations, title 9, chapter 11, section 1810, subdivision 410, and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-020. The MHP must complete a CAP addressing this finding of non-compliance.

QUESTION D.VI.B1-4

FINDING

The DHCS review team conducted seven (7) test calls of the MHP's statewide 24/7 toll-free number. The 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 test calls are summarized below.

TEST CALL #1

Test call was placed on Monday, December 16, 2019, at 2:01 pm. The call was answered via a phone tree directing the caller to select a language option and type of services. The call was placed on hold for over five (5) minutes before being answered by a live operator. The caller requested information about accessing mental health services in the county. The operator asked if the caller was experiencing a crisis and the caller replied in the negative. The operator asked the caller to provide his/her name, contact information, and personal information. The caller provided his/her name but declined to provide the other requested information. The operator proceeded to transfer the call to a clinician. The call was placed on hold for another two (2) minutes. The caller ended the call. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, but 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 #2

Test call was placed on Friday, December 20, 2019, at 9:15 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. The call was then answered by a live operator. The caller explained that he/she was new to county and running out of medication for anxiety. The operator asked for the caller's date of birth and city of residence. The caller provided the requested information. The operator provided the name, address, and hours for a drop-in clinic. The operator explained that they may not be able to refill medication depending on the type of anxiety medication as they do not refill injections. The operator asked if the caller wanted to harm him/herself or others to which the caller responded in the negative. The operator asked if caller was hearing or seeing things and the caller responded in the negative. The operator offered additional phone numbers for crisis assistance. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and 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 CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1).

TEST CALL #3
Test call was placed on Tuesday, January 14, 2020, at 10:00 p.m. The call was immediately answered 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 caller then heard a recorded instructions to call 911 in an emergency. The call was then transferred to a live operator. The caller requested information about accessing mental health services in the county. The operator asked the caller if he/she felt suicidal and the caller responded in negative. The operator asked the caller if he/she has Medi-Cal and the caller responded in the affirmative. The operator provided the caller with information regarding the assessment screening process. The caller was advised to leave a message for a call back or call back during business hours for a screening. The operator also provided the caller with phone numbers for the crisis and the warm line. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and 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 Wednesday, January 22, 2020, at 7:19 am. The call was answered immediately via a phone tree directing the caller to select a language option, which included the MHP's threshold languages and other languages. After selecting the option for English, the caller heard a recorded greeting and instructions to call 911 in a life threatening emergency. The call was then answered by a live operator after four (4) rings. The operator asked for the caller's full name and call back number. The caller provided the operator his/her full name but not a telephone number. The caller requested information about accessing services for his/her child. The operator provided detailed information on how to access services including a telephone screening and clinic address. The operator asked for the caller's child name and if he/she was having any suicidal thoughts or a medical emergency. The caller replied in the negative to both questions. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, 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 #5
Test call was placed on Friday, January 24, 2020, at 7:42 a.m. The call was answered immediately via a phone tree directing the caller to select a language option, which

included the MHP's threshold language. After selecting the option for English, the caller then heard a recorded greeting and instructions to call 911 in an emergency. The call was answered after three (3) rings via a live operator. The operator identified him/herself and asked for the caller's name. The operator asked for a number to call back if the phone was disconnected. The caller declined to give a call back number. The operator asked for a date of birth and the caller declined. The caller explained his/her situation and asked how he/she could get help for mental health services. The operator asked if the caller was having thoughts of suicide and the caller replied in the negative. The operator provided an address to go to if the caller is experiencing a psychiatric emergency. The operator explained that the caller had reached the after-hours line and an appointment could be schedule if the caller called back at 8 a.m. The operator explained that the caller can receive walk in services at the Miller Wellness Center. The operator provided the address and hours of operation to the caller. The operator also offered to have someone call back the caller if the caller provided a phone number but the caller declined. The operator explained to the caller that he/she could walk in for services at noon or call back in 15 minutes when the access line staff was available to do a screening and schedule an appointment. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and 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 Friday, January 24, 2020, at 8:31 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, recording and instructions to call 911 in an emergency. The caller was then placed on hold while the call was transferred to a live operator. The caller requested information about how to file a grievance within the county. The operator asked the caller to provide his/her name, contact information, and Medi-Cal number. The operator asked for the caller's personal information, however the caller declined to provide the information. After several attempts from the operator to obtain the caller's personal information, the caller terminated the call. 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
Test call was placed on Friday, January 24, 2020, at 9:59 a.m. The call was answered after two (2) 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. The caller was then placed on hold while the call was transferred to a live operator. The caller requested information on how to file a complaint. The operator stated he/she was new and would transfer the call to a clinician for assistance. The call was then placed on hold before being answered by a clinician. The clinician provided the Quality Improvement Coordinator's phone number, clinic address, and information where forms can be located. 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	
1	IN	IN	IN	IN	IN			100%
2	OOC	IN	IN	IN	IN			80%
3	IN	IN	IN	IN	IN			100%
4						OOC	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.

Repeat deficiency Yes

COVERAGE AND AUTHORIZATION OF SERVICES

QUESTION E.IV.A4

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 (NOABD) under the circumstances listed above.

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

- Service Request Log
- NOABDs

While the MHP submitted evidence to demonstrate compliance with this requirement, 76 of the 400 service requests on the Service Request Log exceeded the timeline and it is not evident that NOABDs were issued when the MHP 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. The MHP must complete a CAP addressing this finding of non-compliance.

Repeat deficiency Yes

OTHER REGULATORY AND CONTRACTUAL REQUIREMENTS

QUESTION H.A

FINDING
The MHP did not furnish evidence to demonstrate compliance with California Welfare and Institution Code, section 14705(c) and 14712(e). The MHP must comply with the requirements of California Welfare and Institution Code Sections 14705(c) and 14712(e) regarding timely submission of its annual cost reports.

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

- MHP's email stating cost report submitted
- Internal cost report compliance inquiry

While the MHP submitted evidence to demonstrate compliance with this requirement, the cost report for FY 2018-2019 was not submitted within the required timeline,

DHCS deems the MHP out of compliance with California Welfare and Institution Code, section 14705(c) and 14712(e). The MHP must complete a CAP addressing this finding of non-compliance.

SURVEY ONLY FINDINGS

AUTHORIZATION REQUIREMENTS FOR CONCURRENT REVIEW AND PRIOR AUTHORIZATION

QUESTION E.II.G2

FINDING
The MHP did not furnish evidence to demonstrate compliance with this survey item requirement, specifically the item identified below.

SUGGESTED ACTION

DHCS reviewed samples of authorizations to verify compliance with regulatory requirements. The service authorization sample verification findings are detailed below:

Requirement	# of Services Authorizations in compliance	# of Service Authorizations out of compliance	Compliance Percentage
Regular Authorization: The MHP makes a decision regarding a provider's request for prior authorization not to exceed five (5) business days from the MHP's receipt of the information reasonably necessary and requested by the MHP to make the determination.	44	6	88%

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

- Develop a process to ensure that prior authorizations do not exceed five (5) business days from the MHP's receipt of the information