



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2019/2020

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE MARIN COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: Tuesday, November 3, 2020, through Thursday, November 5, 2020

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

TABLE OF CONTENTS

EXECUTIVE SUMMARY..... 2

FINDINGS 4

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES..... 4

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT..... 5

ACCESS AND INFORMATION REQUIREMENTS..... 6

BENEFICIARY RIGHTS AND PROTECTIONS..... 10

SURVEY ONLY FINDINGS..... 12

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

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 Marin County MHP's Medi-Cal SMHS programs on 11/3/2020 to 11/05/2020. 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

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

- 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 Marin 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.

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

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

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 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 BHRS-44

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP is providing TFC services to all children and youth who meet medical necessity criteria for TFC. Furthermore, the MHP stated during the review that they do not have any TFC providers in the county.

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

QUESTION A.III.G

FINDING

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

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

- Policy & Procedure BHRS-44

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP is determining if children and youth who meet medical necessity criteria need TFC. During the facilitated discussion, the MHP revealed that they do not currently assess children and youth for the need for TFC services.

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

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

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

QUESTION C.I.C

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 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.

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

- BHRS QAPI Work Plan FY 18-19
- BHRS QAPI Work Plan FY 19-20

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP's QAPI Work Plan includes performance monitoring activities for credentialing and monitoring, and resolution of beneficiary grievances. This requirement was not included in the QAPI work plan provided by the MHP. Per the facilitated discussion, the MHP stated that this is not part of the current work plan.

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.

QUESTION C.I.D

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(b)(3). The MHP must have mechanisms to detect both underutilization and overutilization of services.

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

- MH High Cost Beneficiaries v1
- MH High Cost Beneficiaries v2
- High Cost Analysis Chart Document

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

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a mechanism to detect underutilization of services. This requirement was not included in any evidence provided by the MHP. Per the facilitated discussion, the MHP identified that they will develop a mechanism to detect underutilization of services.

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(b)(3). The MHP must complete a CAP addressing this finding of non-compliance.

ACCESS AND INFORMATION REQUIREMENTS

QUESTION D.VI.B1-4

FINDING

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

TEST CALL #1

Test call was placed on Monday, March 9, 2020, at 4:03 p.m. The call was answered after seven (7) rings via voicemail advising the caller to leave a message and wait for a return phone call. The message was repeated in Spanish. A phone number was provided for the crisis stabilization unit if it was a psychiatric emergency. 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 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, March 13, 2020, at 7:37 a.m. The call was answered immediately via a bilingual phone tree. After the caller remained on the line, the call was answered after four (4) rings by a live operator who identified him/herself. The operator asked for the caller's name and other identifying questions. The operator asked if the

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

caller had Medi-Cal and the caller replied in the affirmative. The caller asked for information on accessing mental health services. The operator stated that the caller had reached the after-hours line and he/she could put in a request for someone to call him/her back during business hours, which would take about one to two business days. The operator told the caller he/she had the option of calling back during business hours. The operator explained the process of what to expect when he/she received a return call. The operator inquired about the need for urgent care. 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 #3

Test call was placed on Tuesday, March 17, 2020, at 10: 24 a.m. The call was answered after six (6) rings via answering machine directing the caller to leave a message and someone from the county would call back. The message was repeated in Spanish. A crisis line number was provided if needed. 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 #4

Test call was placed on Friday, March 13, 2020, at 1:19 p.m. The call was answered after eight (8) rings via answering machine directing the caller to leave a message. The message stated the MHP was with another client, and to press #1 for more options. The message was repeated in Spanish. 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 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

Test call was placed on Monday, March 16, 2020, at 7:19 am. The call was answered immediately via recording, which instructed the caller to hang up and dial 911 in an

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

emergency. After the recording, the call rang five (5) times and was answered via live operator. The caller requested information about accessing mental health services in the county. The operator asked the caller for his/her name and telephone number. The caller provided their name but not a telephone number. The operator stated that the caller should call back after 8:00 a.m. to talk to an access representative who would be able to perform an intake over the phone. The caller thanked the operator and 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 #6

Test call was placed on Monday, March 30, 2020, at 4:31 p.m. The call was answered after two (2) rings via live operator. The operator asked the caller if he/she was experiencing an emergency and when the caller responded in the negative, the caller was placed on hold for three minutes. When the operator returned, the caller requested information about filing a complaint regarding a therapist. The operator provided detailed information about the grievance and appeals process, and offered to mail the caller a grievance form. The caller was provided information about how to use the beneficiary problem resolution and fair hearing processes.

FINDING

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

TEST CALL #7

Test call was placed on Wednesday, April 1, 2020, at 10:34 a.m. The call was answered after two (2) rings via live operator. The caller requested information about filing a complaint regarding a county therapist. The operator asked the caller to provide his/her name and telephone number. The caller provided his/her name, but declined providing a telephone number. The operator explained the grievance process and offered to mail a grievance form to the caller. When the caller declined, the operator provided the online instructions and website information. The caller was provided information about how to use the beneficiary problem resolution 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).

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

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	OOC	OOC	OOC	OOC	OOC			0%
3	IN	IN	IN	OOC	IN			80%
4						IN	IN	100%

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

Repeat deficiency Yes

QUESTION D.VI.C2

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:

- MHP Access Line/Call logs
- Policy & Procedure BHRS-37

While the MHP submitted evidence to demonstrate compliance with this requirement, three 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:

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

Test Call #	Date of Call	Time of Call	Log Results		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
1	3/9/2020	4:03 p.m.	OOC	OOC	OOC
2	3/13/2020	7:37 a.m.	IN	IN	IN
3	3/17/2020	10:24 a.m.	OOC	OOC	OOC
4	3/13/2020	1:19 p.m.	OOC	OOC	OOC
5	3/16/2020	7:19 am	IN	IN	IN
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.

Repeat deficiency Yes

BENEFICIARY RIGHTS AND PROTECTIONS

QUESTION F.I.E3

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.

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

- FY 18-19 Grievance Log
- FY 18-19 Acknowledgement Letters

While the MHP submitted evidence to demonstrate compliance with this requirement, two (2) of the acknowledgment letters exceeded the five-calendar day timeline requirement.

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

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

	# OF SAMPLE REVIEWED	ACKNOWLEDGMENT		COMPLIANCE PERCENTAGE
		# IN	# OOC	
GRIEVANCES	30	28	2	93%
APPEALS	2	2	0	100%
EXPEDITED APPEALS	N/A	N/A	N/A	N/A

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

QUESTION F.II.A

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:

- FY 18-19 Grievance Log
- Grievances log screenshot

While the MHP submitted evidence to demonstrate compliance with this requirement, 11 of the 30 grievances were not logged within one working day of the receipt of the grievance.

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.

QUESTION F.IV.D3-4

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, and subdivision 402, 410, 408, and California Code of Regulations, title 9, section 1850, subdivision 207(h). The MHP must ensure the MHP's expedited appeal process complies:

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

- Ensure that punitive action is not taken against a provider who requests an expedited resolution or supports a beneficiary's expedited appeal.
- Inform beneficiaries of the limited time available to present evidence and testimony, in person and in writing, and make legal and factual arguments for an expedited appeal. The Contractor must inform beneficiaries of this sufficiently in advance resolution timeframe for the expedited appeal.

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

- Policy & Procedure BHRS-19
- Updated Policy & Procedure BHRS-19

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP's policy included the above standards prior to or at the time of the review.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, and subdivision 402, 410, 408, and California Code of Regulations, title 9, section 1850, subdivision 207(h). 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.

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	34	9	79%

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

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.			
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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.