



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2020/2021

**MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW
OF THE TEHAMA COUNTY MENTAL HEALTH PLAN**

SYSTEM FINDINGS REPORT

Review Dates: June 22, 2021 to June 24, 2021

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

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	2
FINDINGS	4
<i>NETWORK ADEQUACY AND AVAILABILITY OF SERVICES.....</i>	<i>4</i>
<i>CARE COORDINATION AND CONTINUITY OF CARE.....</i>	<i>7</i>
<i>QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT.....</i>	<i>9</i>
<i>ACCESS AND INFORMATION REQUIREMENTS.....</i>	<i>13</i>
<i>COVERAGE AND AUTHORIZATION OF SERVICES.....</i>	<i>18</i>
<i>BENEFICIARY RIGHTS AND PROTECTIONS.....</i>	<i>22</i>
<i>PROGRAM INTEGRITY.....</i>	<i>28</i>

**Tehama County Mental Health Plan
FY 2020/2021 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 Tehama County MHP's Medi-Cal SMHS programs on June 22, 2021 to June 24, 2021. The review consisted of an examination of the MHP's program and system operations, including chart documentation, to verify that medically necessary services are provided to Medi-Cal beneficiaries. DHCS utilized Fiscal Year (FY) 2020/2021 Annual Review Protocol for SMHS and Other Funded Programs (Protocol) to conduct the review.

The Medi-Cal SMHS Triennial System Review evaluated the MHP's performance in the following categories:

- Category 1: Network Adequacy and Availability of Services
- Category 2: Care Coordination and Continuity of Care
- Category 3: Quality Assurance and Performance Improvement

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

- Category 4: Access and Information Requirements
- Category 5: Coverage and Authorization of Services
- Category 6: Beneficiary Rights and Protections
- Category 7: Program Integrity

This report details the findings from the Medi-Cal SMHS Triennial System Review of the Tehama County MHP. The report is organized according to the findings from each section of the FY 2020/2021 Protocol deemed out of compliance (OOC), or in partial compliance, with regulations and/or the terms of the contract between the MHP and DHCS.

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

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

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

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

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

FINDINGS

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

Question 1.1.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i). The MHP must meet, and require its providers to meet, Department standards for timely access to care and services, taking into account the urgency of need for services.

Triennial review will focus on timeliness of all urgent appointments and physician appointments.

1. Urgent care appointments for services that do not require prior authorization: within 48 hours of the request for appointment
2. Urgent care appointments for services that require prior authorization: within 96 hours of the request for appointment

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

- Timely Access, Policy # none
- Timeliness Compliance Monitoring Data Report Template/Instructions
- Timeliness Access to First Psychiatry Appt - 2020 Report
- Timeliness Access to First Service - 2020 Report
- Psychiatry Clients & NOABDs

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP met and requires its providers to meet department standards for timely access to care and services, taking into account the urgency of need for services. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that the system doesn't make distinction between urgent and emergent appointments.

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

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

Repeat deficiency: Yes

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

Question 1.1.5

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(ii). The MHP must require subcontracted providers to have hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which the provider offers services to non-Medi-Cal beneficiaries. If the provider only serves Medi-Cal beneficiaries, the MHP shall require that hours of operation are comparable to the hours the provider makes available for Medi-Cal services that are not covered by the MHP, or another MHP.

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

- CCRU Staffing Requirements, Policy 03-06-1085
- Minimum Medical Stability Criteria for Admission or Evaluation on CCRU, Policy 03-06-1115
- 2021 Tehama MHP Beneficiary Handbook
- Provider Hours

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation provided that the MHP requires hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which the provider offers services to non-Medi-Cal beneficiaries. In addition, if the provider only serves Medi-Cal beneficiaries, the MHP shall require that hours of operation are comparable to the hours the provider makes available for Medi-Cal services that are not covered by the MHP, or another MHP access to after-hours care.

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

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

Repeat deficiency: Yes

Question 1.4.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 214(a), (b), (c), (d) and 12(a)(2), and (1), and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-019. The MHP must comply with following:

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

- The MHP shall give practitioners or groups of practitioners who apply to be MHP contract providers and with whom the MHP decides not to contract written notice of the reason for a decision not to contract.

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

- P&P-03-01-1125 Provider Selection, Retention and or Termination
- Post Review MPH not Contracting with Practitioner

While the MHP submitted evidence to demonstrate compliance with this requirement, there was no language contained in the submitted policy to reflect that the MHP provides practitioners or groups of practitioners who apply to be MHP contract providers and with whom the MHP decides not to contract written notice of the reason for a decision not to contract. This requirement was not included in any evidence provided by the MHP.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 214(a), (b), (c), (d) and 12(a)(2), and (1), and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-019.

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

Question 1.4.4

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:

- Site Certification Protocol Cat 1-8 Protocol-10 15 2019
- Site Certification Questionnaire
- Copy of Site Certification Tracking Log from SharePoint
- Site Certification Checklist
- Site Certification Letter

INTERNAL DOCUMENTS REVIEWED.

- DHCS Provider Monitoring Report

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP certifies or uses another MHP's certification documents to

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

certify the organizational providers that subcontracts with the MHP to provide SMHS. Specifically, one (1) of 23 providers was overdue (96% compliance).

DHCS deems the MHP in partial compliance with the MHP contract, exhibit A, attachment 8.

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

Repeat deficiency: Yes

Question 1.4.6

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 8. The MHP and the subcontractor shall take corrective action if the MHP identifies deficiencies or areas of improvement.

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

- CFCC FEB 2020 Disallowance
- CFCC OCT 2019 Disallowance
- Post Review Program Descriptions & Supervisors 2019-01-10 (2)
- Post Review Quality Assurance and Utilization Review Activities

While the MHP submitted evidence to demonstrate compliance with this requirement, there was no documentation submitted by the MHP that indicates that if the MHP identifies deficiencies or areas of improvement that the MHP and the subcontractor take corrective action. Per the discussion during the review, the MHP stated that they don't have a QA Manager and when a review is conducted and deficiencies are determined, the MHP gives the contractor the opportunity to explain how it will be fixed.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 8.

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

CARE COORDINATION AND CONTINUITY OF CARE

Question 2.3.2

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 415(d). The MHP must, when the MHP

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

determines that the beneficiary's diagnosis is not an included diagnosis for SMHS, or is included but would be responsive to physical health care based treatment; the MHP of the beneficiary shall refer the beneficiary in accordance with state regulations.

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

- P&P Procedure, Transitioning Med Support clients to Primary Care Providers
- MHP to MCP Referral forms
- MHP to MCP referral tracking mechanism/log with outcomes

While the MHP submitted evidence to demonstrate compliance with this requirement, the policy and procedure and the form submitted did not contain language to reflect that when the MHP determines that the beneficiary's diagnosis is not an included diagnosis for SMHS, or is included but would be responsive to physical health care based on treatment, the MHP of the beneficiary refers the beneficiary in accordance with state regulations. Per discussion during the review, the MHP stated that they would provide additional evidence to support the requirement however, the MHP did not provide the additional evidence as requested.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 415(d).

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

Question 2.5.8

FINDING

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-059. The MHP must notify the beneficiary, and/or the beneficiary's authorized representative, 30-calendar days before the end of the continuity of care period about the process that will occur to transition his or her care.

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

- P&P 03-01-1062 MH Admin 01, 5/17/21, Continuity of Care

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP notifies the beneficiary and/or the beneficiary's authorized representative 30-calendar days before the end of the continuity of care period about the process that will occur to transition his or her care as this language was not included in the policy and procedure provided by the MHP.

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

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-059.

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

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

Question 3.1.7

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5. The MHP shall inform providers of the beneficiary/family satisfaction activities.

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

- Beneficiary-Family satisfaction survey reports

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP informs their providers of the beneficiary/family satisfaction activities. This requirement was not included in any evidence provided by the MHP. Specifically, the MHP's evidence stated that the MHP had significant losses in staff during the last fiscal year which included the MHP's Business Operations Supervisor position who historically had the responsibility to oversee the distribution and completion of the consumer satisfaction surveys. The MHP does have any information on the report.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5.

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

Question 3.1.8

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5. The MHP must implement mechanisms to monitor the safety and effectiveness of medication practices meeting the below listed requirements:

1. Under the supervision of a person licensed to prescribe or dispense medication.
2. Performed at least annually.
3. Inclusive of medications prescribed to adults and youth.

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

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

- Medication Monitoring Plan
- Medication Monitoring contract initiation
- Pharmaceutical Services in the Community Crisis Response Unit (CCRU) Policy #03-06-1140
- Use of Written Prescriptions
- Medication practice monitoring tools-Procedure, Medication Monitoring Program
- Prescribing practice guidelines-Procedure, Medication Monitoring Process 2019-09-04
- Medication practice monitoring tools-Medication Monitoring List 2019
- Medication practice monitoring tools-2.A.1, 2, 3 & 4 Screen shots of elements captured on log
- Medication practice monitoring results-report Med Monitoring Results 2019 03 March Review by Dawson
- Medication practice monitoring tools Medication Monitoring List 2019

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a mechanism to monitor the safety and effectiveness of medication practices and that the monitoring mechanism is under the supervision of a person licensed to prescribe or dispense medication; performed at least annually; and inclusive of medications prescribed to adults and youth. This requirement was not included in any evidence provided by the MHP. Specifically, the evidence stated that during the last fiscal year the MHP has continued to try and recruit a psychiatrist or a pharmacist that would be able to perform medication monitoring. The MHP is currently in the process of entering into a contract with a psychiatrist that will be providing this service.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5.

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

Question 3.2.6

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5. The MHP must ensure the Quality Assessment and Performance Improvement (QAPI) Work Plan includes evidence of compliance with the requirements for cultural competence and linguistic competence.

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

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

- QAPI Work Plan 3.C QI work plan goals Presentation
- QIC Agendas and Minutes
- CC Plan Cultural Competency Plan Update 2020

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP QAPI work plan included cultural competence and linguistic competence requirements. This requirement was not included in any evidence provided by the MHP.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5.

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

Question 3.4.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, that the MHP must ensure the MHP's Utilization Management Program shall evaluate medical necessity, appropriateness and efficiency of services provided to Medi-Cal beneficiaries prospectively or retrospectively. During the desk review and the post-WebEx evidence request, the Chart Audit Tool was requested because the files provided were password protected. However, DHCS never received a copy of the unprotected files for review.

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

- Chart Audit Tools
- QIC Meeting Minutes
- Re-hospitalization Tracking

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP's Utilization Management Program evaluates medical necessity, appropriateness and efficiency of services provided to the Medi-Cal beneficiaries prospectively or retrospectively. This requirement was not included in any evidence provided by the MHP.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5.

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

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

Question 3.5.2

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, Federal Code of Regulations, title 42, section 438, subdivision 236(b), and California Code of Regulations, title 9, section 1810, subdivision 326. The MHP must disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries.

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

- Documentation Manual
- Practice Guideline Training Materials
- Provider Contract

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident how the MHP disseminates the guidelines to all affected providers and upon request to the beneficiaries and potential beneficiaries. This requirement was not included in any evidence provided by the MHP. While during the review the MHP stated that it is disseminated via provider's preference and is available in lobbies of facilities, there was no documented evidence provided to show how the guidelines are disseminated to all affected providers and upon request to the beneficiaries and potential beneficiaries. For example, for providers, evidence could include sample emails to providers with the guidelines attached, provider meeting minutes indicating the providers in attendance and that the guidelines were discussed and disseminated to the providers during the meeting. For beneficiaries and potential beneficiaries, there could be a posting in the lobby letting the beneficiaries or potential beneficiaries know that the guidelines are available to them upon request and a copy of the posting could be provided as evidence; or this could be covered with beneficiaries / potential beneficiaries during intake and the intake form could have a check box indicating the guidelines were provided or the beneficiary was informed they would be provided upon their request, with a sample of a completed form provided as evidence.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, Federal Code of Regulations, title 42, section 438, subdivision 236(b), and California Code of Regulations, title 9, section 1810, subdivision 326.

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

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

ACCESS AND INFORMATION REQUIREMENTS

Question 4.3.2

FINDING

DHCS' review team made seven (7) calls to test the MHP's statewide 24/7 toll-free number. The seven (7) test calls must demonstrate compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1). The toll-free telephone number provides information to beneficiaries to the below listed requirements:

1. The MHP provides a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county.
2. The toll-free telephone number provides information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met.
3. The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.
4. The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

The seven (7) test calls are summarized below.

TEST CALL #1

The test call was placed on Friday, October 23, 2020, at 2:57 p.m. The call was answered after two (2) rings via live operator. The caller requested information about accessing mental health services in the county because he/she is taking care of an elderly parent and is feeling overwhelmed and isolated. The operator provided detailed information about the intake and assessment processes and explained that specific criteria would need to be met for different types of services. The operator also provided information on support services and other community assistance programs that might be available for the caller. The operator reassured the caller that the access number could also be used for crisis support at any time, 24/7. 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 #2

The test call was placed on Friday, December 11, 2020, at 2:12 p.m. The call was answered after one (1) ring via live operator. The caller requested information about

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

accessing mental health services in the county for his/her son who was having issues adjusting to the loss of his normal routine, not being in his classroom, not interacting with his friends at school, and adapting to distance learning. The operator explained the assessment screening process and provided information on walk-in services and over the phone services. The operator also informed the caller about crisis services. The caller was provided information 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.

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 #3

Test call was placed on Monday, March 15, 2021, at 5:05 p.m. The call was answered after two (2) rings via live operator. The caller requested information about accessing mental health services in the county for his/her son who was having problems at school and being disruptive. The operator provided the caller with information regarding the walk-in process. The operator provided the walk-in hours and clinic location. The caller was provided information on how to access SMHS including SMHS required to assess whether medical necessity criteria are met. 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 #4

Test call was placed on Thursday, May 6, 2021, at 2:20 p.m. The call was answered after two (2) rings via live operator. The caller requested information about accessing mental health services in the county because he/she has been feeling really down for a couple of weeks. The operator assessed the caller's current condition by asking if he/she required immediate services. The caller replied in the negative. The operator shared the assessment screening process including crisis support. The operator advised the caller of various levels of care the caller will be screened to receive. The operator also provided business along with walk in days and hours available. The operator advised the caller that the 24/7 access line is available for a crisis or urgent services. 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).

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

TEST CALL #5

Test call was placed on Wednesday, May 19, 2021, at 7:16 a.m. The call was answered after two (2) rings via live operator. The caller requested information about how to refill his/her anxiety medication as a new resident to Tehama County. The operator asked the caller if he/she was an established client. The caller replied in the negative. The operator asked the caller if he/she had transferred his/her Medi-Cal to Tehama County. The caller replied that it was in process. The operator informed the caller that he/she would need to complete an assessment to see what type of services the caller needs. The operator informed the caller that he/she could walk in to obtain an assessment and provided the hours of operation however did not provide the address. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met but 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 #6

The test call was placed on Monday, November 2, 2020, at 11:34 a.m. The call was answered after one (1) ring via live operator. The caller requested information about filing a complaint in the county. The operator explained the grievance process and offered to take the caller's information. The caller declined stating that they would like to keep the complaint anonymous. The operator advised the caller that the grievance forms are available in the MHP's lobby. The operator verified the caller's residence and provided the caller with clinic address and hours of operation. The caller was provided information about how to use the beneficiary resolution and fair hearing process.

FINDING

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

TEST CALL #7

Test call was placed on Thursday, May 20, 2021, at 07:10 a.m. The call was answered after three (3) rings via live operator. The caller asked how to file a complaint in the county. The operator explained the beneficiary problem resolution and state fair hearing processes and provided the address on where to pick up a complaint form. The caller was provided information about how to use the beneficiary problem resolution and fair hearing process.

FINDING

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

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

SUMMARY OF TEST CALL FINDINGS

Protocol Question	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
4.3.2.1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
4.3.2.2	IN	IN	IN	IN	IN	N/A	N/A	100%
4.3.2.3	IN	IN	OOC	IN	OOC	N/A	N/A	60%
4.3.2.4	N/A	N/A	N/A	N/A	N/A	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 comply with CAP requirement addressing this finding of partial/non-compliance.

Repeat deficiency: Yes

Question 4.3.4

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 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:

- Written log(s) of initial requests/service request log/access line call log
- Call Log

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

While the MHP submitted evidence to demonstrate compliance with this requirement, two (2) of five (5) 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	10/23/2020	2:57 PM	IN	IN	IN
2	11/2/2020	11:34 AM	OOC	OOC	OOC
3	12/11/2020	2:12 PM	OOC	OOC	OOC
4	3/15/2021	5:05 PM	OOC	OOC	OOC
5	5/6/2021	2:20 PM	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 comply with CAP requirement addressing this finding of partial compliance.

Repeat deficiency: Yes

Question 4.4.6

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 410(c)(4). The MHP must have evidence of the implementation of training programs to improve the cultural competence skills of staff and contract providers.

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

- Documentation of tracking mechanisms to ensure all staff receive required annual training including subcontracted providers
- MHP provider contract

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP had implementation of training programs to improve the cultural competence skills of staff and contract providers. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that this would have been tracked by Quality Assurance Management however this has not occurred.

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

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 410(c)(4).

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

Question 4.4.8

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 410(e)(2)(B). The MHP must have evidence of referrals for beneficiaries who prefer to receive services in that threshold language, but who initially access services outside the specified geographic area, to a key point of contact that does have interpreter services in that threshold language.

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

- Sample of referrals made to the provider that have interpreter services in the threshold language

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provided referrals for beneficiaries who preferred to receive services in a threshold language, but who initially accessed services outside the specified geographic area to a key point of contact that did not have interpreter services in that threshold language. This requirement was not included in any evidence provided by the MHP. Specifically, the documented evidence provided by the MHP states “We do not have samples of this.”

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 410(e)(2)(B).

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

COVERAGE AND AUTHORIZATION OF SERVICES

Question 5.1.3

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(c). The MHP must notify the requesting provider, and give the beneficiary written notice of any decision by the Contractor to deny a service

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

authorization request, or to authorize a service in an amount, duration, or scope that is less than requested.

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

- P&P 03-01-1005 MH Admin #01 Authorization of Outpatient Services 7/1/18
- Denied requests for authorization
- P&P 03-01-1009 BH Admin #01, 8/1919
- Problem Resolution, Grievance, and Appeal Process: Medi-Cal Beneficiaries Definitions
- Sample Requests for Authorizations
- Sample of notification to the beneficiaries
- NOABD for TARS

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP notified the requesting provider and gives the beneficiary written notice of any decision by the contractor to deny a service authorization request or to authorize a service in an amount, duration, or scope that was less than requested. Specifically, for nine (9) denied/modified TARs there was no evidence submitted to show that a NOABD was issued. This requirement was not included in any evidence provided by the MHP.

DHCS deems the MHP out of compliance with MHP contract; exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(c).

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

Question 5.1.4

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(e). The MHP must ensure compensation to individuals or entities that conduct utilization management activities must not be structured so as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any beneficiary.

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

- P&P 03-01-1005 MH Admin #01 Authorization of Outpatient Services 7/1/18
- Full PR Manual
- P&P UM Activities
- PR Manual-Code of Conduct

**Tehama County Mental Health Plan
FY 2020/2021 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 compensation to individuals or entities that conduct utilization management activities is not be structured so as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any beneficiary. Per the discussion during the review, the MHP stated that the Personnel Rules Manual discusses about receiving gifts, however the evidence and manual does not specifically document that UM activities are not being structured so as to provide incentives to individuals or entities to deny, limit, or discontinue medical necessary services to any beneficiary.

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(e).

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

Question 5.2.5

FINDING

The MHP did not furnish evidence to demonstrate compliance with MHSUDS IN 19-026. The MHP shall review that the hospital has documented having made at least one contact to a non-acute residential treatment facility per day (except weekends and holidays), starting with the day the beneficiary is placed on administrative day status for the below requirements:

1. Once five contacts have been made and documented, any remaining days within the seven-consecutive-day period from the day the beneficiary is placed on administrative day status can be authorized.
2. A hospital may make more than one contact on any given day within the seven-consecutive-day period; however, the hospital will not receive authorization for the days in which a contact has not been made until and unless all five required contacts are completed and documented.
3. Once the five-contact requirement is met, any remaining days within the seven-day period can be authorized without a contact having been made and documented.

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

- P&P 03-01-1165 MH Admin #01 TR Authorization Requests for Hospital Services 7/1/18

While the MHP submitted evidence to demonstrate compliance with this requirement, this requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP was informed that the current policies and procedures did not meet the standards outlined in MHSUDS 19-026. It is not evident

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

that the MHP has a procedure to review and ensure a hospital has made at least one contact to a non-acute residential treatment facility per day (except weekends and holidays) starting with the day the beneficiary was placed on administrative day status for the below requirements.

1. Once five contacts have been made and documented, any remaining days within the seven-consecutive-day period from the day the beneficiary is placed on administrative day status can be authorized.
2. A hospital may make more than one contact on any given day within the seven-consecutive-day period; however, the hospital will not receive authorization for the days in which a contact has not been made until and unless all five required contacts are completed and documented.
3. Once the five-contact requirement is met, any remaining days within the seven-day period can be authorized without a contact having been made and documented.

DHCS deems the MHP out of compliance with MHSUDS 19-026.

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

Question 5.2.9

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 210(d)(2). The MHP must for cases in which a provider indicates, or the MHP determines, that following the standard timeframe could jeopardize the beneficiary's life or health or ability to attain, maintain, or regain maximum function, the MHP shall make an expedited authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and no later than 72 hours after receipt of the request for service.

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

- Implementation Plan

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the Implementation Plan provided by the MHP that for cases in which a provider indicates or the MHP determines that following the standard timeframe could jeopardize the beneficiary's life or health or ability to attain, maintain, or regain maximum function, the MHP shall make an expedited authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and no later than 72 hours after receipt of the request for service. This requirement was not included in any evidence provided by the MHP.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 210(d)(2).

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

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

Question 5.2.12

FINDING

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that in cases where the review is retrospective, the MHP's authorization decision shall be communicated to the individual who received services or to the individual's designee within 30 days of the receipt of information that is reasonably necessary to make this determination and shall be communicated to the provider in a manner that is consistent with state requirements. Per the discussion during the review, the MHP was informed that the current policies and procedures did not meet the standards outlined in MHSUDS 19-026.

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

- Implementation Plan
- PnP 03-01-1005 authorization of outpatient services DRAFT

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has updated its policies and procedures to comply with MHSUDS 19-026 related to retrospective review. Per the discussion during the review, the MHP was informed that the current policies and procedures did not meet the standards outlined in MHSUDS 19-026.

DHCS deems the MHP out of compliance with MHSUDS 19-026.

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

BENEFICIARY RIGHTS AND PROTECTIONS

Question 6.1.5

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 the below listed requirements:

1. The MHP shall acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing.

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

2. The acknowledgment letter shall include the following:
 - a. Date of receipt
 - b. Name of representative to contact
 - c. Telephone number of contact representative
 - d. Address of Contractor
3. The written acknowledgement to the beneficiary must be postmarked within five (5) calendar days of receipt of the grievance.

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

- P&P Problem Resolution, Grievance Process Medical Beneficiaries 2019-08-19
- P&P Problem Resolution, Grievance Process non-Medical Beneficiaries 2019-08-19
- P&P 03-01-1007 Beneficiary Rights
- Sample Receipt of Grievance
- Grievance & Appeal Tracking - Master Log
- DHCS Grievance and Appeals Tracking Sheet

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP acknowledged receipt of each grievance, appeal, or request for expedited appeal of adverse benefit determinations to the beneficiary in writing and the written acknowledgement to the beneficiary was postmarked within five (5) calendar days of receipt of the grievance.

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

	# OF SAMPLE REVIEWED	ACKNOWLEDGMENT		COMPLIANCE PERCENTAGE
		# IN	# OOC	
GRIEVANCES	36	3	33	8%
APPEALS	3	0	3	0%
EXPEDITED APPEALS	2	0	2	0%

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 comply with CAP requirement addressing this finding of partial compliance.

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

Question 6.2.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 416 and California Code of Regulations, title 9, section 1850, subdivision 205. The MHP must maintain a grievance and appeal log and record grievances, appeals, and expedited appeals in the log within one working day of the date of receipt of the grievance, appeal, or expedited appeal.

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

- P&P Problem Resolution, Grievance Process Medical Beneficiaries 2019-08-19
- Grievance & Appeal Tracking - Master Log
- Sample Grievance
- Sample Problem Resolution
- Sample Receipt of Grievance
- NGR Letter Template
- Letter Template Grievance Receipt
- DHCS Grievance and Appeals Tracking Sheet

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP recorded grievances, appeals, and expedited appeals in the log within one working day of the date of receipt of the grievance, appeal, or expedited appeal. Specifically, the grievance and appeal log did not contain a date the grievance and or appeal was entered to determine if the grievance and appeal were logged within one working day of the receipt of the grievance, appeal, or expedited appeal. This requirement was not included in any evidence provided by the MHP.

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

	LOGGED WITHIN ONE WORKING DAY			COMPLIANCE PERCENTAGE
	# OF SAMPLE REVIEWED	# IN COMPLIANCE	# OOC	
GRIEVANCES	36	0	36	0%
APPEALS	3	0	3	0%
EXPEDITED APPEALS	2	0	2	0%

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

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 416 and California Code of Regulations, title 9, section 1850, subdivision 205.

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

Question 6.2.6

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1850, subdivision 205. The MHP must provide notice, in writing, to any provider identified by the beneficiary or involved in the grievance, appeal, or expedited appeal of the final disposition of the beneficiary's grievance, appeal, or expedited appeal.

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

- P&P Problem Resolution, Grievance Process Medical Beneficiaries 2019-08-19
- Grievance & Appeal Tracking - Master Log
- Sample Grievance
- Sample Problem Resolution
- Sample Receipt of Grievance
- NGR Letter Template
- Letter Template Grievance Receipt
- DHCS Grievance and Appeals Tracking Sheet

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provided notice, in writing, to any provider identified by the beneficiary or involved in the grievance, appeal, or expedited appeal of the final disposition of the beneficiary's grievance, appeal, or expedited appeal. This requirement was not included in any evidence provided by the MHP.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1850, subdivision 205.

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

Question 6.3.2

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(a)-(b)(1). The MHP must resolve

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

each grievance as expeditiously as the beneficiary’s health condition requires not to exceed 90 calendar days from the day the Contractor receives the grievance

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

- P&P Problem Resolution, Grievance Process Medical Beneficiaries 2019-08-19
- Sample Grievance
- Grievance & Appeal Tracking - Master Log
- DHCS Analysis from the MHP Grievance and Appeals Master Log

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP resolved each grievance as expeditiously as the beneficiary’s health condition requires not to exceed 90 calendar days from the day the contractor receives the grievance. Specifically, five (5) of 36 grievances were not resolved within the 90 calendar day timeframe.

In addition, DHCS reviews grievances, appeals, and expedited appeal samples to verify compliance with standards. Results of the sample verifications are detailed below:

	RESOLVED WITHIN TIMEFRAMES			REQUIRED NOTICE OF EXTENSION EVIDENT	COMPLIANCE PERCENTAGE
	# OF SAMPLE REVIEWED	# IN COMPLIANCE	# OOC		
GRIEVANCES	36	31	5		86%

DHCS deems the MHP in partial compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(a)-(b)(1).

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

Question 6.3.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1850, subdivision 206(c). The MHP must provide written notification to the beneficiary or the appropriate representative of the resolution of a grievance and documentation of the notification or efforts to notify the beneficiary, if he or she could not be contacted.

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

- P&P Problem Resolution, Grievance Process Medical Beneficiaries 2019-08-19
- Grievance & Appeal Tracking - Master Log

**Tehama County Mental Health Plan
FY 2020/2021 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 provided written notification to the beneficiary or the appropriate representative of the resolution of a grievance and documentation of the notification or efforts to notify the beneficiary, if he or she could not be contacted. Specifically, three (3) of 36 written notification of a grievance were not provided to the beneficiary.

In addition, DHCS reviews grievances samples to verify compliance with standards. Results of the sample verifications are detailed below:

	# OF SAMPLE REVIEWED	RESOLUTION NOTICE		COMPLIANCE PERCENTAGE
		# IN	# OOC	
GRIEVANCES	36	33	3	92%

DHCS deems the MHP in partial compliance with California Code of Regulations, title 9, section 1850, subdivision 206(c).

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

Question 6.4.3

FINDING

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

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

- P&P Problem Resolution, Grievance Process Medical Beneficiaries 2019-08-19
- Grievance & Appeal Tracking - Master Log

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP resolved each appeal and provided notice, as expeditiously as the beneficiary’s health condition required, within 30 calendar days from the day the MHP received the appeal. Specifically, one (1) of three (3) appeals were not resolved within 30 calendar day from the day the MHP received the appeal.

In addition, DHCS reviews appeal samples to verify compliance with standards. Results of the sample verifications are detailed below;

	RESOLVED WITHIN TIMEFRAMES		
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**Tehama County Mental Health Plan
 FY 2020/2021 Medi-Cal SMHS Triennial Review
 Systems Review Findings Report**

	# OF SAMPLE REVIEWED	# IN COMPLIANCE	# OOC	REQUIRED NOTICE OF EXTENSION EVIDENT	COMPLIANCE PERCENTAGE
APPEAL	3	2	1		67%

DHCS deems the MHP in partial compliance with Federal Code of Regulations, title 42, section 438, subdivision 408.

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

PROGRAM INTEGRITY

Question 7.2.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 13, and Federal Code of Regulations, title 42, section 438, subdivision 608(a)(6). The MHP must implement and maintain written policies for all employees of the MHP, and of any contractor or agent, that provide detailed information about the False Claims Act and other Federal and State Laws, including information about rights of employees to be protected as whistleblowers.

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

- Compliance monitoring and auditing tools
- Compliance Confidentiality and Security Refresher Draft submitted.
- Fraud and Debarment Policy
- Compliance and Program Integrity- Exhibit B 4-2018

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP implemented and maintained written policies for all employees of the MHP, and of any contractor or agent, that provided detailed information about the False Claims Act and other Federal and State Laws, including information about rights of employees to be protected as whistleblowers. This requirement was not included in any evidence provided by the MHP.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 13, and Federal Code of Regulations, title 42, section 438, subdivision 608(a)(6).

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

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

Question 7.4.6

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title.42, section 455, subdivision 101 and 106. The MHP must submit disclosure to DHCS of the identity of any person who is a managing employee of the MHP who has been convicted of a crime related to federal health care programs, and identity of any person who is an agent of the MHP who has been convicted of a crime related to federal health care programs.

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

- Results of disclosure monitoring activities

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP had a system in place to submit disclosures to DHCS of the identity of any person who is a managing employee of the MHP who has been convicted of a crime related to federal health care programs and identity of any person who is an agent of the MHP who has been convicted of a crime related to federal health care programs. This requirement was not included in any evidence provided by the MHP.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title.42, section 455, subdivision 101 and 106.

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

Question 7.5.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 608(a)(2), (4). The MHP promptly notifies DHCS if the MHP finds a party that is excluded.

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

- P&P #8-02-3018, September 25, 2018
- Exclusions Lists Policy

While the MHP submitted evidence to demonstrate compliance with this requirement, the policies submitted did not include language to indicate that the MHP had a system in place to promptly notify DHCS if the MHP found an excluded party or how this would be done. This requirement was not included in any evidence provided by the MHP.

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

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 608.

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