CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2018/2019

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE EL DORADO COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: October 15, 2018 and October 16, 2018

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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 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, section 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 El Dorado County MHP Medi-Cal SMHS program on October 15, 2018 and October 16, 2018. 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 its Fiscal Year (FY) 2018/2019 Annual Review Protocol for SMHS and Other Funded Programs (Protocol) to conduct the review (reference the Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice 18-054).

The Medi-Cal 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 El Dorado County MHP. The report is organized according to the findings from each section of the FY 2018/2019 Protocol. The findings are deemed out-of-compliance (OOC) or in partial compliance, with regulations and/or the terms of the contract between the MHP and DHCS. The findings from the Attestation is not included in this report.

For informational purposes, this findings report also includes additional information that may be useful for the MHP, including a description of calls testing compliance of the MHP's 24/7 toll-free telephone line and a section detailing information gathered for the "SURVEY ONLY" questions in the Protocol.

The MHP will have an opportunity to review the report for accuracy and appeal any of the findings of non-compliance (for both System and Chart Reviews). 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 Plan of Correction (POC) is required for all items determined to be out-of-compliance. The MHP is required to submit a POC to DHCS within 60-days of receipt of the findings report for all System and Chart Review items deemed out-of-compliance. The POC 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 POC determined not to be effective, the MHP should purpose an alternative corrective action plan to DHCS; and
(5) Description of corrective actions required of the MHP's contracted providers to address findings.

Review Findings Summary

Below is a summary of key findings from DHCS' review:

- The MHP has not formalized many of its practices. A majority of the MHP's policies, procedures, logs, reports, and checklists were submitted to DHCS in draft form. DHCS recommends that the MHP establish specific timelines to finalize all draft documents and to monitor timely and proper implementation and maintenance. The MHP should establish policy review procedures and timelines to review policies periodically to ensure the MHP's written policies and procedures, and other documents, match the MHP's current practices.

- The MHP does not meet, and require its network providers to meet, timely access standards.

- The MHP did not submit evidence that it provides Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) to all children and youth who meet medical necessity criteria for those services.

- The MHP lacks mechanisms for ongoing monitoring of the performance and compliance of its subcontractors and network providers with the terms of the MHP contract.

- The MHP did not submit evidence it has a mechanism to coordinate the services between settings of care, including appropriate discharge planning for short term and long-term hospital and institutional stays.

- The MHP did not have consistent record of quality improvement related committees including but not limited to the Quality Improvement Committee and the Utilization Management/Review Committees. It is recommended that the MHP strengthen its oversight and monitoring practices across its delivery system.

- The MHP does not have QAPI work plan evaluation nor did it submit evidence that QI activities, including performance improvement projects, have contributed to meaningful improvement in clinical care and beneficiary service.

- The MHP did not submit evidence it conducts a minimum of two Performance Improvement Projects (PIPs) per year.

- While the policy is in compliance, the MHP did not produce alternative format materials listed in its policies.

- The MHP does not comply with provider directory requirements in Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice No. 18-020.

- The MHP did not submit evidence that its service authorization processes comply with regulatory and contractual requirements.

- The MHP did not submit evidence that its grievance and appeal system complies with federal requirements.

- The MHP did not submit evidence it maintains procedures designed to detect fraud, waste, and abuse, including provisions to verify services reimbursed by Medi-Cal were furnished to the beneficiary.

- The MHP did not submit evidence it complies with federal database check requirements.

- The MHP did not comply with the requirements of timely submission of its annual cost report for FY16-17.

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

FINDINGS

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

REQUIREMENT
The MHP shall meet, and require its providers to meet, DHCS standards for timely access to care and services, taking into account the urgency of need for services (42 CFR § 438.206(c)(1)(i)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR § 438.206(c)(1)(i). The MHP must meet, and require its network providers to meet State standards for timely access to care and services, taking into account the urgency for the need of SMHS.

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

- Behavioral Health Commission 2018/2019 Monthly Report;
- EQRO Timeliness Self-Assessment;
- FY17/18 El Dorado County Quality Improvement Work Plan;
- Request for Services (RFS) Log;
- Prior RFS Log; and,
- Psychiatry Appointments.

While the MHP provided a draft policy and procedure for Access to Services, the MHP did not submit its policies and procedures to address the timely access standards and requirements. However, it is not evident the MHP is requiring its contracted providers to meet the requirements.

The evidence submitted by the MHP indicates the MHP is not meeting the timely access standards. According to the EQRO Timeliness Self-Assessment, the average length of time from the first request to the first clinical assessment, for all services, is 17.82 days. The MHP also reported that the MHP is only meeting this standard for 43% of appointments. In addition, the MHP's prior standard for timeliness of psychiatry appointments was 20 days. DHCS was not able to verify the MHP has adopted the statewide standards for timely access to care pursuant to Welfare and Institutions (Welf. & Inst.) Code, Section 141197(d)(1) and California Code of Regulations, title 28, section 1300.67.2.2(c)(5)(D).

DHCS deems the MHP out-of-compliance with 42 CFR § 438.206(c)(1)(i). The MHP must complete a POC addressing this finding of non-compliance.

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

FINDING

The MHP did not furnish evidence to demonstrate it complies with specific requirements in 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 submitted the following documentation as evidence of compliance with this requirement:

- Child and Adolescent Level of Care Utilization System Tool;
- Child Welfare and Mental Health Screening Tool;
- Mental Health Referral Form;
- List of children services received from July 1, 2017 through June 30, 2018;
- List of all Katie A. Clients from July 1, 2017 through June 30, 2017 (Total 40);
- List of all clients receiving ICC services from July 1, 2017 through June 30, 2018 (Total 15); and,
- List of all clients receiving IHBS services from July 1, 2017 through June 30, 2018 (Total 14).

While, the MHP reported that the county child welfare department is responsible for coordinating ICC and the CFT, the MHP does not have a referral process established for ICC. ICC is intended to link beneficiaries to services provided by other child serving agencies; to facilitate teaming; and to coordinate mental health care. If a beneficiary is involved with two or more child serving agencies, the child should be receiving ICC, and the MHP should utilize ICC to facilitate cross-system communication and planning.

Please also see the chart review findings related to this requirement.

DHCS deems the MHP out-of-compliance with specific requirements in 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 POC addressing this finding of non-compliance.

REQUIREMENT
1) The Child and Family Team (CFT) composition always, as appropriate, includes a representative of the MHP and/or a representative from the mental health treatment team (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018).
2) The MHP convenes a CFT for children and youth who are receiving ICC, IHBS, or TFC, but who are not involved in the child welfare or juvenile probation systems (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018).

FINDING
The MHP did not furnish evidence to demonstrate it complies with specific requirements in 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 submitted the following documentation as evidence of compliance with this requirement:

- CFT template; and,
- Completed CFT example;

While, the MHP provided documentation of its CFT tool, the MHP did not demonstrate that the CFT meetings are occurring, at least every 90-days. Additionally, the MHP did not provide documentation of its communication and coordination efforts with the child serving agencies. Furthermore, the chart review findings indicated that there were no CFT meetings documented in the sample charts reviewed, to demonstrate evidence the MHP is taking responsibility for convening and participating in CFT meetings.

DHCS deems the MHP out-of-compliance with specific requirements in 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 POC addressing this finding of non-compliance.

REQUIREMENT
There is an established ICC Coordinator, as appropriate, who serves as the single point of accountability. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018)

FINDING
The MHP did not furnish evidence to demonstrate it complies with specific requirements in 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 did not submit evidence of compliance for the following:

- It has an established ICC Coordinator (single point of contact);

- The ICC Coordinator and the CFT reassess the strengths and needs of children and youth and their families, at least every 90 days, and as needed;
- Intervention strategies are continually monitored, so that modifications can be made based on results;
- The ICC Coordinator conducts referral, linkages, monitoring and follow-up activities, to ensure that the child's/youth's needs are met. This includes ensuring that services are being furnished in accordance with the child's/youth's plan, and that services are adequate to meet the child's/youth's needs; and,
- The ICC coordinator makes recommendations to the CFT members regarding the necessary changes to the client plan, and works with the CFT and other providers to make these adjustments.

DHCS deems the MHP out-of-compliance with specific requirements in 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 POC addressing this finding of non-compliance.

REQUIREMENT
The MHP shall permit an American Indian beneficiary who is eligible to receive services from an Indian health care provider (IHCP) participating as a network provider, to choose that IHCP as his or her provider, as long as that provider has capacity to provide the services (42 CFR § 438.14(b)(3)).
The MHP shall permit American Indian beneficiaries to obtain covered services from out- of-network IHCPs if the beneficiaries are otherwise eligible to receive such services (42 CFR § 438.14(b)(4)). The MHP shall permit an out-of-network IHCP to refer an Indian beneficiary to a network provider (42 CFR § 438.14(b)(6)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR §§ 438.14(b)(3),(4), and (6). The MHP must permit any American Indian who is enrolled in a MHP that is not an IMCE and eligible to receive services from a Indian Health Care Provider (IHCP) primary care provider participating as a network provider, to choose that IHCP as his or her primary care provider, as long as that provider has capacity to provide the services. In addition, the MHP must permit American Indian beneficiaries to obtain services covered under the contract between the DHCS and the MHP from out-of-network IHCPs from whom the beneficiary is otherwise eligible to receive such services.

The MHP submitted the following as evidence of compliance:

- El Dorado Network Adequacy Certification Tool (NACT)

The MHP's NACT is not sufficient evidence of compliance with all related requirements. No other evidence of compliance was submitted to DHCS.

DHCS deems the MHP out-of-compliance with the 42 CFR Sections 438.14(b)(3),(4), and (6). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP shall certify, or use another MHP's certification documents to certify, the organizational providers that subcontract with the MHP to provide SMHS, in accordance with California Code of Regulations, title 9, section 1810.435 (MHP Contract, Ex. A, Att. 8).

FINDINGS

The MHP did not furnish evidence to demonstrate it complies with the California Code of Regulations, title 9, § 1810.435. MHP is required to demonstrate compliance it has an ongoing and effective monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified in accordance with the California Code of Regulations, title 9 and the MHP Contract.

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

- Letter from DHCS confirming that the county had no overdue providers as of January 11, 2018;
- Letter to a contracted providers confirming the completion of the certification process dated May 2, 2018;
- Medi-Cal Site Certification Log;
- II-G-0-007 Section and Certification of Contracted Providers;
- Provider Credentialing and Re-Credentialing Policy (Draft); and,
- DHCS overdue provider report dated October 8, 2018.

Additionally, DHCS reviewed the MHPs Online Provider System (OPS) and generated an Overdue Provider Report. The findings from the report indicated, the MHP has providers overdue for certification and/or re-certification. The table below summarizes the report findings:

TOTAL ACTIVE PROVIDERS (Per OPS)	NUMBER OF OVERDUE PROVIDERS (At the time of the Review)	COMPLIANCE PERCENTAGE
21	1	95%

DHCS deems the MHP in partial compliance with the California Code of Regulations, title 9, section 1810.435. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
1) The MHP shall monitor the performance of its subcontractors and network providers on an ongoing basis for compliance with the terms of the MHP contract and shall subject the subcontractors' performance to periodic formal review (MHP Contract, Ex. A, Att. 8).
2) If the MHP identifies deficiencies or areas of improvement, the MHP and the subcontractor shall take corrective action (MHP Contract, Ex. A, Att. 8).

FINDING

The MHP did not furnish evidence to demonstrate it complies with the MHP Contract, Exhibit A, Attachment 8, Provider Network.

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

- Policy and Procedure on Contract Monitoring (September 8, 2015), and,
- Sample of the contract termination language.

The MHP provided evidence that it has established policies and procedures to monitor the individual groups and organizational providers to ensure the entities comply with the MHP contract requirements, including the documentation standards are met. However, the MHP did not provide evidence of ongoing monitoring activities (e.g., report, tools, logs, etc.).

DHCS deems the MHP out-of-compliance with the MHP Contract, Exhibit A, Attachment 8, Provider Network. The MHP must complete a POC addressing this finding of non-compliance.

CARE COORDINATION AND CONTINUITY OF CARE

REQUIREMENT
The MHP shall coordinate the services the MHP furnishes to the beneficiary between settings of care, including appropriate discharge planning for short-term and long-term hospital and institutional stays (MHP Contract, Ex. A, Att.10; 42 CFR §§ 438.208(b)(2)(i)-(iv) and Cal. Code Regs., tit. 9 § 1810.415).
The MHP shall coordinate the services the MHP furnishes to the beneficiary with the services the beneficiary receives from any other managed care organization, in FFS Medicaid, from community and social support providers, and other human services agencies used by its beneficiaries. (MHP Contract, Ex. A, Att.10; 42 CFR § 438.208(b)(2)(i)-(iv) and Cal. Code Regs., tit. 9 § 1810.415.)

FINDING
The MHP did not furnish evidence to demonstrate it complies with 42 CFR §§ 438.208. Each MHP must implement procedures to deliver care to and coordinate services for all MHP beneficiaries. The MHP must, at a minimum:

- Provide each beneficiary with a person or entity formally designated as primarily responsible for coordinating services accessed by the beneficiary; and,
- Coordinate care across delivery systems.

The MHP did not submit evidence demonstrating its compliance with these requirement. DHCS deems the MHP out-of-compliance with 42 CFR §§ 438.208 and California Code of Regulations, title 9, section 1810.415. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP shall make clinical consultation and training, including consultation and training on medications, available to a beneficiary's health care provider for beneficiaries whose mental illness is not being treated by the MHP or for beneficiaries who are receiving treatment from another health care provider in addition to receiving SMHS from the MHP (Cal. Code Regs., title 9, § 1810.415(a)).

FINDING
The MHP did not furnish evidence to demonstrate it complies with California Code of Regulations, title 9, section 1810.415(a). The MHP must make clinical consultation and training, including consultation and training on medications, available to a beneficiary's health care provider for beneficiaries whose mental illness is not being treated by the MHP or for beneficiaries who are receiving treatment from another health care provider in addition to receiving SMHS from the MHP.

DHCS deems the MHP out-of-compliance with California Code of Regulations, title 9, section 1810.415(a). The MHP must complete a POC addressing this finding of non-compliance.

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

REQUIREMENT
The MHP shall conduct performance monitoring activities throughout the MHP's operations. These activities shall include, but not be limited to, beneficiary and system outcomes, utilization management, utilization review, provider appeals, credentialing and monitoring, and resolution of beneficiary grievances (MHP Contract, Ex. A, Att. 5; 42 CFR § 438.330(e)(2)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR § 438.330(e)(2). DHCS may require that an MHP described in 42 CFR § 438.310(c)(2) develop a process to evaluate the impact and effectiveness of its own quality assessment and performance improvement program.

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

- Quality Assurance and Performance Improvement (QAPI) Work Plan;
- Utilization Management Chart Monitoring Data;
- Medication Practice Monitoring Data; and,
- QAPI Work Plan Quarter 4 Update.

The MHP did not submit evidence it conducts performance monitoring activities of the following:

- Beneficiary satisfaction surveys;
- Data analysis of the chart review;
- Medication monitoring or utilization management data; or,
- Evidence of the consistent performance monitoring activities throughout the MHP's operations.

DHCS deems the MHP out-of-compliance with 42 CFR § 438.330(e)(2). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP shall have mechanisms to detect both underutilization and overutilization of services (MHP Contract, Ex. A, Att. 5; 42 CFR § 438.330(b)(3)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR § 438.330(b)(3). The MHP's comprehensive quality assessment and performance improvement program must include at least, mechanisms to detect both underutilization and overutilization of services.

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

- QAPI Work Plan;

- EQRO Reports;
- QAPI Work Plan Quarter 4 Update;
- Behavioral Health Commission Monthly Update;
- Quality Improvement, Quality Management, and Utilization Management responsibility list; and,
- MHSA Annual Update.

The MHP submitted various documentation to demonstrate compliance; however, specific documentation lacked specified requirements. The MHP's QAPI Work Plan did not address over and underutilization monitoring. The MHP provided a copy of its utilization report from Avatar, however, the MHP did not submit evidence it takes action as a result of the report, except when there are questionable invoices. While, the Quality Improvement, Quality Management, and Utilization Management responsibility list addresses the utilization management roles and responsibilities, the MHP could not provide evidence of the policy in practice. Furthermore, the MHP did not submit evidence of its utilization management activities (e.g., committee minutes).

DHCS deems the MHP out-of-compliance with 42 CFR Section 438.330(b)(3). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP has mechanisms to assess beneficiary/family satisfaction by surveying beneficiary/family satisfaction at least annually. (MHP Contract, Ex. A, Att. 5).
The MHP shall inform providers of the beneficiary/family satisfaction activities (MHP Contract, Ex. A, Att. 5).

FINDING

The MHP did not furnish evidence to demonstrate it complies with the MHP Contract, Exhibit A, Attachment 5, Quality Assessment and Performance Improvement. The MHP must implement mechanisms to assess beneficiary/family satisfaction. The MHP must assess beneficiary/family satisfaction by surveying beneficiary/family satisfaction with the MHP's services at least annually.

The MHP submitted various documentation to demonstrate compliance; however, the MHP indicated it does not inform providers of the beneficiary/family satisfaction survey results. Additionally, the MHP does not review or analyze the survey results to identify quality improvement opportunities due to a lack of staffing resources (per the MHP's testimony).

DHCS deems the MHP out-of-compliance with MHP Contract, Exhibit. A, Attachment 5, Quality Improvement System. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP has mechanisms to address meaningful clinical issues affecting beneficiaries system-wide (MHP Contract, Ex. A, Att. 5).

FINDING
The MHP did not furnish evidence to demonstrate it complies with the MHP Contract, Exhibit A, Attachment 5, Quality Assessment and Performance Improvement. The MHP must implement mechanisms to address meaningful clinical issues affecting beneficiaries system-wide.

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

- QAPI Work Plan;
- EQRO Report; and
- Clinical Performance Improvement Projects (PIPs).

While, the MHP submitted evidence to demonstrate its compliance with this requirement, the MHP did not provide the Quality Improvement Committee minutes to demonstrate it addresses meaningful clinical issues. Additionally, the EQRO report illustrates that both PIPs (clinical and non-clinical) remain in concept only status. Furthermore, the MHP does not have mechanisms in place to identify and track meaningful clinical issues and develop corrective actions.

DHCS deems the MHP out-of-compliance with MHP Contract, Exhibit. A, Attachment 5, Quality Improvement System. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP has mechanisms to: 1. Monitor appropriate and timely intervention of occurrences that raise quality of care concerns. 2. Take appropriate follow-up action when such an occurrence is identified. 3. Evaluate the results of the intervention at least annually. (MHP Contract, Ex. A, Att. 5)

FINDING
The MHP did not furnish evidence to demonstrate it complies with the MHP Contract, Exhibit A, Attachment 5, Quality Assessment and Performance Improvement. The MHP must implement mechanisms to monitor appropriate and timely intervention of occurrences that raise quality of care concerns. The MHP must take appropriate follow-up action when such an occurrence is identified. The results of the intervention must be evaluated by the MHP at least annually.

The MHP did not submit Quality Improvement Committee minutes and the QAPI Work Plan evaluation to demonstrate it has mechanisms to monitor quality of care occurrences and appropriate follow-up action.

DHCS deems the MHP out-of-compliance with MHP Contract, Exhibit. A, Attachment 5, Quality Improvement System. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP has a QAPI Work Plan covering the current contract cycle with documented annual evaluations and documented revisions as needed (MHP Contract, Ex. A, Att. 5).
The QAPI Work Plan includes evidence that quality improvement activities, including performance improvement projects, have contributed to meaningful improvement in clinical care and beneficiary service (MHP Contract, Ex. A, Att. 5).

FINDING

The MHP did not furnish evidence to demonstrate it complies with the MHP Contract, Exhibit A, Attachment 5, Quality Assessment and Performance Improvement. The MHP must have a Quality Improvement Work Plan covering the current contract cycle with documented annual evaluations and documented revisions as needed.

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

- QAPI Work Plan; and,
- QAPI Work Plan Quarter 4 (Q4) Report.

The MHP did not submit QAPI Work Plan Annual Evaluations. Additionally, the QAPI Work Plan Q4 Report did not fully address the evaluation of all the goals documented in the QAPI Work Plan. Furthermore, the MHP did not submit Quality Improvement Committee minutes.

DHCS deems the MHP out-of-compliance with MHP Contract, Exhibit. A, Attachment 5, Quality Improvement System. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The QAPI work plan includes a description of completed and in-process QAPI activities, including: (MHP Contract, Ex. A, Att. 5) Monitoring efforts for previously identified issues, including tracking issues over time.
Targeted areas of improvement or change in service delivery or program design.

FINDING
The MHP did not furnish evidence to demonstrate it complies with the MHP Contract, Exhibit A, Attachment 5, Quality Assessment and Performance Improvement.

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

- QAPI Work Plan;
- QAPI Work Plan Q4 Report; and,
- Behavioral Health Commission Monthly Update.

The MHP's QAPI Work Plan Q4 Report only did not address all requirements. It did not address monitoring efforts for previously identified issues, including tracking issues over time, or, targeted areas of improvement or changes in service delivery. Furthermore, the MHP did not submit Quality Improvement Committee minutes as evidence of a tracking and monitoring tool.

DHCS deems the MHP out-of-compliance with MHP Contract, Exhibit. A, Attachment 5, Quality Improvement System. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP shall establish a QIC to review the quality of SMHS provided to beneficiaries (MHP Contract, Ex. A, Att. 5).
The MHP QAPI program includes active participation by the MHP's practitioners and providers, as well as beneficiaries and family members, in the planning, design and execution of the QI program (MHP Contract, Ex. A, Att. 5).

FINDING
The MHP did not furnish evidence to demonstrate it complies with the MHP Contract, Exhibit A, Attachment 5, Quality Assessment and Performance Improvement.

The MHP submitted the Quality Improvement Committee Charter as evidence of compliance with these requirements; however, the MHP did not submit evidence it convenes the Quality Improvement Committee (e.g., minutes or sign-in sheets).

DHCS deems the MHP out-of-compliance with MHP Contract, Exhibit. A, Attachment 5, Quality Improvement System. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP shall conduct a minimum of two PIPs per year, including any PIPs required by DHCS or CMS (MHP Contract, Ex. A, Att. 5; 42 CFR §§ 438.330(b)(1) and (d)(1)).

FINDING
The MHP did not furnish evidence to demonstrate it complies with 42 CFR § 438.330(b)(1). The MHP must conduct two PIPs, including any PIPs required by CMS, that focus on both clinical and non-clinical areas.

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

- EQRO Report:
- PIP outlines; and,
- Microsoft PowerPoint Presentations for Clinical PIPs (Draft).

According to the EQRO Report, the MHP's PIPs (clinical and non-clinical) are in concept status only and have not been completed.

DHCS deems the MHP out-of-compliance with 42 CFR Sections 438.330(b)(1) and (d)(1)). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP has practice guidelines, which meet the requirements of the MHP Contract (MHP Contract, Ex. A, Att. 5; 42 CFR § 438.236(b) and Cal. Code Regs., title 9, § 1810.326).
The MHP disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries (MHP Contract, Ex. A, Att. 5; 42 CFR § 438.236(b); and Cal. Code Regs., title 9, § 1810.326).
The MHP take steps to assure that decisions for utilization management, beneficiary education, coverage of services, and any other area to which the guidelines apply are consistent with the guidelines adopted (MHP Contract, Ex. A, Att. 5; 42 CFR § 438.236(b); and Cal. Code Regs., title 9, § 1810.326).

FINDING
The MHP did not furnish evidence to demonstrate it complies with 42 CFR Section 438.236(b). Each MHP must adopts practice guidelines that meet the following requirements:

- Are based on valid and reliable clinical evidence or a consensus of providers in the particular field.
- Consider the needs of the MHP's beneficiaries.
- Are adopted in consultation with contracting health care professionals.
- Are reviewed and updated periodically as appropriate.

The MHP submitted the following documentation as evidence of compliance:

- Provider Documentation Manuals; and,
- Screen shots from the MHP's electronic health record (Avatar).

Neither of the documents submitted by the MHP include evidence that the MHP has adopted clinical practice guidelines. No other evidence of compliance was submitted by the MHP.

DHCS deems the MHP out-of-compliance with 42 CFR § 438.236(b) and California Code of Regulations, title 9, § 1810.326. The MHP must complete a POC addressing this finding of non-compliance.

ACCESS AND INFORMATION REQUIREMENTS

REQUIREMENT
The MHP shall ensure its written materials are available in alternative formats, including large print, upon request of the potential beneficiary or beneficiary at no cost. Large print means printed in a font size no smaller than 18 point (42 CFR § 438.10(d)(3)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR § 438.10(d)(3). DHCS must require each MHP to make its written materials that are critical to obtaining services, including, at a minimum, provider directories, beneficiary handbooks, appeal and grievance notices, and denial and termination notices, available in the prevalent non-English languages in its particular service area. Written materials must also be made available in alternative formats upon request of the potential beneficiary or beneficiary at no cost. Auxiliary aids and services must also be made available upon request of the potential beneficiary or beneficiary at no cost. Written materials must include taglines in the prevalent non-English languages in DHCS, as well as large print, explaining the availability of written translation or oral interpretation to understand the information provided and the toll-free and TTY/TDY telephone number of the MHP's member/customer service unit. Large print means printed in a font size no smaller than 18 point.

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

- Policy II-E-004: Informing Materials (August 17, 2007);
- Tagline pages;
- MHP website;
- Beneficiary handbooks;
- Intake Check Sheets;
- Notice of Privacy Practices;
- Grievance Packets; and,
- Appeal Forms.

The MHP did not submit samples of the alternative formats, including, but not limited to large print, audio/video, or Braille.

DHCS deems the MHP out-of-compliance with 42 CFR Section 438.10(d)(3). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP shall make a good faith effort to give written notice of termination of a contracted provider, within 15-calendar days after receipt or issuance of the termination notice, to each beneficiary who was seen on a regular basis by the terminated provider (42 CFR § 438.10(f)(1)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR § 438.10(f)(1). The MHP must make a good faith effort to give written notice of termination of a contracted provider, within 15-calendar days after receipt or issuance of the termination notice, to each beneficiary who received his or her primary care from, or was seen on a regular basis by, the terminated provider.

The MHP submitted the Notice of Adverse Beneficiary Determination (NOABD) templates (termination) as evidence of compliance with this requirement. However, the NOABD templates are designed to notify the beneficiary that the MHP is terminating the beneficiary's services (an adverse benefit determination). The NOABD cannot be used to notify the beneficiary that the MHP has terminated a contracted provider. No other evidence of compliance was submitted to DHCS.

DHCS deems the MHP out-of-compliance with 42 CFR § 438.10(f)(1). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
Information included in a paper provider directory shall be updated at least monthly and electronic provider directories shall be updated no later than 30-calendar days after the Contractor receives updated provider information (42 CFR § 438.10(h)(3)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR §438.10(h)(3). Information included in a paper provider directory must be updated at least monthly and electronic provider directories must be updated no later than 30-calendar days after the MHP receives updated provider information.

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

- Provider Directory (English only);
- Intake Check Sheet;
- Future Contracts Template; and,
- MHSUDS Information Notice 18-020

The MHP did not submit evidence it complies with the requirements in MHSUDS Information Notice 18-020.

DHCS deems the MHP out-of-compliance with 42 CFR § 438.10(h)(3). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number: (Ca;. Code Regs., title 9, §§ 1810.405(d) and 1810.410(e)(1).)
1) The toll-free telephone number provides information to beneficiaries about how to access SHMS, including SMHS required to assess whether medical necessity criteria are met.
2) The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.
3) The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

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 it complies with California Code of Regulations, title 9, §§ 1810.405(d) and 1810.410(e)(1). Each MHP must provide a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county, that will provide information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met and services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearing processes. The seven (7) test calls are summarized below.

TEST CALL #1

Test call #1 was placed on Thursday, September 6, 2018, at 7:45 a.m. The call was answered after one ring via a live operator. The caller requested information about how to access services for a minor. The operator informed the caller that the offices would not open until 8:00 a.m. The operator asked if the caller wanted to speak with someone right now. The caller said the caller wanted to know how to get services. The operator put the caller on hold for two plus minutes and returned to suggest the caller call back at 8:00 a.m., but repeated that the caller could speak with someone now if needed. The caller asked, if it was "appropriate" as the call was "not a crisis." The operator suggested that the caller call back after 8:00 a.m.

FINDING

DHCS deems the MHP out-of-compliance with California Code of Regulations, title 9, sections 1810.405(d) and 1810.410(e)(1). The MHP did not demonstrate compliance by the toll-free number providing information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met.

TEST CALL #2

Test call #2 was placed on Tuesday, September 18, 2018, at 7:40 a.m. The call was answered after four rings. The caller requested information about accessing mental health services. The caller informed the operated they had been depressed for a couple of weeks; that they had been having trouble sleeping and crying all the time; and, that they did not have an appetite. The operator informed the caller that the office would be open at 8:00 a.m. and how the office prefers to talk to new patients. The operator asked if the caller could call back or if the caller prefer that the operator relay the message. The caller asked if there was any information that the operator could provide. The operator reiterated that new patients should

call after 8:00 a.m. The caller thanked the operator and ended the call. No additional information about SMHS was provided to the caller.

FINDING
DHCS deems the MHP out-of-compliance with California Code of Regulations, title 9, sections 1810.405(d) and 1810.410(e)(1). The MHP did not demonstrate compliance by:

- The toll-free number providing information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met; and,
- The toll-free number providing information to beneficiaries about services needed to treat a beneficiary's urgent condition.

TEST CALL #3
Test call #3 was placed on Wednesday, September 12, 2018, at 11:26 p.m. The call was initially answered after three rings via a live operator. The DHCS test caller requested SMHS in the county. The operator requested the caller's name and transferred the call to a counselor. The counselor acknowledged the caller by name indicating a warm handoff. The caller reiterated the request for SMHS. The counselor assessed the caller for urgent condition by asking if the caller felt suicidal, like harming others and/or was in a safe place. The caller declined needing urgent services. The operator asked the caller if the caller had Medi-Cal. The caller replied in the affirmative. The operator explained the availability of walk-in services along with the intake and assessment process. The operator provided the MHP's phone number, address, and hours of operation. The operator reminded the caller of the access 24/7 for urgent services. The caller was provided information about how to access SMHS and the caller was provided information about services needed to treat a beneficiary's urgent condition.

FINDING
DHCS deems the MHP in compliance with specific requirements in California Code of Regulations, title 9, sections 1810.405(d) and 1810.410(e)(1). The MHP demonstrated compliance that:

- The toll-free number provides information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met; and, The toll-free number providing information to beneficiaries about services needed to treat a beneficiary's urgent condition.

TEST CALL #4
Test call #4 was placed on Thursday, September 13, 2018, at 8:40 a.m. The call was initially answered after three rings via a live operator. The caller identified him/herself and then requested information about a medication refill. The operator stated that the caller would have to come in for an assessment and asked about the caller's previous doctor. The operator then asked the caller if they were interested in behavioral services or substance use services. The operator asked if the caller had Medi-Cal. The operator asked the caller how much medication they had left. The caller responded they had approximately 3-days left. The operator commented that was not a lot and that they would try to gets this process going fast to refill the prescription. The operator mentioned they would take down the caller's information and the caller will get a call back within 3-4 business days to discuss a refill. The caller asked if it

would be better to call previous doctor and see what they could do. The operator agreed and mentioned that it would be the better option because caller would need to be established with the MHP first. The operator asked the caller for their contact information. 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, nor was the caller provided information about services needed to treat a beneficiary's urgent condition.

FINDING

DHCS deems the MHP out-of-compliance with California Code of Regulations, title 9, sections 1810.405(d) and 1810.410(e)(1). The MHP did not demonstrate compliance by:

- The toll-free number providing information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met; and,
- The toll-free number providing information to beneficiaries about services needed to treat a beneficiary's urgent condition.

TEST CALL #5

Test call #5 was placed on September 19, 2018, at 8:56 a.m. The call was initially answered after two rings via a live operator. The caller stated they were calling to file a complaint. The operator explained that the MHP has a formal process and offered to transfer the caller to the Patient Rights Complaint Line. However, the caller was transferred to the Patient Rights Advocate staff who inquired about the nature of the call. The caller informed staff they just wanted to learn about the process for filing a grievance. At that time, the Patient Rights Advocate informed the caller of several different ways to receive the necessary information: 1) the grievance forms can be mailed; 2) the forms can be picked up at the office with a return envelope; and, 3) the caller can retrieve the forms from the county's website.

FINDING

DHCS deems the MHP in compliance with specific requirements in California Code of Regulations, title 9, sections 1810.405(d) and 1810.410(e)(1). The MHP demonstrate compliance by MHP's toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing process.

TEST CALL #6

Test call #6 was placed on Wednesday, September 12, 2018, at 5:34 p.m. The call was initially answered by a recording after four ring. The recording stated that the first available operator would answer call. After few seconds, a live operator answered the call. The caller asked about filing a complaint. The operator asked for more details, but the caller declined to provide details. The caller again asked for the information about how to file a complaint. The operator stated they did not have information and transferred the call to the "on-call" person. The call was placed on hold at 5:36 p.m. for about two minutes and then connected the caller to the "on-call" person at 5:38 p.m. The caller asked again if they could learn about how to file a complaint. The on-call staff person indicated they did not know the information. They asked for the call back number, which the caller declined to provide. The caller was not provided information about how to file a complaint.

FINDING
DHCS deems the MHP out-of-compliance with specific requirements in California Code of Regulations, title 9, sections 1810.405(d) and 1810.410(e)(1). The MHP did not demonstrate compliance by MHP's toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing process.

TEST CALL #7
Test call #7 was placed on Thursday, September 27, 2018, at 7:09 a.m. The call was initially answered after one ring via a live operator who identified as the answering service for El Dorado County. The caller stated they had been feeling very down lately, had been crying a lot, and does not know what to do. The operator asked for the caller's name and contact information. The operator put the caller on hold at 7:11 a.m. and came back on the line (two minute hold). The operator stated they could not find anyone to help the caller right at that moment, but would have someone call the caller back. The caller thanked the operator and the operator ended the call.

FINDING
DHCS deems the MHP out-of-compliance with California Code of Regulations, title 9, sections 1810.405(d) and 1810.410(e)(1). The MHP did not demonstrate compliance by:

- The toll-free number providing information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met; and,
- The toll-free number providing information to beneficiaries about services needed to treat a beneficiary's urgent condition.

SUMMARY OF TEST CALL FINDINGS

Protocol Question	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2	OOC	OOC	IN	OOC	N/A	N/A	OOC	20%
3	N/A	OOC	IN	OOC	N/A	N/A	OOC	25%
4	N/A	N/A	N/A	N/A	IN	OOC	N/A	50%

In addition to the seven (7) test calls, the MHP submitted the following documentation as evidence of compliance with California Code of Regulations, title 9, sections 1810.405(d) and 1810.410(e)(1):

- Call Intakes Log; and,
- Test Call Report.

The MHP submitted evidence that demonstrates that it is in partial compliance with California Code of Regulations, title 9, sections 1810.405(d) and 1810.410(e)(1). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
1) The written log(s) contain the following required elements: a) Name of the beneficiary.
b) Date of the request.
c) Initial disposition of the request. (Cal. Code Regs., title 9, § 1810.405(f)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with California Code of Regulations, title 9, section 1810.405(f). The MHP must maintain a written log of the initial requests for SMHS from beneficiaries of the MHP. The requests must be recorded whether they are made via telephone, in writing, or in person. The log must contain the name of the beneficiary, the date of the request, and the initial disposition of the request.

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

- Call Intakes Log; and,
- Test Call Report.

The MHP's logs did not include all required elements for the test calls. The table below summarizes the findings.

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 out-of-compliance with California Code of Regulations, title 9, section 1810.405(f). The MHP must complete a POC addressing this finding of non-compliance.

Test Call #	Date of Call	Time of Call	Log Results		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
1	9/6/2018	7:45 AM	OOC	OOC	OOC
2	9/18/2018	7:42 AM	OOC	OOC	OOC
3	9/12/2018	11:26 PM	IN	IN	IN
4	9/13/2018	8:40 AM	OOC	OOC	OOC
7	9/27/2018	7:09 AM	IN	IN	IN
Compliance Percentage			**40%**	**40%**	**40%**

REQUIREMENT
Regarding the MHP's plan for annual cultural competence training necessary to ensure the provision of culturally competent services:
There is a plan for cultural competency training for persons providing SMHS employed by or contracting with the MHP.
The MHP has evidence of the implementation of training programs to improve the cultural competence skills of staff and contract providers (Cal Code Regs., tit. 9, § 1810.410 (c)(4)).
There is a process that ensures that interpreters are trained and monitored for language competence (e.g., formal testing) (Cal Code Regs., tit. 9, § 1810.410 (c)(4)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with Cultural Competence Plan Requirements in accordance with DMH Information Notice No.18-10 and the California Code of Regulations, title 9, section 1810.410(c)(4).

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

- Cultural Competence Plan; and,
- Cultural Competency Training material, Microsoft PowerPoint (R.E.S.P.E.C.T.).

The MHP did not submit evidence that cultural competence training was provided to staff or contracted providers (e.g. sign-in sheet, etc.). In addition, the MHP did not submit evidence that there is a process to ensure that interpreters are trained and monitored for language competence.

DHCS deems the MHP out-of-compliance with California Code of Regulations, title 9, section 1810.410(c)(4).The MHP must complete a POC addressing this finding of non-compliance.

COVERAGE AND AUTHORIZATION OF SERVICES

REQUIREMENT
The MHP shall have any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested be made by a health care professional who has appropriate clinical expertise in addressing the beneficiary's behavioral health needs (MHP Contract, Ex. A, Att 6; 42 CFR § 438.210(b)(3)).

FINDINGS

The MHP did not furnish evidence it complies with 42 CFR Section 438.210(b)(3). For the processing of requests for initial and continuing authorizations of services, each contract must require that any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested, be made by an individual who has appropriate expertise in addressing the beneficiaries medical, behavioral health, or long-term services and supports needs.

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

- Outpatient SMHS Protocol; and,
- Treatment Authorization Request (TAR) Process for mental health stays in a hospital.

The MHP's TAR process documentation specified that, if the TAR is being denied or partially denied due to lack of medical necessity, the medical director must sign the TAR. The MHP's sample of TARs did not include any TARs with adverse determinations (i.e., denials or modifications).

In addition, DHCS reviewed a sample of 168 service authorizations as evidence of compliance with this requirements. The service authorization sample review findings are detailed below:

PROTOCOL REQUIREMENT	# SERVICE AUTHORIZATIONS IN COMPLEANCE	# SERVICE AUTHORIZATIONS OOC	COMPLIANCE PERCENTAGE
Service authorization approved or denied by licensed mental health or waivered/registerd professionals	168	3	98%

DHCS deems the MHP in partial compliance with 42 CFR Section 438.210(b)(3).The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
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 (MHP Contract, Ex. A, Att 6; 42 CFR § 438.210(e)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR Section 438.210(e). Each contract between DHCS and the MHP must provide that, consistent with Sections 438.3(i), and 422.208, compensation to individuals or entities that conduct utilization management activities is not structured so as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any beneficiary.

The MHP did not submit evidence of compliance with this requirement.

DHCS deems the MHP out-of-compliance with 42 CFR Section 438.210(e).The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
1) For standard authorization decisions, the MHP shall provide notice as expeditiously as the beneficiary's condition requires not to exceed 14-calendar days following receipt of the request for service, with a possible extension of up to 14 additional calendar days when: a) The beneficiary, or the provider, requests extension; or,
b) The MHP justifies (to DHCS upon request) a need for additional information and how the extension is in the beneficiary's interest (MHP Contract, Ex. A, Att 6; 42 CFR § 438.210(d)(1)).
2) 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 (42 CFR § 438.210(d)(2)).
3) The MHP may extend the 72-hour time period by up to 14-calendar days if the beneficiary requests an extension, or if the MHP justifies (to DHCS upon request) a need for additional information and how the extension is in the interest of the beneficiary (42 CFR § 438.210(d)(2)).

FINDINGS

The MHP did not furnish evidence to demonstrate it complies with 42 CFR Sections 438.210(d)(1) and 438.210(d)(2).

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

- TAR Process;
- TAR Checklist; and,
- Outpatient SMHS Protocol.

The MHP did not submit evidence it compliance with requirements for expedited authorizations or for other timeframe extensions.

DHCS deems the MHP out-of-compliance with 42 CFR Sections 438.210(d)(1) and 438.210(d)(2). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP that is the MHP of the beneficiary being admitted on an emergency basis shall approve a request for payment authorization if the beneficiary meets the criteria for medical necessity and the beneficiary, due to a mental disorder, is a current danger to self or others, or immediately unable to provide for, or utilize, food, shelter or clothing (MHP Contract, Ex. A, Att 6; Cal Code Regs., tit. 9, §§ 1820.205 and 1820.225).

FINDING

The MHP did not furnish evidence it complies with California Code of Regulations, title 9, section 1820.205. The MHP must implement mechanisms to assure authorization decision standards are met, including if the beneficiary meets criteria for medical necessity. The MHP must provide, or arrange and pay for, medically necessary covered SMHS to beneficiaries in its county. SMHS must be provided based on medical necessity criteria. In addition, the MHP did not furnish evidence to demonstrate it complies with California Code of Regulations, title 9, section 1820.225 specific to the MHP payment authorization for emergency admission for point of authorization.

The MHP did not submit evidence it compliance with this requirement.

DHCS deems the MHP out-of-compliance with California Code of Regulations, title 9, sections 1820.205 and 1820.225.The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP will demonstrate that when there is an exception to Presumptive Transfer and a waiver is in place, the MHP ensures access to services for foster care children placed outside the county of origin (MHSUDS Information Notice 17-032).
In situations when a foster child or youth is in imminent danger to themselves or others or experiencing an emergency psychiatric condition, MHPs must provide SMHS immediately, and without prior authorization. (MHSUDS Information Notice 18-027)
Pursuant to Welf. & Inst. Code Section 14717.1(b)(2)(F), the MHP must have a procedure for expedited transfers within 48-hours of placement of the foster child or youth outside of the county of original jurisdiction (MHSUDS Information Notice 18-027).
A waiver processed based on an exception to presumptive transfer shall be contingent upon the MHP in the county of original jurisdiction demonstrating an existing contract with a SMHS provider, or the ability to enter into a contract within 30 days of the waiver decision, and the ability to deliver timely SMHS directly to the foster child. That information shall be documented in the child's case plan (Welf. & Inst. Code § 14717.1(d)(6)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with the requirements in MHSUDS Information Notices 17-032 and 18-027. The Information Notices establishes policy guidance regarding presumptive transfer as defined in Welf. & Inst. Code Section 14717.1, subdivision (c), of SMHS for foster children and youth.

The MHP did not submit evidence it compliance with these requirements.

DHCS deems the MHP out-of-compliance with the requirements described in MHSUDS Information Notices 17-032 and 18-027. The MHP must complete a POC addressing this finding of non-compliance.

BENEFICIARY RIGHTS AND PROTECTIONS

REQUIREMENT
The MHP shall have only one level of appeal for beneficiaries (MHP Contract, Ex. A, Att. 12; 42 CFR § 438.402(b); 42 CFR § 438.228(a)).

FINDING
The MHP did not furnish evidence it complies with 42 CFR Section 438.402(b). Each MHP may have only one level of appeal for beneficiaries.

The MHP did not submit evidence of compliance for this requirement.

DHCS deems the MHP out-of-compliance with the requirements with 42 CFR Sections 438.402(b) and 438.228(a). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP shall adhere to the following record keeping, monitoring, and review requirements: Maintain a grievance and appeal log and record grievances, appeals, and expedited appeals in the log within one working day of the date of receipt of the grievance, appeal, or expedited appeal (42 CFR § 438.416(a); Cal. Code Regs., tit. 9, § 1850.205(d)(1)).
Identify in its grievance, appeal, and expedited appeal documentation, the roles and responsibilities of the MHP, the provider, and the beneficiary (Cal. Code Regs., tit. 9, § 1850.205(d)(5)).

FINDING
The MHP did not furnish evidence to demonstrate it complies with 42 CFR Section 438.416(a). DHCS must require MHPs to maintain records of grievances and appeals and must review the information as part of its ongoing monitoring procedures, as well as for updates and revisions to DHCS quality strategy. In addition, the MHP did not furnish evidence to demonstrate it complies with California Code of Regulations, title 9, sections1850.205(d)(1) and 1850.205(d)(5). For the grievance, appeal, and expedited appeal processes found in Sections 1850.206, 1850.207, and 1850.208, 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 or appeal. The log entry must include, but not be limited to, the name of the beneficiary, the

date of receipt of the grievance, appeal, or expedited appeal, and the nature of the problem; and,
- Identify the roles and responsibilities of the MHP, the provider, and the beneficiary.

The MHP submitted the following documentation as evidence of compliance with this requirement:
- N-MH-002-Problem Resolution (Draft, page 10 line 2, page 11 line 2); and,
- Grievance, Appeals, Expedited Appeals Log.

While, the MHP submitted evidence to demonstrate its compliance with this requirement, the MHP's Grievance, Appeals, Expedited Appeals Log revealed, the dates received and logged, exceeded the one working day requirement.

DHCS deems the MHP out-of-compliance with the requirements with 42 CFR Section 438.416(a), California Code of Regulations, title 9, sections1850.205(d)(1) and 1850.205(d)(5). The MHP must complete a POC addressing this finding of non-compliance.

DHCS reviewed a sample of grievances, appeals, and expedited appeals to verify compliance with this requirement. The timeframe review findings are detailed below:

	RESOLVED WITHIN TIMEFRAMES			REQUIRED NOTICE OF EXTENSION EVIDENT	COMPLIANCE PERCENTAGE
	# REVIEWED	# IN COMPLIANCE	# OOC		
GRIEVANCES	19	5	14	N/A	26%
APPEALS	1	1	0	N/A	100%
EXPEDITED APPEALS	1	1	0	N/A	100%

	# OF SAMPLE REVIEWED	ACKNOWLEDGMENT		COMPLIANCE PERCENTAGE	DISPOSITION		COMPLIANCE PERCENTAGE
		# IN	# OOC		# IN	# OOC	
GRIEVANCES	19	11	9	53%	19	10	47%
APPEALS	1	1	0	100%	1	0	100%
EXPEDITED APPEALS	1	1	0	100%	1	0	100%

REQUIREMENT
The MHP must continue the beneficiary's benefits if all of the following occur: (42 CFR § 438.420(b)). The beneficiary timely files for continuation of benefits.

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR Section 438.420(b). The MHP must continue the beneficiary's benefits if all of the following occur:
- The beneficiary files the request for an appeal timely in accordance with Sections 438.402(c)(1)(ii) and (c)(2)(ii);

- The appeal involves the termination, suspension, or reduction of previously authorized services;
- The services were ordered by an authorized provider;
- The period covered by the original authorization has not expired; and
- The beneficiary timely files for continuation of benefits

The MHP submitted the N-MH-002-Problem Resolution (Draft policy) as evidence of compliance with this requirement. However, hile, the MHP submitted evidence to demonstrate its compliance with this requirement, the MHP's N-MH-002-Problem Resolution Draft did not address the requirement.

DHCS deems the MHP out-of-compliance with the requirements with 42 CFR Section 438.420(b). The MHP must complete a POC addressing this finding of non-compliance.

PROGRAM INTEGRITY

REQUIREMENT
A system for training and education for the Compliance Officer, the organization's senior management, and the organization's employees for the federal and state standards and requirements under the contract (MHP Contract, Ex. A, Att. 13; 42 CFR §438.608(a)(1)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR Section 438.608(a)(1). The MHP is required to implement and maintain arrangements or procedures that are designed to detect and prevent fraud, waste, and abuse. The arrangements or procedures must include a Compliance program that includes, at a minimum, all of the following elements:

- A system for training and education for the Compliance Officer, the organization's senior management, and the organization's employees for the Federal and State standards and requirements under the contract.

The MHP submitted the 2018 Compliance Plan (Draft) as evidence of compliance with this requirement; however, the MHP did not submit evidence of completed compliance trainings. At the onsite discussion, it was reported that the Compliance Officer does not complete compliance trainings.

DHCS deems the MHP out-of-compliance with the requirements with 42 CFR Section 438.608(a)(1). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP implements and maintains procedures designed to detect fraud, waste and abuse that include provisions to verify services reimbursed by Medicaid were received by the beneficiary (42 CFR § 438.608(a)(5)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR Section 438.608(a)(5). The MHP must have a method to verify, by sampling or other methods, whether services that have been represented to have been delivered by network providers were received by beneficiaries and the application of such verification processes on a regular basis.

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

- Service Verification Procedure; and,
- Service Verification Log.

The MHP's service verification log was provided only for May and June 2017. At the onsite review, the MHP reported that there is no service verification monitoring for adult services during the triennial review period.

DHCS deems the MHP out-of-compliance with the requirements with 42 CFR, Section 438.608(a)(5). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP shall provide DHCS with all disclosures before entering into a network provider contract with the provider and annually thereafter and upon request from DHCS during the re-validation of enrollment process under 42 CFR Section 455.104.

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR Section 455.104. This requirement addresses the disclosure by Medicaid providers and fiscal agents related to information on ownership and control.

The MHP submitted the Contract Boilerplate Language (Draft) as evidence of compliance with this requirement; however, the MHP did not submit evidence it collects the required disclosures from network providers.

DHCS deems the MHP out-of-compliance with the requirements with 42 CFR Section 455.104. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP has a process, at the time of hiring/ contracting, to confirm the identity and exclusion status of all providers (employees, network providers, subcontractors, person's with ownership or control interest, managing employee/agent of the MHP). This includes checking the Social Security Administration's Death Master File (MHP Contract, Ex.A, Att.13; 42 CFR §§ 438.602 (d) and 455.436).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR Section 438.602(d). Consistent with the requirements at Section 455.436 of this chapter, the DHCS must confirm the identity and determine the exclusion status of the MHP, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of the MHP through routine checks of Federal databases. This includes the Social Security Administration's Death Master File. If the State finds a party that is excluded, it must promptly notify the MHP and take action consistent with Section 438.610(c).

The MHP submitted the Excluded Provider database verification Exclusion list checks as evidence of compliance with this requirement; however, the MHP reported that they do not check the Social Security Administration's Death Master File as required.

DHCS deems the MHP out-of-compliance with the requirements with 42 CFR Sections 438.602(d) and 455.436. The MHP must complete a POC addressing this finding of non-compliance.

OTHER REGULATORY AND CONTRACTUAL REQUIREMENTS

REQUIREMENT
The MHP must comply with the requirements of Welf. & Inst. Code Sections 14705(c) and 14712(e) regarding timely submission of its annual cost reports.

FINDING

The MHP did not furnish evidence to demonstrate it complies with Welf. & Inst. Code Section 14705(c) regarding the timely submission of its annual cost reports.

The MHP submitted correspondence between the MHP and DHCS as evidence of compliance with this requirement. DHCS indicated the MHP was granted an extension of 90-days from the day the revised template was released on March 30, 2018. The extension was granted. However, as of September 19, 2018, DHCS has not received FY 2016/17 Cost Report.

DHCS deems the MHP out-of-compliance with the requirements with Welf. & Inst. Code Sections 14705(c) and 14712(e). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP shall allow such inspection, evaluation and audit of its records, documents and facilities, and those of its subcontractors, for 10 years from the term end date of this Contract or in the event the Contractor has been notified that an audit or investigation of this Contract has been commenced, until such time as the matter under audit or investigation has been resolved, including the exhaustion of all legal remedies, whichever is later (MHP Contract, Ex. E; 42 CFR §§ 438.3(h), 438.230(c)(3)(i-iii)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR Section 438.3(h). DHCS, CMS, the Office of the Inspector General, the Comptroller General, and their designees may, at any time, inspect and audit any records or documents of the MHP, or its subcontractors, and may, at any time, inspect the premises, physical facilities, and equipment where Medicaid-related activities or work is conducted. The right to audit under this section exists for 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later.

The MHP submitted Contract Boilerplate (Current and Draft) as evidence of compliance with this requirement.

The contract boilerplate included incorrect information and referenced two different time frames (i.e., seven years and ten years) related to this requirement.

DHCS deems the MHP out-of-compliance with 42 CFR Sections 438.3(h) and 438.230(c)(3)(i-iii). The MHP must complete a POC addressing this finding of non-compliance.

SURVEY ONLY FINDINGS

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

REQUIREMENT
The MHP must provide Therapeutic Foster Care (TFC) services to all children and youth who meet medical necessity criteria for TFC (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018).

FINDING
The MHP did not furnish documentation as evidence to comply with this survey item requirement.

SUGGESTED ACTION
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:

- Establish policy and procedure including TFC service criteria and monitoring mechanism to ensure implementation of this requirement and ongoing monitoring for compliance.

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

FINDING
The MHP did not furnish documentation as evidence to comply with this survey item requirement.

SUGGESTED ACTION
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:

- Establish policy and procedure including TFC service criteria and monitoring mechanism to ensure implementation of this requirement and ongoing monitoring for compliance.

CARE COORDINATION AND CONTINUITY OF CARE

REQUIREMENT
The MHP shall implement a transition of care policy that is consistent with federal requirements and complies with the Department's transition of care policy (MHP Contract, Ex. A, Att.10; 42 CFR §§ 438.62(b)(1)-(2)).

FINDING
The MHP furnished the following documentation as evidence to comply with this survey item: El Dorado County Human Services Agencies Service Integration Frequently Asked Questions.

SUGGESTED ACTION
DHCS is not requiring no further action at this time.

COVERAGE AND AUTHORIZATION OF SERVICES

REQUIREMENT
MHPs must review and make a decision regarding a provider's request for prior authorization within five business days after receiving the request.

FINDING
The MHP did not furnish evidence it complies with this survey item.

SUGGESTED ACTION
DHCS is not requiring no further action at this time