CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2018/2019

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE NAPA COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: November 5, 2018 and November 6, 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 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 Napa County MHP's Medi-Cal SMHS programs on November 5, 2018 and November 6, 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 Fiscal Year (FY) 2018/2019 Annual Review Protocol for SMHS and Other Funded Programs (Protocol) to conduct the review.

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

- Section A: Network Adequacy and Availability of Services
- Section B: Care Coordination and Continuity of Care
- Section C: Quality Assurance and Performance Improvement
- Section D: Access and Information Requirements
- Section E: Coverage and Authorization of Services
- Section F: Beneficiary Rights and Protections
- Section G: Program Integrity
- Section H: Other Regulatory and Contractual Requirement

Napa County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report

This report details the findings from the Medi-Cal SMHS Triennial System Review of the Napa County MHP. The report is organized according to the findings from each section of the FY 2018/2019 Protocol and the Attestation deemed out-of-compliance (OOC), or in partial compliance, with regulations and/or the terms of the contract between the MHP and DHCS.

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

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

A 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 propose 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 Overview

- In DHCS' review, the Napa County MHP demonstrated numerous strengths, including but not limited to the following examples:
    - The MHP's disaster response efforts related to the fires in the region;
    - Utilizing system navigators in community-settings (e.g., grocery store) to outreach to Latino population; and,
    - Data-driven decision-making efforts using data to drive policy and program decisions (e.g. timely access data monitoring of contractors).
- DHCS identified opportunities for improvement in various areas, including:
    - Monitoring timely access monitoring from assessment to next Medi-Cal service;
    - Monitoring ongoing timeliness of services with internal and external programs;
    - Lack of medication monitoring processes for children/youth services provided by contracted psychiatrists;

- Determinations about ICC provision made through clinical supervision and the MHP use the Medi-Cal Manual for ICC, IHBS, and TFC to develop service criteria protocols to assist clinicians with identification of children/youth (beyond the subclass) who should be receiving ICC.

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 did not submit to DHCS its policies and procedures (P&Ps) addressing the timely access standards and requirements.

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

- Service request log;
- Performance dashboards – timely access;
- Timely access corrective action plans;
- Aldea Contract; and,
- Provider Contract Boilerplate.

While the services request log demonstrates compliance with the standards, it is not evident the MHP is requiring its contracted providers to meet the requirements. The MHP's Aldea Contract, and timely access corrective action plans, indicates the provider must meet the MHP's timely access standards. However, those standards are not defined in the contract.

DHCS was not able to verify the MHP has adopted the statewide standards for timely access to care pursuant to Welf. & Inst. Code, § 141197(d)(1) and California Code Regulations, title 28, § 1300.67.2.2(c)(5)(D).

In addition, the MHPs dashboard report (FY 2017/18) indicates the MHP's standard for post-assessment follow-up service is 21-days. This exceeds the statewide standard (i.e., within 10-business days of the request for the service), which became effective July 1, 2018.

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
If the MHP's provider network is unable to provide necessary services to a particular beneficiary, the MHP shall adequately and timely cover the services out of network, for as long as the MHP's provider network is unable to provide them (MHP Contract, Ex. A, Att. 7; 42 CFR § 438.206(b)(4)).
The MHP shall require that out-of-network providers coordinate authorization and payment with the MHP (MHP Contract, Ex. A, Att. 7; 42 CFR § 438.206(b)(5)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR § 438.206(b)(4). If the MHP's provider network is unable to provide necessary services, covered under the MHP Contract, to a particular beneficiary, the MHP must adequately and timely cover the services out of network, for as long as the MHP's provider network is unable to provide them.

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

- P&P (#2000200-0009-18) Mental Health Plan Requirements Regarding Availability and Accessibility of Service;
- Mental Health County Access Line Script for Exodus; and,
- Paid Invoices for Inpatient Services Provided Out-of-Network.

The MHP's P&P specifies that the MHP will adequately and timely cover *inpatient services* out-of-network for as long as the MHP's network is unable to provide them. However, the requirement to adequately and cover services out-of-network is not limited to inpatient services.

DHCS deems the MHP out-of-compliance with 42 CFR § 438.206(b)(4) and 42 CFR § 438.206(b)(5), as well as the terms of the MHP's contract with DHCS. The MHP must complete a POC addressing these findings 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 C.F.R. § 438.14(b)(3).)

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR § 438.14(b)(3). The MHP shall permit an American Indian beneficiary who is eligible to receive services from an 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 C.F.R. § 438.14(b)(3).)

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

- Napa County Agreement NO. 170344B, Suscol Intertribal Council, Inc.; and,
- Napa County Agreement NO. 180299B, Suscol Intertribal Council, Inc.

The MHP contracts with Suscol Intertribal Council Inc. to provide cultural services, outreach, and referrals to Native Americans, as a part of the MHP's Native American Prevention and Early Intervention (PEI) project and other Mental Health Services Act (MHSA) programs. However, while the contracts indicate the MHP has provider agreements in place, the MHP did not submit evidence that, as a matter of policy, American Indian beneficiaries are permitted to choose this IHCP, or another, as their provider.

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

REQUIREMENT
The MHP's policies and procedures for selection and retention of providers must not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment (42 CFR § 438.214(c).).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR § 438.214(c). The MHP's policies and procedures for selection and retention of providers must not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment (42 CFR § 438.214(c).).

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

- P&P (#2001201-1203-18) Request for Proposals (RFPs); and,
- Request for Proposal Template.

The MHP's P&P and RFP template do not include the language specified in federal regulations. DHCS deems the MHP out-of-compliance with 42 CFR § 438.214(c). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
All contracts or written agreements between the MHP and any network provider specify the following (MHP Contract, Ex. A, Att. 1; 42 CFR § 438.230(b)(2) and (c).): A requirement that the subcontractor make all of its premises, physical facilities, equipment, books, records, documents, contracts, computers, or other electronic systems pertaining to Medi-Cal enrollees, Medi-Cal-related activities, services and activities furnished under the terms of the subcontract, or determinations of amounts payable available at any time for inspection, examination or copying by the Department, CMS, HHS Inspector General, the United States Comptroller General, their designees, and other authorized federal and state agencies. (42 C.F.R. §438.3(h).) This audit right will exist for 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later. (42 C.F.R. § 438.230(c)(3)(iii).) The Department, CMS, or the HHS Inspector General may inspect, evaluate, and audit the subcontractor at any time if there is a reasonable possibility of fraud or similar risk, then. (42 C.F.R. § 438.230(c)(3)(iv).)

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR § 438.230(b)(2). All contracts or written agreements between the MHP and any subcontractor must meet the requirements of 42 CFR § 438.230(c).

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

- Provider Subcontract Boilerplate

DHCS reviewed the MHP's provider subcontract boilerplate. It did not include all of the required elements. Specifically, it did not specify the following:

- A requirement that the subcontractor make all of its premises, physical facilities, equipment, books, records, documents, contracts, computers, or other electronic systems pertaining to Medi-Cal enrollees, Medi-Cal-related activities, services and activities furnished under the terms of the subcontract, or determinations of amounts payable available at any time for inspection, examination or copying by the Department, CMS, HHS Inspector General, the United States Comptroller General, their designees, and other authorized federal and state agencies. (42 C.F.R. §438.3(h).)
- This audit right will exist for 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later. (42 C.F.R. § 438.230(c)(3)(iii).)
- DHCS, CMS, or the HHS Inspector General may inspect, evaluate, and audit the subcontractor at any time if there is a reasonable possibility of fraud or similar risk, then. (42 C.F.R. § 438.230(c)(3)(iv).)

DHCS deems the MHP out-of-compliance with the contractual requirements in the MHP Contract and 42 CFR § 438.230(b)(2). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP shall comply with the provisions of the MHP's Implementation Plan as approved by DHCS (MHP Contract, Exhibit A, Attachment 1; Cal. Code Regs., tit. 9, § 1810.310). The Implementation Plan shall include: A description of a process for planned admissions in non–contract hospitals if such an admission is determined to be necessary by the MHP.

FINDING

The MHP did not furnish evidence to demonstrate it complies with the California Code of Regulations, title 9, § 1810.310. The MHP's Implementation Plan must include:

- A description of a process for planned admissions in non-contract hospitals if such an admission is determined to be necessary by the MHP; and

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

- Implementation Plan for Consolidation of Specialty Mental Health Services (August 2018)

The MHP's Implementation Plan did not include the required element described above.

DHCS deems the MHP out-of-compliance with California Code of Regulations, title 9, § 1810.310. The MHP must complete a POC addressing this finding of non-compliance.

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT

REQUIREMENT
The MHP shall implement mechanisms to monitor the safety and effectiveness of medication practices. The monitoring mechanism shall be: 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. (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, Section 1, Paragraph H. H. The MHP shall implement mechanisms to monitor the safety and effectiveness of medication practices. The

monitoring mechanism shall be under the supervision of a person licensed to prescribe or dispense prescription drugs. Monitoring shall occur at least annually.

During the onsite interview, the MHP indicated it did not have mechanisms to monitor the safety and effectiveness of medication practices related to children/youth.

DHCS deems the MHP out-of-compliance with the terms of the MHP Contract. The MHP must complete a POC addressing this finding of non-compliance.

ACCESS AND INFORMATION REQUIREMENTS

REQUIREMENT
Beneficiary information required in 42 CFR § 438.10 (e.g., information about managed care, beneficiary handbook, provider directory) may only be provided electronically by the MHP if of the following condition is met: The beneficiary is informed that the information is available in paper form without charge upon request and provides it upon request within 5 business days (42 CFR § 438.10(c)(6)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR § 438.10(c)(6). Beneficiary information required in 42 CFR § 438.10 (e.g., information about managed care, beneficiary handbook, provider directory) may only be provided electronically by the MHP if of the specified conditions are met.

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

- Policy and Procedure: 2000201-1003-15 Medi-Cal Beneficiary Rights; and,
- Medi-Cal Mental Health Beneficiary Brochure, Forms and Booklets.

The documentation did not indicate the MHP informs beneficiaries that the information specified is available in paper form without charge upon request and provides it upon request within 5 business days.

DHCS deems the MHP out-of-compliance with 42 CFR § 438.10(c)(6). 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 (Cal. Code Regs., tit. 9, chapter 11, §§ 1810.405(d) and 1810.410(e)(1).
The toll-free telephone number provides information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met.
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 six (6) calls to test the MHP's statewide 24/7 toll-free number. The six (6) test calls must demonstrate it complies with California Code of Regulations, title 9, chapter 11, §§ 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 six (6) test calls are summarized below.

TEST CALL #1

The call was placed on Monday, September 24, 2018, at 7:44 a.m. The call was answered after three (3) rings via a phone tree that identified that the caller had reached the Napa County Mental Health Access Team. This message was immediately repeated in Spanish. The caller was then provided the option to press #1 if he/she was experiencing a mental health crisis or had an urgent mental health need. Another option was provided if the caller wanted to speak with someone directly about receiving mental health services or need help in another language. If it was not an emergency or urgent situation and the caller was interested in mental health services he/she could leave their name, number, and best time that they could be reached and someone would call the caller back promptly during business hours. The caller selected option three (3) to speak with someone directly. The call was then transferred to an operator. The caller explained the concerns that he/she was having with her/his son. The operator informed the caller that the clinic was not open for another half an hour and informed the caller that he/she had reached the crisis line. The caller repeated the concern about his/her son. The operator provided the caller with the children's services telephone number. The operator explained that the county office takes walk-in's Monday through Wednesday and provided the hours of operation so the caller could call back during business hours and set up an appointment. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met and the caller was provided information about services needed to treat a beneficiary's urgent condition.

FINDINGS

DHCS deems the MHP in compliance with California Code of Regulations, title 9, chapter 11, §§ 1810.405(d) and 1810.410(e)(1).

Note: After hearing, the message in Spanish caller recognized that additional information would be provided by pressing the #2 and after doing so another message was provided in Spanish. This does not sufficiently meet the requirement that the MHP must provide a statewide, toll-free telephone number 24 hours a day, 7 days per week, with language capability in all languages spoken by beneficiaries of the county.

TEST CALL #2

The call was placed on Thursday, September 27, 2018, at 7:38 a.m. The call was answered after three (3) rings via a phone tree that the caller reached the Napa County Mental Health Access Team. The phone tree prompted the caller to select a language option in Spanish or English. The caller was asked if he/she was experiencing a Mental Health Crisis and if there was an urgent need to press one (1). The phone tree stated that if he/she was seeking services or needed help in another language to press three (3). The phone tree continued to say, "if this was a non-emergency seeking Mental Health Services to leave their name and number and they will call back promptly during business hours and that the call is very important to them.' The caller selected three (3) and was transferred to the crisis center. The caller requested information about how to access mental health services. The operator responded with, you need to reach out to adult services and to call back around 9:00 a.m. The caller asked who he/she reached. The operator replied, "This is the crisis center." The caller then replied that he/she would call back. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

FINDINGS

DHCS deems the MHP out-of-compliance with specific requirements in California Code of Regulations, title 9, chapter 11, § 1810.405(d).

TEST CALL #3

The call was placed on Tuesday, October 2, 2018, at 1:29 p.m. The call was answered after one (1) ring via a live operator. The caller requested information about accessing mental health services in the county. The operator provided information regarding access such as crisis, walk-in hours of operation, address, and informed the caller about assessment and/or medication assistance. The operator provided information about Ole Health Group regarding assistance on providing a psychologist for an assessment and/or medication, and provided the address and telephone number. The operator asked the caller for his/her date-of-birth and name. The operator said that they will see you tomorrow and ended the call. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, the caller was provided information about services needed to treat a beneficiary's urgent condition.

FINDINGS
DHCS deems the MHP in compliance with specific requirements in California Code of Regulations, title 9, chapter 11, § 1810.405(d) and 1810.410(e)(1).

TEST CALL #4
The call was placed on Wednesday, October 3, 2018, at 8:34 a.m. The call was answered after (0) zero rings via a live operator. The caller requested information about how to access mental health services. The operator asked if the caller have insurance. The caller responded to the operator that he/she did not have insurance. The operator asked if the caller lived in Napa and the caller stated, "Yes." The operator asked if the caller knew where they were located and the caller stated, "No." The operator provided the address to the caller. The operator asked if the caller was interested in mental health services or someone to talk to. The caller responded, "Yes." The operator discussed services the county provides, including therapy services and a medication clinic and that you may be assessed by a clinician to see what services you need and qualify for. The operator said if the caller wanted to talk to someone now that she could transfer the caller. The caller replied in the negative. The operator asked if the caller would like to schedule an appointment to come in for an assessment. The caller replied in the negative. The operator informed the caller that he/she could always call back and there are walk-in/drop in appointments available at the same address. The operator also informed the caller that there is a 24 hour, 7 days a week crisis line and provided the telephone number. The caller thanked the operator and ceased the call.

FINDINGS
DHCS deems the MHP in compliance with specific requirements in California Code of Regulations, title 9, chapter 11, §§ 1810.405(d) and 1810.410(e)(1).

TEST CALL #5
The call was placed on Friday, October 5, 2018, at 2:35 p.m. The call was answered after one (1) ring via a live operator. The caller requested information about accessing mental health services in Napa County and how the caller could see a doctor or psychiatrist to obtain more anxiety medication, which the caller had run out of. The operator asked the caller to provide his/her name and date of birth. The operator advised that the caller can come in during walk-in hours to meet with a licensed clinician for a mental health assessment. The caller asked the operator how long, would it take to get her prescription renewed after the assessment. The operator notified the caller that he/she would see a psychiatrist within two-weeks. The caller notified the operator that they need to receive more anxiety medication and that two weeks was too long of a wait. The caller asked what other options, would they have to receive the medication sooner. The operator provided the caller with a few options that could potentially help the caller obtain their medication sooner, including crisis services.

FINDINGS
DHCS deems the MHP in compliance with specific requirements in California Code of Regulations, title 9, chapter 11, §§ 1810.405(d).

TEST CALL #6

The call was placed on Thursday, September 27, 2018, at 10:40 a.m. The call was answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP's threshold language. The phone tree continued with direction to press one (1) if caller is experiencing a mental health crisis or is in urgent need and select three (3) if seeking mental health services or need help in another language or if not urgent, to leave your name and number if in need of mental health services or help in a different language. The caller selected option three (3) and requested information about filing a complaint against a therapist in Napa County. The operator provided the telephone number and name of the director at Patient's Rights. The operator informed the caller that he/she is with a crisis facility and informed the caller to call back the Napa County Mental Health Access Team line for additional information or to contact Patient's Rights. The caller dialed the number to Patient's Rights and was connected to a voicemail. The caller was not provided information about how to use the beneficiary problem resolution and fair hearing processes.

FINDINGS

DHCS deems the MHP out-of-compliance with specific requirements in California Code of Regulations, title 9, chapter 11, § 1810.405(d).

SUMMARY OF TEST CALL FINDINGS

Protocol Question	Test Call Findings						Compliance Percentage
	#1	#2	#3	#4	#5	#6	
1	IN	IN		IN			100%
2	IN	OOC	IN	IN	IN		80%
3	IN	IN	IN	IN	IN		100%
4						OOC	0%

Based on the test calls, DHCS deems the MHP in partial compliance with California Code of Regulations, title 9, chapter 11, § 1810.405(d). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The written log(s) contain the following required elements (Cal. Code Regs., tit. 9, chapter 11, § 1810.405(f).): a) Name of the beneficiary. b) Date of the request. c) Initial disposition of the request.

FINDING

The MHP did not furnish evidence to demonstrate it complies with California Code of Regulations, title 9, chapter 11, § 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:

- Access Log; and,
- CAAT Log (version 4.0) Form.

Two of five required DHCS test calls were not logged on the MHP's access log. 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	9/24/2018	7:44 AM	OOC	OOC	OOC
2	9/27/2018	7:38 AM	OOC	OOC	OOC
3	10/2/2018	1:29 PM	IN	IN	IN
4	10/3/2018	8:34 AM	IN	IN	IN
5	10/5/2018	2:35 PM	IN	IN	IN
Compliance Percentage			**60%**	**60%**	**60%**

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, § 1810.405(f). The MHP must complete a POC addressing this finding of non-compliance.

COVERAGE AND AUTHORIZATION OF SERVICES

REQUIREMENT
The MHP shall have a comprehensive policy and procedure describing its process for timely provision of services to children and youth subject to Presumptive Transfer. (MHSUDS IN No., 17-032 and 18-027)

FINDING

The MHP did not furnish evidence to demonstrate it complies with the requirements in MHSUDS Information Notice 18-027. The Information Notice provides clarification and guidance to county MHPs, county probation agencies, and child welfare agencies regarding implementation of presumptive transfer of SMHS for children, youth, and non-minor dependents (NMD) in foster care.

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

- P&P (2000200-0017-18) Children's Out-of-County Authorization and Delivery of SMHS

While the MHP did submit a P&P addressing requirements for presumptive transfer; the P&P does not comprehensively address all the requirements for presumptive transfer. For instance, the P&P does not specify the following:

- The MHP shall meet, and require its providers to meet, Department standards for timely access to care and services for children/youth presumptively transferred to the MHP's responsibility. (42 C.F.R. § 438.206(c)(1)(i).)
- In situations when a foster child or youth is in imminent danger to themselves or others or experiencing an emergency psychiatric condition, MHPs must provide SMHS immediately, and without prior authorization. (MHSUDS IN No., 18-027)
- Pursuant to (W&I) Code § 14717.1(b)(2)(F), the MHP has a procedure for expedited transfers within 48-hours of placement of the foster child or youth outside of the county of original jurisdiction. (MHSUDS IN No., 18-027; W&I Code § 14717.1(b).)

DHCS deems the MHP out-of-compliance with the requirements described in MHSUDS Information Notice 18-027 and W&I Code § 14717.1. The MHP must complete a POC addressing this finding of non-compliance.

BENEFICIARY RIGHTS AND PROTECTIONS

REQUIREMENT
If the MHP denies a request for an expedited appeal resolution, the MHP shall: a) Transfer the expedited appeal request to the timeframe for standard resolution of no longer than 30 calendar days from the day the Contractor receives the appeal. (42 C.F.R. § 438.410(c)(1).) b) Make reasonable efforts to give the beneficiary and his or her representative prompt oral notice of the denial of the request for an expedited appeal. Provide written notice of the decision and reason for the decision within two calendar days of the date of the denial, and inform the beneficiary of the right to file a grievance if he or she disagrees with the decision. (42 C.F.R. § 438.410(c)(2); 42 C.F.R. § 438.408(c)(2).)

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR § 438.410(c)(1). If the MHP denies a request for expedited resolution of an appeal, it must transfer the appeal within the timeframe for standard resolution in accordance with 42 CFR § 438.408(b)(2).

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

- P&P (2000200-0002-18) MHP Second Opinions, Appeals, and State Fair Hearings as evidence of compliance with this requirement.

The MHP's P&P does not address these requirements.

DHCS deems the MHP out-of-compliance with 42 CFR § 438.410(c)(1) and (2). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
If the MHP or the State Hearing officer reverses a decision to deny, limit, or delay services that were not furnished while the appeal was pending, the MHP must authorize or provide the disputed services promptly and as expeditiously as the beneficiary's health condition requires but no later than 72-hours from the date it receives notice reversing the determination (42 CFR § 438.424(a).).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR § 438.424(a). If the MHP, or the state fair hearing officer reverses a decision to deny, limit, or delay services that were not furnished while the appeal was pending, the MHP

must authorize or provide the disputed services promptly and as expeditiously as the beneficiary's health condition requires but no later than 72-hours from the date it receives notice reversing the determination.

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

- P&P (2000200-0002-18) MHP Second Opinions, Appeals, and State Fair Hearings

The MHP's P&P does not address these requirements.

DHCS deems the MHP out-of-compliance with 42 CFR § 438.424(a). The MHP must complete a POC addressing this finding of non-compliance.

PROGRAM INTEGRITY

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 § 438.608(a)(5). The MHP must have established administrative and management arrangements or procedures to detect and prevent fraud, waste and abuse. DHCS, through its contract with the MHP, must require that the MHP or subcontractor to the extent that the subcontractor is delegated responsibility by the MHP for coverage of services and payment of claims under the contract between DHCS and the MHP, implement and maintain arrangements or procedures that are designed to detect and prevent fraud, waste, and abuse. The arrangements or procedures must include a provision for 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:

- Short Doyle Audit Tool – August 2017

The MHP's audit tool (highlighted by the MHP) does include the following audit requirement, "When claiming for a group service, is there verification of attendance?" However, the audit tool does not include any details how the verification of attendance is conducted. The MHP did not include any policies and/or procedures to address this requirement. It is not clear from the evidence submitted that the MHP has a systematic process for conducting service verification in compliance with the federal and state requirements.

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

REQUIREMENT
The MHP ensures collection of disclosures of ownership, control, and relationship information for persons who have an ownership or control interest in the MHP, if applicable, and ensures its subcontractors and network providers submit disclosures to the MHP regarding the network provider's (disclosing entities) ownership and control (42 CFR §§ 455.101 and 104).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR §§ 455.101 and 455.104. The MHP must provide evidence of verification of disclosure of ownership, control and relationship information from individual providers, agents, and managing employees. The MHP is responsible to monitor and obtain the required information from their contracted providers, regardless of for-profit or non-profit status.

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

- P&P (2001404-0002-15) Credentialing Program & Excluded Individuals Screening; and,
- P&P (2001303-1109-18) Compliance – "Covered" Contractor Compliance Requirements.

The MHP's P&P addresses requires contracts to complete a **"**Self-disclosure form that is signed by an individual provider declaring whether he/she is or is not an excluded individual." This form was not submitted to DHCS for review. In addition, such declarations do not address the specific requirements in 42 CFR §§ 455.101 and 455.104.

DHCS deems the MHP out-of-compliance with 42 CFR §§ 455.101 and 455.104. The MHP must complete a POC addressing this finding of non-compliance.

OTHER REGULATORY AND CONTRACTUAL REQUIREMENTS

REQUIREMENT
1) The MHP, and subcontractors, shall allow DHCS, CMS, the Office of the Inspector General, the Comptroller General of the United States, and other authorized federal and state agencies, or their duly authorized designees, to evaluate contractor's, and subcontractors', performance under this contract, including the quality, appropriateness, and timeliness of services provided, and to inspect, evaluate, and audit any and all records, documents, and the premises, equipment and facilities maintained by the contractor and its subcontractors pertaining to such services at any time (MHP Contract, Ex. E; 42 CFR §§ 438.3(h) and 438.230(c)(3)(i-iii)).
2) 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) and 438.230(c)(3)(i-iii)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR § 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 exists for 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later.

In addition, the MHP did not furnish evidence to demonstrate it complies with 42 CFR § 438.230(c)(3)(i-iii). The MHPs must include in the contract with subcontractor that it must agree that DHCS, CMS, the HHS Inspector General, the Comptroller General, or their designees have the right to audit, evaluate, and inspect any books, records, contracts, computer or other electronic systems of the subcontractor, or of the subcontractor's contractor, that pertain to any aspect of services and activities performed, or determination of amounts payable under the MHP's contract with DHCS. The subcontractor will make available, for purposes of an audit, evaluation, or inspection under paragraph (c)(3)(i) of this requirement, its premises, physical facilities, equipment, books, records, contracts, computer or other electronic systems relating to its Medicaid beneficiaries. The right to audit under paragraph (c)(3)(i) of this requirement will exist through 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later.
DHCS deems the MHP out-of-compliance with 42 CFR §§ 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 evidence to demonstrate compliance with this 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:

- Develop policies and procedures to address the requirements; and,
- Update the Provider Contract Boilerplate to reflect the requirements.

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).

SURVEY FINDING
The MHP did not furnish evidence to demonstrate compliance with this 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:

- Develop policies and procedures to address the requirements; and,
- Update the Provider Contract Boilerplate to reflect the requirements.

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 DHCS's transition of care policy (MHP Contract, Ex. A, Att.10; 42 CFR §§ 438.62(b)(1) and (2)).

SURVEY FINDING

The MHP did not furnish evidence to demonstrate it complies with the MHP Contract and 42 CFR § 438.62(b)(1) and (2). The MHP submitted various correspondence as evidence of compliance with this requirement; however, the evidence provided did not include policies and procedures on the MHP's transition of care policy.

SUGGESTED ACTION

DHCS recommends, at a minimum, the MHP develop policies and procedures on DHCS's transition of care policy in an effort to meet regulatory and/or contractual requirements, or to strengthen current processes in this area to ensure compliance in future reviews.

COVERAGE AND AUTHORIZATION OF SERVICES

REQUIREMENT
MHPs must review and make a decision regarding a provider's request for prior authorization within 5-business days after receiving the request.

SURVEY FINDING

The MHP did not furnish evidence to demonstrate it complies with the survey item requirement.

SUGGESTED ACTION

DHCS is not requiring any action at this time; pending release of the relevant DHCS guidance.