CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2022/2023

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE ALAMEDA COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: December 13, 2022 to December 15, 2022

Alameda County Mental Health Plan
FY 2022/2023 Medi-Cal SMHS Triennial Review
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EXECUTIVE SUMMARY

The California Department of Health Care Services' (DHCS) mission is to provide Californians with access to affordable, integrated, high-quality health care including medical, dental, mental health, substance use treatment services, and long-term care. Our vision is to preserve and improve the overall health and well-being of all Californians.

DHCS helps provide Californians access to quality health care services that are delivered effectively and efficiently. As the single state Medicaid agency, DHCS administers California's Medicaid program (Medi-Cal). DHCS is responsible for administering the Medi-Cal Specialty Mental Health Services (SMHS) Waiver Program. SMHS are "carved-out" of the broader Medi-Cal program. The SMHS program operates under the authority of a waiver approved by the Centers for Medicare and Medicaid Services (CMS) under Section 1915(b) of the Social Security Act.

Medi-Cal is a federal/state partnership providing comprehensive health care to individuals and families who meet defined eligibility requirements. Medi-Cal coordinates and directs the delivery of important services to approximately 13.2 million Californians.

The SMHS program which provides SMHS to Medi-Cal beneficiaries through county Mental Health Plans (MHPs). The MHPs are required to provide or arrange for the provision of SMHS to beneficiaries' in their counties that meet SMHS medical necessity criteria, consistent with the beneficiaries' mental health treatment needs and goals as documented in the beneficiaries client plan.

In accordance with the California Code of Regulations, title 9, chapter 11, § 1810.380, DHCS conducts monitoring and oversight activities such as the Medi-Cal SMHS Triennial System and Chart Reviews to determine if the county MHPs are in compliance with state and federal laws and regulations and/or the contract between DHCS and the MHP.

DHCS conducted a webinar review of the Alameda County MHP's Medi-Cal SMHS programs on December 13, 2022 to December 15, 2022. 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) 2022/2023 Annual Review Protocol for SMHS and Other Funded Programs (Protocol) to conduct the review.

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

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

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

This report details the findings from the Medi-Cal SMHS Triennial System Review of the Alameda County MHP. The report is organized according to the findings from each section of the FY 2022/2023 Protocol deemed out of compliance (OOC), or in partial compliance, with regulations and/or the terms of the contract between the MHP and DHCS.

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

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

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

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

FINDINGS

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

Question 1.3.2

FINDING
The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 20-008, California Welfare and Institutions Code, section 14053, subdivision (a) and (b)(3), United States Code, title 42, section 1396(a)(29)(B), (a)(16) and (h)(1)(c), and Code of Federal Regulations, title 42, section 441, subdivision 13 and section 435, subdivision 1009. The MHP must cover acute psychiatric inpatient hospital services provided in an Institution for Mental Disease (IMD) to Medi-Cal beneficiaries under the age of 21, or 65 years or older.

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

- Hospital OOC Payment Authorization_BL_080922 revised
- UM Out-of-Network Hospital Payment Auth Letter-CHILD
- UM Out-of-Network SHORT DOYLE Payment Auth Letter
- UM PP_IP700_Out-of-Network IP Placement and Auth
- Telecare FY 21-22 MH Final
- Telecare FY 22-23 MH Interim (1)
- Payment Auth Lttr 1
- Payment Auth Lttr 2
- Payment Auth Lttr 3

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP covers acute psychiatric inpatient hospital services provided in an Institution for Mental Disease (IMD) to Medi-Cal beneficiaries under the age of 21, or 65 years or older. Per the discussion during the review, the MHP stated that it covers services within the required age ranges and would provide sample letters which specify this requirement. Post review, the MHP submitted payment authorization letters; however, it did not demonstrate coverage for the required age ranges.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 20-008, California Welfare and Institutions Code, section 14053, subdivision (a) and (b)(3), United States Code, title 42, section 1396(a)(29)(B), (a)(16) and (h)(1)(c), and Code of Federal Regulations, title 42, section 441, subdivision 13 and section 435, subdivision 1009.

Question 1.4.4

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 435 and MHP contract, exhibit A, attachment 8, section 8(D). The MHP must certify, or use another MHP's certification documents to certify, the organizational providers that subcontract with the MHP to provide SMHS, in accordance with California Code of Regulations, title 9, section 1810, subsection 435.

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

- Contract Compliance & Sanctions P&P
- Medi-Cal Site Certification for Providers of MH P&P
- Medi-Cal Site Cert Courtesy Notice
- Medi-Cal Site Cert Letter Template OOA
- Medi-Cal Site Cert Letter Template
- Medi-Cal Site Cert Protocol DAY TX
- Medi-Cal Site Cert Protocol
- Evidence of onsite certification
- Completed Certification Documentation Sample
- Medi-Cal Site Cert Tracking Log All
- Medi-Cal Site Cert Tracking Log Completed
- Medi-Cal Site Cert Tracking Log Pending Billing

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP certifies, or uses another MHP's certification documents to certify, the organizational providers that subcontract with the MHP to provide SMHS. Of the 351 MHP provider sites, 25 had overdue certifications. Per the discussion during the review, the MHP acknowledged the overdue certifications and stated it would address and correct these deficiencies moving forward.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 435 and MHP contract, exhibit A, attachment 8, section 8(D).

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

Question 3.5.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section 6(A); Code of Federal Regulations, title 42, section 438, subdivision 236(b); and California Code of Regulations, title 9, section 1810, subdivision

326. The MHP must have practice guidelines, which meet the requirements of the MHP Contract.

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

- Documentation Requirements Policy
- Memo_CalAIM Resources and Documentation Manual
- ACBH Provider Website
- Clinical Documentation Standards
- Provider Memo re Manual FAQ and Town Halls
- Documentation Requirement Policy
- Clinical Documentation Standards
- EPSDT Chart Doc Manual
- Guidelines Oper Stand CANS ANSA
- Exhibit A-1 - MH Standard Requirements Final
- CalAIM FAQs
- Guidelines for Psychotropic Medication Practices pdf
- ACBH Guidelines for Scope of Practice Credentialing
- Memo_CalAIM Policy Updates
- Memo_SMHS Documentation Manual
- PPC Com Mtg Mins 10.26.22
- QIC Minutes 06.27.22 APPROVED
- Response to Practice Guidelines

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has practice guidelines, which meet the requirements of the MHP Contract. Per the discussion during the review, the MHP stated it has guidelines and trainings on assessments and screening procedures and that it would provide evidence of its practice guidelines post review. Post review, the MHP submitted additional documentation, including documentation manuals and credentials guidelines; however, no evidence was provided to demonstrate practice guidelines are established.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, section 6(A); Code of Federal Regulations, title 42, section 438, subdivision 236(b); and California Code of Regulations, title 9, section 1810, subdivision 326.

Question 3.5.2

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section 6(c); Code of Federal Regulations, title 42, section 438, subdivision 236(c); and California Code of Regulations, title 9, section 1810, subdivision 326. The MHP must disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries.

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

- Documentation Requirements Policy
- Memo_CalAIM Resources and Documentation Manual
- ACBH Provider Website
- Clinical Documentation Standards
- Provider Memo re Manual FAQ and Town Halls
- Documentation Requirement Policy
- Clinical Documentation Standards
- EPSDT Chart Doc Manual
- Guidelines Oper Stand CANS ANSA
- Exhibit A-1 - MH Standard Requirements Final
- CalAIM FAQs
- Guidelines for Psychotropic Medication Practices pdf
- ACBH Guidelines for Scope of Practice Credentialing
- Memo_CalAIM Policy Updates
- Memo_SMHS Documentation Manual
- PPC Com Mtg Mins 10.26.22
- QIC Minutes 06.27.22 APPROVED
- Response to Practice Guidelines

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP disseminates the guidelines to beneficiaries and potential beneficiaries. Per the discussion during the review, the MHP stated that guidelines are posted on its website and are provided at provider sites. Post review, the MHP submitted additional documentation; including documentation manuals and credentials guidelines, however, no evidence was provided to demonstrate dissemination of practice guidelines to beneficiaries and potential beneficiaries.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, section 6(c); Code of Federal Regulations, title 42, section 438, subdivision 236(c); and California Code of Regulations, title 9, section 1810, subdivision 326.

ACCESS AND INFORMATION REQUIREMENTS

Question 4.1.1

FINDING
The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 438, subdivision 10(d)(6)(ii) and MHP Contract, exhibit A, attachment 11, section 3(A). The MHP shall provide all written materials for potential beneficiaries and beneficiaries in a font size no smaller than 12 point.

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

- Informing Materials Packet in English, Chinese and Spanish
- Beneficiary Rights P&P
- Beneficiary Enclosures
- Provider Website Informing Materials Page
- 10-3D INFORMING MATERIALS PACKET- SPANISH
- Non Descrimination_Tagalog

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides all written materials for potential beneficiaries and beneficiaries in a font size no smaller than 12 point. DHCS reviewed the MHPs written informing material and found that the Tagalog non-discrimination informing material was out of compliance. Per the discussion during the review, the MHP acknowledged the need to update the informing material moving forward.

DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 438, subdivision 10(d)(6)(ii) and MHP Contract, exhibit A, attachment 11, section 3(A).

Question 4.1.5

FINDING

The MHP did not furnish evidence to demonstrate compliance with DMH IN No. 10-02, enclosure 1. The MHP must have a mechanism for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and/or culturally appropriate field testing).

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

- Beneficiary Rights P&P
- Language Contracts Folder
- Response to Translation Accuracy

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a mechanism for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and/or culturally appropriate field testing). This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated its contractors are required to have mechanisms in place to ensure accurate translation. Post review, the MHP provided a written response describing the process for ensuring accuracy of translated material; however, no evidence of this process was provided.

DHCS deems the MHP out of compliance with DMH IN No. 10-02, enclosure 1.

Question 4.2.2

FINDING

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

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

The seven (7) test calls are summarized below.

TEST CALL #1

Test call was placed on Thursday, October 20, 2022, at 7:35 a.m. The call was answered after two (2) rings via a recorded greeting. After a brief hold, the caller was connected to a live operator. The caller requested information about accessing mental health services in the county concerning his/her child's mental health and his/her disruptive behavior in school. The operator asked for the caller's personally identifying information, which the caller provided. The operator explained there are a variety of services available through the county and explained the process to schedule an appointment with a therapist. The operator stated to call back any time to schedule an appointment and that this line is available 24/7 if the child were to experience an urgent condition.

The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met.

FINDING

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

TEST CALL #2

Test call was placed on Monday, November 7, 2022, at 2:03 p.m. The call was answered after one (1) ring by a phone tree directing the caller to select a language

option, which included the MHP's threshold language. After selecting the option for English, the caller heard a recorded greeting and instructions to call 911 if experiencing an emergency. Once the caller was transferred to a live operator, the caller requested assistance with what he/she described as feeling depressed, unable to sleep, and bouts of crying. The call was transferred to a clinician who requested personally identifying information, which the caller was unable to provide. The caller was asked to call back with the needed information.

The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria were met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

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

TEST CALL #3
Test call was placed on Monday, November 14, 2022, at 3:40 p.m. The call was answered after one (1) ring by a phone tree directing the caller to select a language option, which included the MHP's threshold language. After selecting the option for English, the caller heard a recorded greeting and instructions to call 911 if experiencing an emergency. Once the caller was transferred to a live operator, the caller requested information about mental health services in the county and explained he/she had been providing care for an elderly parent and had been feeling overwhelmed, isolated, and hopeless. The operator shared the assessment and screening process and offered to begin the screening process over the phone, which the caller declined. The operator then assessed the caller's need for urgent care services, which the caller responded in the negative.

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.

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

TEST CALL #4
Test call was placed on Tuesday, November 1, 2022, at 1:59 p.m. The call was answered after one (1) ring by a phone tree directing the caller to select a language option, which included the MHP's threshold language. After selecting the option for English, the caller heard a recorded greeting and instructions to call 911 if experiencing an emergency. Once the caller was transferred to a live operator, the caller requested information about accessing mental health services and how to refill his/her anxiety medication. The operator explained the process for accessing mental health services

including the process for how to obtain a medication refill. The operator asked if the caller was stable in his/her current medication, which the caller responded in the affirmative. The operator stated the caller could call back to get an assessment for a medication refill.

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.

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

TEST CALL #5
Test call was placed on Thursday, November 17, 2022, at 5:14 p.m. The call was answered after two (2) rings via a recorded message. After two (2) additional rings the call was answered via a live operator. The caller requested information about obtaining a refill for anxiety medication although he/she had not yet established a care provider in the county. The operator assessed the caller's need for urgent care services, which the caller responded in the negative. The operator informed the caller that the office was closed for the day but he/she could leave a message or could call back during business hours to make an appointment as the operator did not have access to the system.

The caller was not provided information on 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.

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

TEST CALL #6
Test call was placed on Wednesday, October 12, 2022, at 4:46 p.m. The call was answered after one (1) ring by a phone tree directing the caller to select a language option, which included the MHP's threshold language. After selecting the option for English, the caller heard a recorded greeting and instructions to call 911 if experiencing an emergency. The caller was placed on hold for approximately one (1) minute. Once the caller was transferred to a live operator, the caller told the operator he/she wanted to file a complaint against a therapist. The operator informed the caller that he/she could pick up the grievance form in the clinic or the MHP could mail the form to the caller. The caller stated he/she would go to the clinic to pick up the form.

The caller was provided information about how to use the beneficiary problem resolution and fair hearing process.

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

TEST CALL #7
The test call was placed on Wednesday November 16, 2022.at 10:15 a.m. The call was answered after two (2) rings by a phone tree directing the caller to select a language option, which included the MHP's threshold language. After selecting the option for English, the caller heard a recorded greeting and instructions to call 911 if experiencing an emergency. Once the caller was transferred to a live operator, the caller asked how he/she could file a complaint in the county. The operator informed the caller that he/she can pick up the grievance form in the clinic, it can be mailed in, or a grievance can be made over the phone. The operator offered to mail the grievance form to the caller, which the caller declined.

The caller was provided information about how to use the beneficiary problem resolution and fair hearing process.

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

SUMMARY OF TEST CALL FINDINGS

Required Elements	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
1	N/A	IN	IN	IN	N/A	N/A	N/A	100%
2	IN	OOC	IN	IN	OOC	N/A	N/A	60%
3	N/A	IN	IN	IN	IN	N/A	N/A	100%
4	N/A	N/A	N/A	N/A	N/A	IN	IN	100%

Based on the test calls, DHCS deems the MHP *in partial compliance* with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1).

Repeat deficiency Yes

Question 4.2.4

FINDING
The MHP did not furnish evidence to demonstrate compliance with California Code for Regulations, title 9, section 1810, subdivision 405(f). The MHP must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or

in writing. The written log(s) must contain name of the beneficiary, date of the request, and initial disposition of the request.

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

- 17-1 Culturally and Linguistically Proficient Services
- Qtr 1 FY 22_23 Test Call Data
- Qtr 2,3,4 FY 21_22 Test Call Data
- 2022-07-21 ACCESS
- 2022-08-20 ACCESS
- 2022-09-20 ACCESS
- 2022-10-20 ACCESS
- Alameda_ ACCESS Test calls
- Test Call Log - CSS 11.10.22
- Test Call Log 11.1.22
- Test Call Log 11.7.22
- Test Call Log 11.14.22

While the MHP submitted evidence to demonstrate compliance with this requirement, two (2) of five (5) required DHCS test calls were not logged on the MHP's written log of initial request. The table below summarizes DHCS' findings pertaining to its test calls:

Test Call #	Date of Call	Time of Call	Log Results		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
1	10/20/2022	7:35 a.m.	OOC	IN	IN
2	11/7/2022	2:03 p.m.	IN	IN	IN
3	11/14/2022	3:40 p.m.	OOC	OOC	OOC
4	11/1/022	1:59 p.m.	IN	IN	IN
5	11/10/2022	5:14 p.m.	OOC	OOC	OOC
Compliance Percentage			**40%**	**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, section 1810, subdivision 405(f).

Repeat deficiency Yes

Question 4.3.5

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 410(c)(4). The MHP must plan for annual cultural competence training necessary to ensure the provision of culturally competent services:

1. There is a plan for cultural competency training for the administrative and management staff of the MHP.
2. There is a plan for cultural competency training for persons providing SMHS employed by or contracting with the MHP.
3. There is a process that ensures that interpreters are trained and monitored for language competence (e.g., formal testing).

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

- Cultural Competency Committee Org Chart
- CCC_ Meeting Minutes _1.28.21
- CCC _ Meeting Minutes _3.25.21
- CCC _ Meeting Minutes_05.26.22
- CCC _ Meeting Minutes_09.23.21
- Cultural Competence Plan Updated 2021_2022
- OES Annual Report 2021_2022
- SAMPLE AGENCY CLAS TRAINING PLAN
- SAMPLE PROVIDER TRAINIG RECORDS
- Sample Training & Materials
- Training list 2020_2022
- Ethnic Svc Master Trg Calendar
- Culturally Competent Services Table

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP plans for annual cultural competence training necessary to ensure that interpreters are trained and monitored for language competence (e.g., formal testing). Per the discussion during the review, the MHP stated that providers and language line staff are offered training for language competence. Post review, the MHP provided material identifying contract providers with specific language and cultural competency abilities; however, it was not evident how the providers are monitored for this requirement.

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

Question 4.3.8

FINDING

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

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

- Language Line
- Language Assistance P&P
- Point-of-Contact List

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has evidence of referrals for beneficiaries who prefer to receive services in that threshold language, but who initially access services outside the specified geographic area, to a key point of contact that does have interpreter services in that threshold language. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that it has a centralized contact list and would provide the list post review. Post review, the MHP provided contact list; however, it did not identify which providers offer interpreter service or the language provided.

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

COVERAGE AND AUTHORIZATION OF SERVICES

Question 5.1.5

FINDING

The MHP did not furnish evidence to demonstrate compliance with BHIN No 22-016; Welfare & Institution Code, section 14197.1; Health and Safety Code, section 1367.01(h)(4); Code of Federal Regulations, title 42, section 438, subdivision 210(c). A decision to modify an authorization request shall be provided to the treating provider(s), initially by telephone or facsimile, and then in writing, and shall include a clear and concise explanation of the reasons for the MHP's decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity. The decision shall also include the name and direct telephone number of the professional who made the authorization decision and offer the treating provider the opportunity to consult with the professional who made the authorization decision.

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

- IP100 Con Rev Psyc Hosp Services
- UM Sample Requests for Auth Folder
- UM Receiving Log Training Material
- 20 TARs

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides the treating provider(s), in writing, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity when a decision to modify an authorization request is made. One (1) of the five (5) modified Treatment Authorization Requests (TAR) reviewed by DHCS did not included notification to the beneficiary's treating provider. Per the discussion during the review, the MHP stated that it would review the TAR in question and provide the notification post review. Post review, the MHP submitted additional TAR documentation; however, it was not evident the MHP provided notification to the provider.

DHCS deems the MHP out of compliance with BHIN No 22-016; Welfare & Institution Code, section 14197.1; Health and Safety Code, section 1367.01(h)(4); Code of Federal Regulations, title 42, section 438, subdivision 210(c).

Question 5.2.14

FINDING

The MHP did not furnish evidence to demonstrate compliance with BHIN 22-016. The MHPs must review and make a decision regarding a provider's request for prior authorization as expeditiously as the beneficiary's mental health condition requires, and not to exceed five (5) business days from the MHP's receipt of the information reasonably necessary and requested by the MHP to make the determination.

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

- PP 200-2 Authorization of Specialty Mental Health Services
- P&P 200-3 Prior Authorizations for Day Rehabilitation and Day Treatment Intensive
- P&P 1603-6 Concurrent Review of Crisis Residential Treatment Services and Adult Residential Treatment Services
- P&P: IP100 Concurrent Review of Psychiatric Hospital Services
- CRT/ART Completed Decision Forms

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

Authorization	# of Service Authorization In Compliance	# of Service Authorization Out of Compliance	Compliance Percentage
Regular Authorization: The MHP makes a decision regarding a provider's request for prior authorization, not to exceed five (5) business days from the MHP's receipt of the information reasonably necessary and requested by the MHP to make the determination.	10	5	50%

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP reviews and makes decisions regarding a provider's request for prior authorization as expeditiously as the beneficiary's mental health condition requires, and not to exceed five (5) business days from the MHP's receipt of the information reasonably necessary and requested by the MHP to make the determination. Of the ten (10) Service Authorization Requests (SAR) reviewed by DHCS, five (5) were either approved beyond the timeline or did not have documentation of the required timeline. Per the discussion during the review, the MHP acknowledged the SARs in question and stated it would submit additional evidence post review. No additional evidence was submitted post review.

DHCS deems the MHP out of compliance with BHIN 22-016.

BENEFICIARY RIGHTS AND PROTECTIONS

Question 6.1.15

FINDING

The MHP did not furnish evidence to demonstrate compliance with the Welfare and Institution Code, section 14727(a)(4); Code of Federal Regulations, title 45, section 84.7; Code of Federal Regulations, title 34, section 106.8; Code of Federal Regulations, title 28, section 35.107; 42 United States Code, section 18116(a); California's Medicaid State Plan, Section 7, Attachments 7.2-A and 7.2-B; and MHP Contract, exhibit A, Attachment 12, section 4(A)(1). The MHP must designate a Discrimination Grievance Coordinator who is responsible for ensuring compliance with federal and state nondiscrimination requirements, and investigating Discrimination Grievances related to any action that would be prohibited by, or out of compliance with, federal or state nondiscrimination law.

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

- No Discrimination
- Problem Resolution Forms
- Grievance and Appeal Training Material
- Grievance Samples
- Grievance- Appeal-Expedited Appeal Tracking Log FY 21
- Grievance- Appeal-Expedited Appeal Tracking Log FY 20
- Grievance and Appeal Training Manual 2022

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP designates a Discrimination Grievance Coordinator who is responsible for ensuring compliance with federal and state nondiscrimination requirements, and investigating Discrimination Grievances related to any action that would be prohibited by, or out of compliance with, federal or state nondiscrimination law. Per the discussion during the review, the MHP stated that it was in the process of updating a policy containing verbiage designating a Discrimination Grievance Coordinator and would be able to submit it post review. Post review, the MHP provided an updated training manual with verbiage regarding the Discrimination Grievance Coordinator that it will implement moving forward.

DHCS deems the MHP out of compliance with the Welfare and Institution Code, section 14727(a)(4); Code of Federal Regulations, title 45, section 84.7; Code of Federal Regulations, title 34, section 106.8; Code of Federal Regulations, title 28, section 35.107; 42 United States Code, section 18116(a); California's Medicaid State Plan, Section 7, Attachments 7.2-A and 7.2-B; and MHP Contract, exhibit A, Attachment 12, section 4(A)(1).

Question 6.1.16

FINDING

The MHP did not furnish evidence to demonstrate compliance with the Welfare and Institution Code, section 14727(a)(4); Code of Federal Regulations, title 45, section 84.7; Code of Federal Regulations, title 34, section 106.8; Code of Federal Regulations, title 28, section 35.107; 42 United States Code, section 18116(a); California's Medicaid State Plan, Section 7, Attachments 7.2-A and 7.2-B; and MHP Contract, exhibit A, Attachment 12, section 4(A)(2). The MHP shall adopt procedures to ensure the prompt and equitable resolution of discrimination related complaints. The MHP shall not require a beneficiary to file a Discrimination Grievance with the MHP before filing the complaint directly with the DHCS Office of Civil Rights and the U.S. Health and Human Services Office for Civil Rights.

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

- Grievance and Appeal System PP
- No Discrimination
- Problem Resolution Forms

- Grievance and Appeal Training Material
- Grievance Samples
- Grievance- Appeal-Expedited Appeal Tracking Log FY 21
- Grievance- Appeal-Expedited Appeal Tracking Log FY 20
- Grievance and Appeal Training Manual 2022

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has procedures to ensure the prompt and equitable resolution of discrimination-related complaints. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that it was in the process of updating a policy containing verbiage addressing resolutions of discrimination related complaints. Post review, the MHP provided an updated training manual with verbiage regarding discrimination grievances that it will implement moving forward.

DHCS deems the MHP out of compliance with the Welfare and Institution Code, section 14727(a)(4); Code of Federal Regulations, title 45, section 84.7; Code of Federal Regulations, title 34, section 106.8; Code of Federal Regulations, title 28, section 35.107; 42 United States Code, section 18116(a); California's Medicaid State Plan, Section 7, Attachments 7.2-A and 7.2-B; and MHP Contract, exhibit A, Attachment 12, section 4(A)(2).

Question 6.1.17

FINDING

The MHP did not furnish evidence to demonstrate compliance with MHP Contract, exhibit A, Attachment 12, section 4(A)(3) and California Medicaid State Plan, section 7, attachments 7.2-A and 7.2-B. Within ten calendar days of mailing a Discrimination Grievance resolution letter to a beneficiary, the MHP must submit the following information regarding the complaint to the DHCS Office of Civil Rights:

a) The original complaint.
b) The provider's or other accused party's response to the complaint.
c) Contact information for the personnel primarily responsible for investigating and responding to the complaint on behalf of the MHP.
d) Contact information for the beneficiary filing the complaint, and for the provider or other accused party that is the subject of the complaint.
e) All correspondence with the beneficiary regarding the complaint, including, but not limited to, the Discrimination Grievance acknowledgment letter and resolution letter sent to the beneficiary.
f) The results of the MHPs investigation, copies of any corrective action taken, and any other information that is relevant to the allegation(s) of discrimination.

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

- No Discrimination
- Problem Resolution Forms

- Grievance and Appeal Training Material
- Grievance Samples
- Grievance- Appeal-Expedited Appeal Tracking Log FY 21
- Grievance- Appeal-Expedited Appeal Tracking Log FY 20
- Grievance and Appeal Training Manual 2022

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP submits required information regarding a complaint to the DHCS Office of Civil Rights within ten calendar days of mailing a Discrimination Grievance resolution letter to a beneficiary. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that it was in the process of updating a policy containing verbiage regarding forwarding Discrimination Grievance information to the DHCS Office of Civil Rights within the required timeframe. Post review, the MHP provided an updated training manual with the required verbiage that it will implement moving forward.

DHCS deems the MHP out of compliance with MHP Contract, exhibit A, Attachment 12, section 4(A)(3) and California Medicaid State Plan, section 7, attachments 7.2-A and 7.2-B.

Question 6.4.6

FINDING
The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 438, subdivision 408(b)-(c) and 406(b)(5) and MHP Contract Exhibit A, Attachment, 12, section 1(B)(17) and 5(A)(6). The MHP must provide the beneficiary and his or her representative the beneficiary's case file free of charge and sufficiently in advance of the resolution timeframe for standard and expedited appeal resolutions.

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

- Grievance and Appeal System PP
- Grievance Samples
- Grievance- Appeal-Expedited Appeal Tracking Log FY 21
- Grievance- Appeal-Expedited Appeal Tracking Log FY 20
- Letter of Acknowledgement Expedited Appeal with free copies
- Letter of Acknowledgement-Appeal with free copies

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides the beneficiary and his or her representative the beneficiary's case file free of charge and sufficiently in advance of the resolution timeframe for standard and expedited appeal resolutions. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that, in practice, documents would be provided free of charge upon

request. Post review, the MHP provided an updated Letter of Acknowledgement that includes this language that it will implement moving forward.

DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 438, subdivision 408(b)-(c) and 406(b)(5), and MHP Contract Exhibit A, Attachment 12, section 1(B)(17) and 5(A)(6).

PROGRAM INTEGRITY

Question 7.2.4

FINDING
The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 13 and Code of Federal Regulations, title 42, section 438, subdivision 608(a)(8). The MHP must implement and maintain arrangements or procedures that include provision for the MHP's suspension of payments to a network provider for which there is a credible allegation of fraud.

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

- Identifying, Reporting & Recovering Overpayments P&P
- Evidence of DHCS Reporting_Exclusion
- Copy of Q3 2021 SMHS SOC Audit Claims Sheet v3.6 FIN ADJ 9-2-22
- ACBH_COMPLIANCE PROGRAM INTEGRITY_PLAN_FEB_2019
- ACBH Compliance Program Integrity Plan
- SMHS Chart Audit Tool
- CHAA FY 22-23 MH Final. Highlights for Program Integrity

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP implements and maintains arrangements or procedures that include provision for the MHP's suspension of payments to a network provider for which there is a credible allegation of fraud. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it has a contract and policy that addresses suspension of payment that it will provide post review. Post review, the MHP provided additional evidence, including policies and procedures; however, it was not evident this process was in place.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 13 and Code of Federal Regulations, title 42, section 438, subdivision 608(a)(8).

Question 7.6.1

FINDING
The MHP did not furnish evidence to demonstrate compliance with United States Code, title 42, section 1396u-2(d)(6); Code of Federal Regulations, title 42, section 438, subdivision 602, and BHIN No. 20-071. The MHP must ensure all applicable network providers, including individual rendering providers and Specialty Mental Health facilities, enroll through DHCS' Provider Application and Validation for Enrollment (PAVE) portal (unless the facility is required to enroll via CDPH).

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

- PAVE Enrollment Update Memo FAQ
- Provider Memo_PAVE Enrollment and Medi-Cal Rx
- PAVE Memo
- PAVE Enrollment Procedure
- PAVE Enrollment Tracking
- PAVE ENROLLMENT

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures all applicable network providers enroll through DHCS' PAVE portal (unless the facility is required to enroll via CDPH). Per the discussion during the review, the MHP stated it has verification samples of enrolled providers and it would provide the documents post review. Post review, the MHP did not provide samples of completed applications.

DHCS deems the MHP out of compliance with United States Code, title 42, section 1396u-2(d)(6); Code of Federal Regulations, title 42, section 438, subdivision 602; and BHIN No. 20-071.