



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2020/2021

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE AMADOR COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: 12/14/2020 to 12/16/2020

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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 Amador County MHP's Medi-Cal SMHS programs on 12/14/2020 to 12/16/2020. The review consisted of an examination of the MHP's program and system operations, including chart documentation, to verify that medically necessary services are provided to Medi-Cal beneficiaries. DHCS utilized Fiscal Year (FY) 2020/2021 Annual Review Protocol for SMHS and Other Funded Programs (Protocol) to conduct the review.

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

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

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

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

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

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

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

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

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FINDINGS

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

Question 1.2.7

FINDING

The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must provide TFC services to all children and youth who meet medical necessity criteria for TFC.

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

- TFC RFP Distribution
- TFC RFP
- Policy 1-113 Pathways to Wellbeing

While the MHP submitted evidence to demonstrate with this requirement, it is not evident that the MHP provides TFC services to all children and youth who meet medical necessity criteria. Per the discussion during the review, the MHP stated that they were not successful securing a TFC provider to provide these services.

DHCS deems the MHP out of compliance with the Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care Services (TFC) for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

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

Repeat deficiency Yes

Question 1.2.8

FINDING

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

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

- Sierra Child & Family Services Proposal

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- Level of Care Review
- Level of Care Example

While the MHP submitted evidence to demonstrate with this requirement, it is not evident that the MHP determines if children and youth who meet medical necessity criteria need TFC. Per the discussion during the review, the MHP stated that it does not have a mechanism in place to determine if children and youth meet TFC criteria.

DHCS deems the MHP out of compliance with the Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

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

Repeat deficiency Yes

Question 1.4.6

FINDING

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

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

- Sierra Child and Family provider monitoring tool samples
- Amador documentation training
- Documentation training sign in list
- Sierra Child and Family provider monitoring follow up example

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a mechanism to take corrective action when it identifies deficiencies or areas of improvement. Per the discussion during the review, the MHP stated that it currently does not a corrective action plan mechanism.

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

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

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ACCESS AND INFORMATION REQUIREMENTS

Question 4.3.2

FINDING

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

TEST CALL #1

Test call was placed on Friday, October 16, 2020, at 5:10 p.m. The call was answered after four (4) rings via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. The caller then heard a recorded greeting and instructions to press one (1) for crisis worker. The caller requested information about accessing mental health services in the county for anxiety medication refill. The operator explained that the office closed at 5:00 p.m. and that the call was transferred to the After-Hour Crisis Line. The caller asked if there was a doctor that could refill the medication and the operator replied in the negative. The operator instructed the caller to call back on Monday at 8:00 a.m. No additional information about SMHS was provided to the caller. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, nor was the caller provided information about services needed to treat a beneficiary's urgent condition.

FINDING

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

TEST CALL #2

Test call was placed on Friday, October 23, 2020, at 3:51 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 assessed the caller's current condition by asking if he/she required immediate services. The caller replied in the negative. The operator shared the assessment screening process and advised the caller that the screening process could be completed within 15 minutes. The caller declined to participate in a screening and advised the operator that they would call back. The operator advised the caller of business hours and that the clinic was closed for walk-ins due COVID-19. The operator reminded the caller that the 24/7 access line was available for crisis and urgent services. The caller was provided information about

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how to access SMHS and was provided information about services needed to treat a beneficiary's urgent condition.

FINDING

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

TEST CALL #3

Test call was placed on Friday, October 23, 2020, at 9:47 a.m. The call was answered after one (1) ring via a live operator. The caller requested information about how to access mental health services for his/her son. The operator assessed the caller's child's current condition by asking if the child required immediate services or was at risk of harm. The caller replied in the negative. The operator described the assessment and screening process and advised the caller of the various levels of care for which his/her child may be eligible. The operator also stated that the process could be conducted via phone or Zoom, but the walk-in process was not available as the site was closed to the public due to COVID. The operator advised the caller that the 24/7 access line was available if the condition escalated and for crisis/urgent services. The caller was provided information about how to access SMHS and was provided information about services needed to treat a beneficiary's urgent condition.

FINDING

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

TEST CALL #4

Test call was placed on Monday, October 26, 2020, at 7:42 a.m. The call was answered after one (1) ring via a live operator. The caller requested information about how to access mental health services for sleeplessness, uncontrollable crying, and sadness. The operator requested personal identifying information to schedule assessment. The caller provided their first name, address, and date of birth, but declined to provide a social security number or Medi-Cal number. The operator assessed the caller for crisis by asking if the caller was at risk of harming himself/herself or others, to which the caller replied in the negative. The operator proceeded to provide information regarding the assessment process. The operator provided the address and hours of operation. The operator advised the caller that the 24/7 access line was available for crisis and urgent services. The caller was provided information about how to access SMHS as well as 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).

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TEST CALL #5

Test call was placed on Friday, November 20, 2020, at 2:29 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 asked if the caller had Medi-Cal and the caller replied in the affirmative. The operator stated that she could transfer the caller to a crisis counselor or begin the intake process with the caller. The caller stated that he/she just wanted general information about the process and did not wish to speak to a crisis counselor. The operator informed the caller that the intake process would be conducted via phone or zoom due the pandemic. The operator explained that the process begins with a phone screening and proceeded to explain the entire process. The operator advised the caller that the process can take up to two weeks. The operator asked if the caller again if he/she wanted to start the process but the caller declined. The operator advised the caller of the county's 24/7 access line for crisis and urgent services. 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 with 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 #6

Test call was placed on Tuesday, October 27, 2020, at 1:06 pm. The call was answered after one (1) ring via a live operator. The operator asked for the caller's first and last name. The caller provided their first name and informed the operator that he/she did not want to provide the last name. The caller requested information about how to file a complaint. The operator provided two (2) methods for filing a complaint. The operator informed the caller that he/she could come to the office to pick up a grievance form or one could be mailed to the caller. The operator provided the caller with the hours of operation and telephone number. The caller was provided information about how to use the problem resolution and fair hearing processes.

FINDING

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

TEST CALL #7

Test call was placed on Thursday, November 12, 2020, at 1:42 pm. The call was answered after one (1) ring via a live operator. The operator introduced him/herself and asked for the caller's first name. The caller provided his/her name. The caller requested information about how to file a complaint. The operator informed the caller there are two options to file a complaint. The operator could mail the grievance form or the caller could pick up the information in person. The operator provided the address, hours of

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operation, and telephone number. The caller was provided information about how to use the problem resolution and fair hearing processes.

FINDING

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

SUMMARY OF TEST CALL FINDINGS

Required Elements	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
1	IN	N/A	N/A	N/A	N/A	N/A	N/A	100%
2	IN	IN	IN	IN	IN	N/A	N/A	100%
3	OOC	IN	IN	IN	IN	N/A	N/A	80%
4	N/A	N/A	N/A	N/A	N/A	IN	IN	100%

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

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

Repeat deficiency Yes

Question 4.3.4

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code for Regulations, title 9, chapter 11, section 1810, subdivision 405(f). The MHP must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing. The written log(s) must contain name of the beneficiary, date of the request, and initial disposition of the request.

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

- MHP Access Log

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

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Test Call #	Date of Call	Time of Call	Log Results		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
1	10/16/2020	5:10 pm	OOC	OOC	OOC
2	10/23/2020	3:51 pm	IN	IN	IN
3	10/23/2020	9:47 am	IN	IN	IN
4	10/26/2020	7:42 am	IN	IN	IN
5	11/20/2020	2:29 am	OOC	OOC	OOC
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, section 1810, subdivision 405(f).

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

Question 4.4.5

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 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 Competence Policy
- Cultural Competence Committee minutes
- Policy #1-300

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the evidence submitted that the MHP has a process to ensure interpreters are trained and monitored for language competence. Specifically, while the MHP has no threshold languages and uses the language line, the MHP also stated that it uses staff for the purposes of providing interpretation, but per discussion during the review, the MHP stated that it does not have a training or monitoring process for language competence of these staff.

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

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

BENEFICIARY RIGHTS AND PROTECTIONS

Question 6.1.5

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 12, Federal Code of Regulations, title 42, section 438, subdivision 406(b)(1), and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-010E. The MHP must acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing meeting above listed standards.

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

- FY 18/19 Grievance Log
- FY 19/20 Grievance Log
- Grievance forms samples
- Acknowledgement letter samples

While the MHP submitted evidence to demonstrate compliance with this requirement, one (1) of the acknowledgment letters exceeded the five-calendar day timeline requirement.

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

	# OF SAMPLE REVIEWED	ACKNOWLEDGMENT		COMPLIANCE PERCENTAGE
		# IN	# OOC	
GRIEVANCES	6	5	1	83%
APPEALS	N/A			N/A
EXPEDITED APPEALS	N/A			N/A

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

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