



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2020/2021

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE DEL NORTE COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: October 19, 2021 to October 21, 2021

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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 virtual onsite review of the Del Norte County MHP's Medi-Cal SMHS programs on October 19, 2021 to October 21, 2021. The review consisted of an examination of the MHP's program and system operations, including chart documentation, to verify that medically necessary services are provided to Medi-Cal beneficiaries. DHCS utilized Fiscal Year (FY) 2020/2021 Annual Review Protocol for SMHS and Other Funded Programs (Protocol) to conduct the review.

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

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

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- 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 Del Norte 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 1.1.3

FINDING

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

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

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

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

- Timeliness Report
- PASA July-Oct 2021 Psych Appts
- 24-7 Access Line P&P
- Language Line Access P&P
- Contract Oversight and Monitoring P&P
- Initial Request for Services Log
- Initial Request Log P&P
- MHP_TADT County 2021
- FY20.21_CAP Resolution Letter (1)
- NACert_FY 20.21_CAP Tool_Plan Response
- Network Adequacy and Monitoring P&P (1)
- Timely Access Network Adequacy P&P

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP meets, and requires its providers to meet, Department standards for timely access for all urgent appointments and physician appointments. Per the discussion during the review, the MHP stated it tracks routine appointments for timeliness and began tracking psychiatric appointments in November of 2020. The MHP stated some psychiatric appointments occurred outside the 15 day required timeframe due to acute hospitalizations, however, the MHP was unable to provide evidence to support this. The MHP stated that they have experienced difficulty tracking urgent appointments because most beneficiaries are seen the same day.

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

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

Question 1.1.4

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 8. The MHP must implement mechanisms to assess the accessibility of services within its service delivery area include the below listed requirements:

1. The assessment of responsiveness of the MHP's 24-hour toll-free telephone number,
2. Timeliness of scheduling routine appointments,
3. Timeliness of services for urgent conditions, and,
4. Access to after-hours care.

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

- Test Call Log FY 20-21
- Test Call Samples FY 20-21
- Test Call Script
- Plan of Corrections 4-26-2020 Answering Service
- NACert_FY20.21_CAP Tool_Plan Response
- FY20.21_CAP Resolution Letter (1)
- MHP_TADT County 2021
- Contract Oversight and Monitoring P&P. Rev 7-11-18

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP implements mechanisms to assess the accessibility of services within its service delivery area including assessing the responsiveness of the MHP's 24-hour toll-free telephone number and timeliness of services for urgent appointments. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated urgent appointments are not tracked. The MHP also stated it only assesses the 24-hour telephone number after-hours and does not conduct test calls during business hours.

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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Question 1.1.6

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulation, title 42, section 438, subdivision 206(c)(1)(iv), (v), and (vi). The MHP shall establish mechanisms to ensure that network providers comply with the below timely access requirements:

1. The MHP shall monitor network providers regularly to determine compliance with timely access requirements.
2. The MHP shall take corrective action if there is a failure to comply with timely access requirements.

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

- Timely Access Network Adequacy P&P
- Test Call Log FY 20-21
- Test Call Samples FY 20-21
- Test Call Script
- Remi Vista Agreement FY 20-21
- Remi Meetings
- Remi Del Norte Meetings
- FY20.21_CAP Resolution Letter (1)
- MHP_TADT County 2021
- NACert_FY20.21_CAP Tool_Plan Response

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has established mechanisms to ensure that network providers comply with these timely access requirements. These requirements were not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that it conducts meetings with its children's services contract provider regarding timely access. The MHP submitted additional evidence for these meetings, however, it is not clear from the additional documents that the MHP is regularly monitoring the provider or taking correction action when needed.

DHCS deems the MHP out of compliance with Federal Code of Regulation, title 42, section 438, subdivision 206(c)(1)(iv), (v), and (vi).

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

Repeat deficiency Yes

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Question 1.2.1

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 provide Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) to all children and youth who meet medical necessity criteria for those services. Membership in the Katie A. subclass is not a prerequisite to receiving ICC and IHBS.

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

- ICC Report
- IHBS Report
- Remi Katie A P&P
- Remi Training for ICC.IHBS.TFC
- Mental Health Screening Form
- Remi Pathways Forms

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides ICC and IHBS to all children and youth who meet medical necessity criteria for these services. This requirement was not included in any evidence provided by the MHP for system or chart reviews. Per the discussion during the review, the MHP stated that it uses the Child and Adolescent Needs and Strengths (CANS) tool to assess all children and youth, and if a therapist believes that a child or youth needs more intensive services, the Pathways to Well-Being referral form is used to screen for ICC and IHBS service needs. Post review, the MHP submitted additional evidence to demonstrate compliance to this requirement. The evidence did not demonstrate that all eligible children and youth are provided ICC and IHBS or that the MHP is monitoring its contracted children's services provider to ensure eligible beneficiaries are offered these services.

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.

Question 1.2.2

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

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must have an affirmative responsibility to determine if children and youth who meet medical necessity criteria need ICC and IHBS.

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

- Mental Health Screening Form
- Remi Katie A P&P
- Remi Training for ICC.IHBS.TFC
- Pathways Referral
- Remi Pathways Forms

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP determines if children and youth who meet medical necessity criteria need ICC and IHBS. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that all children and youth are screened with the CANS tool and if a therapist thinks the child or youth needs more intensive services, the Pathways to Well Being referral form is completed. Post review, the MHP submitted additional evidence demonstrating this process. The evidence did not demonstrate that all children and youth are assessed for ICC and IHBS services or that the MHP is monitoring its contracted children's services provider to ensure all children and youth are assessed for these services.

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.

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:

- Remi Katie A P&P
- Mental Health Screening Form
- Remi Pathways Forms
- TFC Screening

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- Remi Training for ICC.IHBS.TFC

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides TFC services to all children and youth who meet medical necessity criteria for TFC. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it is not providing TFC services at this time.

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.

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:

- TFC Screening
- Remi Training for ICC.IHBS.TFC

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP determines if children and youth who meet medical necessity criteria need TFC. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP is using the ICC/IHBS screening tools to assess for TFC services. Post review, the MHP provided a completed TFC Screening tool document. This evidence did not demonstrate that all children and youth are assessed for TFC services or that the MHP is monitoring its contracted children's services provider to ensure all children and youth are assessed for this service.

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.

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Question 1.4.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 12(a) (1). The MHP must comply with following:

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

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

- No evidence submitted

The MHP did not submit any evidence to demonstrate compliance with this requirement. Per the discussion during the review, the MHP stated it has not experienced this issue and does not have a process to address this requirement. The MHP stated it would submit a template post review to demonstrate compliance for this requirement; however, no additional evidence was provided.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 12(a)(1).

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

Question 1.4.5

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 8. The MHP must monitor the performance of its contractors and network providers on an ongoing basis for compliance with the terms of the MHP contract and shall subject the contractors' performance to periodic formal review.

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

- Contract Oversight and Monitoring P&P Rev 7-11-18
- Provider Selection and Retention P&P
- Subcontract Template Part 1
- Subcontract Template Part 2
- Chart Audit 1-24-2021
- Chart Audit 5-4-2021
- Chart Audit 5-4-2021 Part 2
- Chart Audit 8-2-2021

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While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted that the MHP monitors its contractors and network providers for compliance or performance. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that it is not monitoring its contracted providers as required per regulations.

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.

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, Federal Code of Regulations, title 42, section 438, subdivision 236(b), and California Code of Regulations, title 9, section 1810, subdivision 326. The MHP must 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 Manual
- Provider Manual
- Contract Boilerplate Part 1 & 2
- Audit CSF 418/419 Split
- Audit KW 129-419-20290-035
- Audit PA 129-419-20291
- Audit YL 129-419-20290

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted that the MHP has established practice guidelines. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that it provides on the job training and job shadowing, as well as mandatory trainings, but that these trainings are not documented in writing. The MHP stated it would submit evidence based trainings and sign in sheets post review; however, the submitted documentation does not demonstrate that the MHP has established practice guidelines.

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

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

Question 3.5.2

FINDING

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

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

- Documentation Manual
- Provider Manual
- Contract Boilerplate Part 1 & 2
- Audit CSF 418/419 Split
- Audit KW 129-419-20290-035
- Audit PA 129-419-20291
- Audit YL 129-419-20290

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP disseminates the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that its strengths-based trainings are not written, therefore the MHP cannot disseminate its practice guidelines to its providers, beneficiaries, or potential beneficiaries. Post review, the MHP submitted audits of the trainings its staff has taken; however, this evidence does not demonstrate compliance to this requirement.

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

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

Question 3.5.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, Federal Code of Regulations, title 42, section 438, subdivision 236(b), and California Code of Regulations, title 9, section 1810, subdivision 326. The MHP must take steps to assure that decisions for utilization management, beneficiary

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education, coverage of services, and any other area to which the guidelines apply are consistent with the guidelines adopted.

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

- Documentation Manual
- Provider Manual
- Contract Boilerplate Part 1 & 2
- Audit CSF 418/419 Split
- Audit KW 129-419-20290-035
- Audit PA 129-419-20291
- Audit YL 129-419-20290

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP takes steps to assure that decisions for utilization management, beneficiary education, coverage of services, and any other area to which the guidelines apply are consistent with the guidelines adopted. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that its practice guidelines are strengths-based trainings that are not written. Post review, the MHP submitted audits of trainings its staff has completed, however this evidence does not demonstrate compliance to the requirement.

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

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

ACCESS AND INFORMATION REQUIREMENTS

Question 4.3.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 410(c)(4). The MHP must provide training for staff responsible for the statewide toll-free 24-hour telephone line to ensure linguistic capabilities.

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

- County NightWatch Training 2-2020
- 5 NWScript-Del Norte_County(1-2020)
- DelNorte-NW Info (2)

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- CSS After Hours Training Attendance (1)
- NightWatch_CSS After Hours Booster Shot Training (Responses)
- Call Volume by Call Type Reports – March 2021 – Del Norte

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides training for staff responsible for the statewide toll-free 24-hour telephone line to ensure linguistic capabilities. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that its front desk staff who operate the 24-hour telephone line during business hours go through mental health trainings and training issues are addressed by management. The MHP stated it would submit training records for MHP staff who are responsible for working on the 24-hour telephone line post review; however, this evidence was not submitted post review.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 410(c)(4).

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

Question 4.3.2

FINDING

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

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

The seven (7) test calls are summarized below.

TEST CALL #1

Test call was placed on Friday, October 23, 2020, at 11:31 a.m. The call was immediately answered via a phone tree with a recorded message in English and

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Spanish, the MHP's threshold language. The recording instructed the caller to dial 911 if experiencing a life threatening emergency. The phone tree provided the caller with service options and the caller selected zero (0) for mental health services. 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 asked for his/her son's age, which the caller provided. The operator referred the caller to an alternate provider. The caller asked if the provider would be able to assist her son and the operator replied in the affirmative. The caller thanked the operator 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.

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 Friday, March 19, 2021, at 2:34 p.m. The call was answered after one (1) ring via a phone tree with a recorded message in English and Spanish, the MHP's threshold language. The recording instructed the caller to dial 911 if experiencing a life threatening emergency. The call was then transferred to a live operator. The caller asked for help with his/her child's behavior and described the symptoms. The operator provided the caller with clinic locations and hours of operation and suggested he/she contact Remi Vista as they provide children services. The operator provided Remi Vista's address and phone number. No other information regarding intake or assessment was provided.

The caller was provided information on 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 #3

Test call was placed on Monday, November 2, 2020 at 4:10 p.m. The call was answered after one (1) ring via a phone tree with a recorded message in English and Spanish, the MHP's threshold language. The recording instructed the caller to dial 911 if experiencing a life threatening emergency. The phone tree provided the caller multiple prompts that included crisis, substance use disorder services, and other offered services. The caller pressed the option to speak with a counselor and was connected to a live operator. The caller requested information about accessing mental health services in the county. The operator assessed the caller for urgent condition by asking if he/she needed immediate services. The caller replied in the negative. The operator advised the caller of the screening process that included completing an assessment questionnaire

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and returning it by 3:30 p.m. for a same day appointment. The operator provided the caller with the address and hours of operation of where to return the completed questionnaire.

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 Friday, March 19, 2021, at 9:54 a.m. The call was answered immediately via a phone tree with a recorded message in English and Spanish, the MHP's threshold language. The phone tree message stated to dial 911 if experiencing a life threatening emergency. The phone tree stated to press one (1) for mental health, which the caller selected. The recording then listed 17 employee extensions. An extension was not selected and the recording was repeated. The caller was unable to reach a live operator and ended the call.

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 #5

Test call was placed on Thursday, July 1, 2021, at 5:05 p.m. The call was answered after one (1) ring via a live operator. The caller requested information about refilling a prescription as a new beneficiary in the county. The operator asked if the caller was suicidal and he/she responded in the negative. The operator explained that the caller had called the correct number for the Access Line, but after 5:00 p.m. the calls roll over to the Crisis Support Line. The operator told the caller to call back during business hours with the refill request. The caller inquired what the business hours were and the operator responded 9:00 a.m. to 5:00 p.m.

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.

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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 Tuesday, July 13, 2021, at 12:52 p.m. The call was answered after two (2) rings via a live operator. The caller requested information about filing a grievance with the county. The operator asked the caller to provide his/her name, which the caller provided. The operator explained that the caller could go in person to the county office to pick up a grievance form and provided the address, phone number, and the hours of operation. The operator stated that someone from the county could help the caller fill out the grievance form if needed. The operator also offered to mail the grievance form and information to the caller.

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

Test call was placed on Wednesday, September 22, 2021, at 7:47 a.m. The call was answered after two (2) rings via a live operator. The caller requested information about filing a grievance with the county. The operator provided the grievance line information that allows callers to file a grievance over the phone. The operator also provided the office location where the caller could file a grievance in person.

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	IN	IN	IN	IN	N/A	N/A	N/A	100%
2	IN	IN	IN	OOC	OOC	N/A	N/A	60%
3	IN	IN	IN	IN	IN	N/A	N/A	100%
4	N/A	N/A	N/A	N/A	N/A	IN	IN	100%

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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:

- Initial Request Log P&P
- Initial Request for Services Log
- After Hours Call Log 7-23-2021 Part 1, 7-23-2021 Part 2, 7-1-2021, 8-3-2021, 8-3-2021 Part 2, 8-18-2021, 8-18-2021 Part 2, 8-19-2021, 8-19-2021 Part 2
- 7-1-2021 Call

While the MHP submitted evidence to demonstrate compliance with this requirement, zero (0) of the required DHCS test calls were logged on the MHP’s written log of initial requests. The table below summarizes DHCS’ findings pertaining to its test calls:

Test Call #	Date of Call	Time of Call	Log Results		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
1	10/23/2020	11:31 a.m.	OOC	OOC	OOC
2	3/19/2021	2:34 p.m.	OOC	OOC	OOC
3	11/2/2020	4:10 p.m.	OOC	OOC	OOC
4	3/19/2021	9:54 a.m.	OOC	OOC	OOC
5	7/1/2021	5:05 p.m.	OOC	OOC	OOC
Compliance Percentage			0%	0%	0%

Note: Only calls requesting information about SMHS, including services needed to treat a beneficiary's urgent condition, are required to be logged.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 405(f).

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

COVERAGE AND AUTHORIZATION OF SERVICES

Question 5.1.4

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(e). The MHP must ensure compensation to individuals or entities that conduct utilization management activities must not be structured so as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any beneficiary.

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

- Access & Authorization Process P&P
- Authorization of SMHS P&P
- SAR P&P
- TAR P&P
- TAR Examples
- Signatures
- Names & Licenses

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures compensation for utilization management activities is structured to prevent incentives for individuals or entities to deny, limit, or discontinue medically necessary services to any beneficiary. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that only county employees conduct utilization management activities. The MHP stated that a human resources document or duty statements would be submitted post review to demonstrate MHP staff roles in the utilization management process, however, this documentation was not provided.

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

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

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BENEFICIARY RIGHTS AND PROTECTIONS

Question 6.4.13

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 410(b). The MHP must ensure that punitive action is not taken against a provider who requests an expedited resolution or supports a beneficiary's expedited appeal.

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

- Appeal Sample FY 20-21
- Grievance Log FY 2020-2021
- Grievance Appeal Process P&P
- Problem Resolution English

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures that punitive action is not taken against a provider who requests an expedited resolution or supports a beneficiary's expedited appeal. Per the discussion during the review, the MHP stated that it has not received an expedited appeal during the triennial review period, as such it does not currently have a policy or procedure in place. The MHP stated that it would provide an updated policy and procedure with this language, however, this evidence was not provided post review.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 410(b).

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

PROGRAM INTEGRITY

Question 7.2.3

FINDING

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

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

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- Whistleblowers Notice
- Auditing and Monitoring Log
- Compliance Plan
- Duplicate Services Report 1 Year
- License Report 1 Year All
- NPI Report 1 Year All
- Remi Vista Agreement
- Sample Time Study Corrections
- Service Verification Log
- SV Letters Signed
- FY20-21 Del Norte Billing Log EOB Reconciliation
- FY20-21 Del Norte Billing Log Reconciliation
- FY20-21 Del Norte Medicare Claims Performance
- FY20-21 Del Norte Medicare Claims Reconciliation
- FY20-21 Del Norte SD_MC Claims Performance
- FY20-21 Del Norte SD_MC Claims Reconciliation

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP implements and maintains written policies for its employees and contractors or agents that provides detailed information about the False Claims Act and other Federal and State Laws, including information about rights of employees to be protected as whistleblowers. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated this requirement was not currently documented in a policy. The MHP stated that an updated policy would be provided post review, however, this evidence was not provided.

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

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

Question 7.4.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 455, subdivision 434(b)(1) and (2); 104, MHP Contract Exhibit A, Att. 13. The MHP must requires providers, or any person with a 5% or more direct or indirect ownership interest in the provider, to submit fingerprints when applicable. The MHP shall ensure that its contractors and network providers submit the disclosures below to the MHP regarding the network providers' (disclosing entities') ownership and control. The MHP's network providers must be required to submit updated disclosures to the MHP upon submitting the provider application, before entering into or renewing the network providers' contracts, within 35 days after any

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change in the contractor/network provider's ownership, annually and upon request during the re-validation of enrollment process under 42 Code of Federal Regulations part 455.104.

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

- Background Checks P&P
- 5% Disclosure Form Template
- Sample Completed Form 700
- County Counsel Ethics Memo
- Remi Disclosure

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP requires providers or any person with a 5% or more direct or indirect ownership interest in the provider, to submit fingerprints and disclosures when applicable. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that it would provide evidence for this requirement post review, however, this evidence was not received by DHCS.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 455, subdivision 434(b)(1) and (2); 104, MHP Contract Exhibit A, Att. 13.

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

Question 7.4.5

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 13. The MHP must submit disclosures and updated disclosures to the Department of Health and Human Services including information regarding certain business transactions within 35 days, upon request. The MHP must ensure the ownership of any contractor with whom the MHP has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request, significant business transactions between the MHP and any wholly owned supplier, or between the MHP and any contractor, during the 5-year period ending on the date of the request, and the MHP must obligate network providers to submit the same disclosures regarding network providers as noted under subsection 1(a) and (b) within 35 days upon request.

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

- Sample Completed Form 700
- 5% Disclosure Form Template
- County Counsel Ethics Memo

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- Remi Disclosure

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP submits disclosures and updated disclosures to the DHCS as required per regulations. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that it would provide evidence for this requirement post review, however, this evidence was not received by DHCS.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 13.

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

Question 7.4.6

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title.42, section 455, subdivision 101 and 106(a)(1), (2). The MHP must submit disclosure to DHCS of identity of any person who is a managing employee of the MHP who has been convicted of a crime related to federal health care programs, and identity of any person who is an agent of the MHP who has been convicted of a crime related to federal health care programs.

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

- Background Checks P&P
- 5% Disclosure Form Template
- Sample Completed Form 700
- County Counsel Ethics Memo
- Remi Disclosure

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP submits disclosures to DHCS of the identity of any person who is a managing employee of the MHP who has been convicted of a crime related to federal health care programs, and the identity of any person who is an agent of the MHP who has been convicted of a crime related to federal health care programs. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that it would provide evidence for this requirement post review, however, this evidence was not received by DHCS.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title.42, section 455, subdivision 101 and 106(a)(1), (2).

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