CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2020/2021

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE LAKE COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: November 2, 2021 to November 3, 2021

Lake County Mental Health Plan
FY 2020/2021 Medi-Cal SMHS Triennial Review
Systems Review Findings Report

TABLE OF CONTENTS

Lake County Mental Health Plan
FY 2020/2021 Medi-Cal SMHS Triennial Review
Systems Review Findings Report

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 Lake County MHP's Medi-Cal SMHS programs on November 2, 2021 to November 3, 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

- 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 Lake 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.

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:

- 101-Medi-Cal Array of Services
- Service Request Log
- 161 Network Adequacy
- 274-Out-of-Network Access and Single Case Agreements
- 103-Intake Process for Outpatient Mental Health Services

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 to care and services. Per the discussion during the review, the MHP reported issues tracking timeliness standards with the existing tracking system and Electronic Health Records (EHR) which has caused several urgent care requests that do not require prior authorization to be out of compliance with timeliness standards. The MHP is currently working with Kings View to modify its current EHR system and has developed a request for proposal for a new EHR system. In the interim, the MHP is manually tracking timelines for 48 and 96 hour urgent care appointments.

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

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:

- 127-Provider Contract Development and Monitoring
- 161 Network Adequacy
- 274-Out-of-Network Access and Single Case Agreements
- 160-Therapeutic Behavioral Services (TBS)
- 103-Intake Process for Outpatient Mental Health Services
- 21.22.31 Jackie Smythe FY 21-22
- 21.22.29 IDEA Consulting FY 21-22
- 21.22.17 Dr Singh MH MD FY 21-22
- 21.22.7 BHC Heritage Oaks FY 21-22
- LCOE FY 20-21
- Locum Tenen FY 20-21
- RCS BHS FY 20-21
- Network Adequacy_Contractor Portal

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 timely access standards. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that timely access standards were built in to provider contracts and reinforced through the provider service data uploaded to the provider portal and via monthly submission to the MHP. DHCS requested provider contracts and corrective action documentation, however; the contract boilerplate and additional evidence submitted did not indicate timely access requirements and was insufficient in demonstrating a corrective action process.

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

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:

- No. 108 LCBHD Katie A. Services
- PSC35
- CASII Worksheet
- CASII (aacap.org)
- ICC Client list 1-01-2020 to 12-31-2020
- IHBS Client List 1-01-2020 to 12-31-2020

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides ICC and IHBS to all qualified children and youth. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that ICC and IHBS services are provided by the MHP or are referred to its contracted service provider, Redwood Community Services (RCS). DHCS requested evidence of the referrals and a tracking process for these referral; however, no further evidence was submitted.

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.

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

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

- No. 108 LCBHD Katie A. Services
- PSC35
- CASII Worksheet

- CASII (aacap.org)
- ICC Client list 1-01-2020 to 12-31-2020
- IHBS Client List 1-01-2020 to 12-31-2020
- RCS BHS FY 20-21

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP assesses all children and youth for ICC and IHBS services. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that the Child and Adolescent Needs and Strengths (CANS) assessment, Pediatric Symptom Checklist (PSC-35), and the Addiction Severity Index (ASI) risk assessment are used are its standard assessment and screening tools for ICC and IHBS. The MHP also stated that it evaluates the Child Family Team (CFT) process to determine if there is a need for ICC and IHBS. DHCS requested evidence of this assessment process; however, no further evidence was submitted.

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.

Questions 1.2.5

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 convene a CFT for children and youth who are receiving ICC, IHBS, or TFC, but who are not involved in the child welfare or juvenile probation systems.

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

- No. 108 LCBHD Katie A. Services

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP conducts CFT meetings for all children and youth receiving ICC, IHBs, or TFC regardless of child welfare or juvenile probation involvement. 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 receiving ICC and IHBS services should be receiving CFT. DHCS requested samples of CFT meeting minutes and other evidence of this practice; however no further evidence was submitted.

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 (TFC) Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

Question 1.2.6

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 have an established ICC Coordinator, as appropriate, who serves as the single point of accountability.

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

- No. 108 LCBHD Katie A. Services
- 101-Medi-Cal Array of Services and Service Provision Standards
- 109-EPSDT-TBS Notices at Time of Admit or Placement
- 120-Prescribing Psychotropic Meds to Children in Foster Care Placements
- 160-Therapeutic Behavioral Services (TBS)
- 161-Network Adequacy
- 274-Out-of-Network Access and Single Case Agreements
- CASSI
- PSC35
- ICC Client list 1-01-2020 to 12-31-2020
- IHBS Client List 1-01-2020 to 12-31-2020

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has established an ICC Coordinator who serves as the single point of accountability. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that the contracted provider, RCS, has an ICC Coordinator who provides these services for the MHP. DHCS requested evidence demonstrating an ICC Coordinator has been established; however, no further evidence was submitted.

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 (TFC) Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

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:

- 108-LCBHD Katie A. Services
- 101-Medi-Cal Array of Services and Service Provision Standards
- 109-EPSDT-TBS Notices at Time of Admit or Placement
- 120-Prescribing Psychotropic Meds to Children in Foster Care Placements
- 160-Therapeutic Behavioral Services (TBS)
- 161-Network Adequacy
- 274-Out-of-Network Access and Single Case Agreements
- CASSI
- PSC35
- ICC Client list 1-01-2020 to 12-31-2020
- IHBS Client List 1-01-2020 to 12-31-2020

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 that eligible children and youth are receiving TFC services through its contracted provider RCS, which operates a foster care agency. DHCS requested evidence of the TFC services provided by this subcontractor; however, no further evidence was submitted.

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.

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:

- 108-LCBHD Katie A. Services
- 101-Medi-Cal Array of Services and Service Provision Standards
- 109-EPSDT-TBS Notices at Time of Admit or Placement
- 120-Prescribing Psychotropic Meds to Children in Foster Care Placements
- 160-Therapeutic Behavioral Services (TBS)
- 161-Network Adequacy
- 274-Out-of-Network Access and Single Case Agreements

- CASSI
- PSC35
- ICC Client list 1-01-2020 to 12-31-2020
- IHBS Client List 1-01-2020 to 12-31-2020

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP assesses all eligible children and youth for the need for TFC services. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that RCS assesses all eligible children and youth for the need for TFC services. DHCS requested evidence of this assessment process and assessment criteria; however, no further evidence was submitted.

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.

Question 1.3.1

FINDING
The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-008, California Welfare and Institution Code, section 5600, subdivision (a), 4(f), 5(e), 6(e) and 7(e). The MHP must use its 1991 Realignment funding to provide an array of community mental health services, including acute psychiatric inpatient hospital services provided in Institutions for Mental Disease (IMD), to target populations.

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

- Crestwood FY 20-21
- Heritage Oaks FY 20-21
- No. 101, Array Of Medi-Cal Mental Health Services And Service Provision Standards
- Invoices Pending FY20-21

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP used its 1991 Realignment funding to provide an array of community mental health services, including acute psychiatric inpatient hospital services provided in Institutions for Mental Disease (IMD), to target populations. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it used its 1991 Realignment funding to provide these services for the target populations. DHCS requested evidence of these services. The MHP submitted a spreadsheet noting the IMD entity name, invoice number, payment amount, and billing source; however, it was unclear if the target population was served as information such as length of stay, type of service, patient age, and other care specific details was absent. The documentation the MHP submitted does not provide

the detail needed to verify IMD services were provided to the target ages in Lake County.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-008, California Welfare and Institution Code, section 5600, subdivision (a), 4(f), 5(e), 6(e) and 7(e).

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. 18-008, California Welfare and Institutions Code, section 14053, subdivision (a) and (b)(3), and Federal Code of Regulations, title 42, section 1396, subdivision d(a)(29)(B), (a)(16), (h)(1)(c), and Federal Code of 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:

- Crestwood FY 20-21
- Heritage Oaks FY 20-21
- No. 101, Array Of Medi-Cal Mental Health Services And Service Provision Standards
- Invoices Pending FY20-21

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP covered 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. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it used its 1991 Realignment funding to provide an array of community health services to all eligible residents in the MHP. DHCS requested IMD provider contracts and payment invoices for acute psychiatric inpatient hospital services provided to Medi-Cal beneficiaries under the age of 21, or 65 years or older. The MHP provided valid contracts; however, the invoices spreadsheet provided did not specify patients served or type of treatment provided.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-008, California Welfare and Institutions Code, section 14053, subdivision (a) and (b)(3), and Federal Code of Regulations, title 42, section 1396, subdivision d(a)(29)(B), (a)(16), (h)(1)(c), and Federal Code of Regulations, title 42, section 441, subdivision 13, and section 435, subdivision 1009.

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:

- 125-Individual and Org Provider Credential and Certification Standards
- 127-Provider Contract Development and Monitoring

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides 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. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it would provide a copy of the written notice of denial it had issued for a contract provider that had applied to provide substance abuse disorder services, but with whom the MHP chose not to contract. DHCS requested evidence of a written notice or template written notice of the reason for a decision not to contract; however, no further evidence was submitted.

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

Question 1.4.4

FINDING
The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 8. 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:

- 1701 Recertification Files
- 1702 Recertification Files
- 125-Individual and Org Provider Credential and Certification Standards
- 126-County Site Self-Recert
- 127-Provider Contract Development and Monitoring

- 129-Ownership Disclosure; Conflicts of Interest
- 130-Staff and Provider Verification Exclusion Lists
- 134-Provider Problem Resolution Process
- 138-Provider Files and Medi-Cal Certification Documentation
- 161-Network Adequacy
- Provider Monitoring Report

Internal documents reviewed:

- Lake County Provider monitoring report 10.19.21

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP monitors and updates the certification documents of its contracted SMHS organizational providers. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it was unaware it had three (3) providers overdue for certification and was unsure why two of the providers were categorized as providing SMHS. The MHP stated it would work to resolve these issues and provide DHCS updated information. No additional evidence or updated information was provide to demonstrate compliance for this requirement.

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

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 subcontractors and network providers on an ongoing basis for compliance with the terms of the MHP contract and shall subject the subcontractors' performance to periodic formal review.

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

- 1701 Recertification Files
- 1702 Recertification Files
- 125-Individual and Org Provider Credential and Certification Standards
- 126-County Site Self-Recert
- 127-Provider Contract Development and Monitoring
- 129-Ownership Disclosure; Conflicts of Interest
- 130-Staff and Provider Verification Exclusion Lists
- 134-Provider Problem Resolution Process
- 138-Provider Files and Medi-Cal Certification Documentation
- 161-Network Adequacy
- Provider Monitoring Report
- CHECKLIST Lake County QI Chart Review Checklist DRAFT 09-23-21

- Chart Review Training 10-21-21 Agenda
- Chart Review Training 10-21-21 attendees

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP monitors the performance of its subcontractors and network providers on an ongoing basis for compliance with the terms of the MHP contract. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated its process could be improved but consisted of reviewing submitted Treatment Authorization Requests, Service Authorization Requests, and quarterly service verifications. The MHP acknowledged it had not conducted regular chart reviews but had resumed this analysis in October 2021. DHCS requested evidence of the contractor monitoring process, however the evidence submitted did not demonstrate compliance.

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

Question 3.1.4

FINDING
The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, and Federal Code of Regulations, title 42, section 438, subdivision 330(b)(3). The MHP must have mechanisms to detect both underutilization and overutilization of services.

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

- QI Evaluation FY 18-19
- QI Work Plan FY2018-2019
- 140 Utilization Management Program
- 131 Quality Improvement Program
- QIC Meeting Minutes 092718
- Agenda 5-30-2019
- Assignments (QIC Agenda 4/12/19)

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has mechanisms in place to detect underutilization and overutilization of services. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that it had struggled to conduct utilization management activities such as quarterly clinical chart reviews for inpatient services.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, and Federal Code of Regulations, title 42, section 438, subdivision 330(b)(3).

Question 3.3.3

FINDING
The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5. The MHP must ensure the MHP Quality Assessment and Performance Improvement program includes active participation by the MHP's practitioners and providers, as well as beneficiaries and family members, in the planning, design and execution of the Quality Improvement Program (QIP).

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

- 131 Quality Improvement Program
- 133 Client and Family Satisfaction Surveys
- Quality Improvement Committee Meeting Slides, 3/25/21
- QIC Final Minutes 9/24/20
- QIC Meeting Minutes and Agenda for 8/29/20

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP includes active participation of required stakeholders in the planning, design, and execution of the QIP. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP described its efforts in reaching out and including community stakeholders such as beneficiaries and their families, practitioners and providers, and MHP staff. The MHP has made meeting attendance easier by adding webinar options, installing Smart Boards at peer support centers, and rotating meeting location sites at various peer center sites. The MHP did not provide evidence of these processes.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5.

Question 3.3.5

FINDING
The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5. The MHP must obtain input from providers, beneficiaries and family members in identifying barriers to delivery of clinical care and administrative services.

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

- 131 Quality Improvement Program
- 133 Client and Family Satisfaction Surveys
- FY 20-21 Annual QI Work Plan and FY 19-20 QI Evaluation Report
- QI Work Plan FY18-19

- QIP Work Plan FY19-20
- 3.1.4 Lake MHP EQRO Report FY2019-20
- Clinical PIP flow
- Call Volume by Call Type Reports - February 2021 - Lake
- DRAFT Minutes 2020-09-24
- DRAFT QIC Meetings 2021
- Med-Review Aug 2020
- Med-Review Feb 2021
- Med-Review Jan 2020
- Med-Review May 2020
- Med-Review November 2020
- NightWatch© Lake 8-Month 20-21 Report
- Quality Improvement Steps and Plan of Correction 3-19-2021
- Corrective Action Plan Letter
- Test Call Corrective Action Plan

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP obtained input from all required stakeholders in identifying barriers to its delivery of clinical care and administrative services. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it had challenges involving beneficiaries and their family members, but attempt to gain more attendees by holding meetings at different peer support locations. The MHP has also installed Smart Boards at peer support centers so beneficiaries and families can connect using Zoom. The MHP did not provide evidence of these processes.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5.

Question 3.4.1

FINDING
The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5. The MHP must ensure the MHP's Utilization Management Program shall evaluate medical necessity, appropriateness and efficiency of services provided to Medi-Cal beneficiaries prospectively or retrospectively.

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

- Chart Review Training 10-21-21
- Chart Review Training 10-21-21 attendees
- CHECKLIST Lake County QI Chart Review Checklist DRAFT 09-23-21
- Call Volume by Call Type Reports - February 2021 - Lake
- DRAFT Minutes 2020-09-24

- DRAFT QIC Meetings 2021
- Med-Review Aug 2020
- Med-Review Feb 2021
- Med-Review Jan 2020
- Med-Review May 2020
- Med-Review November 2020
- NightWatch© Lake 8-Month 20-21 Report
- Quality Improvement Steps and Plan of Correction 3-19-2021
- Corrective Action Plan Letter
- Test Call Corrective Action Plan
- 131-Quality Improvement Program
- 132-Medication Monitoring
- 140-Utilization Management Program
- 247 - Medication Prescribing Practices
- FY 20-21 Annual QI Work Plan and FY 19-20 QI Evaluation Report
- QI Work Plan FY18-19
- QIP Work Plan FY19-20
- QIC Final Minutes 9/24/20
- DRAFT QIC Meetings 2021
- DRAFT Minutes 2020-09-24
- QIC Meeting Minutes and Agenda for 8/29/20
- QIC Agenda
- QIC Meeting Minutes

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP Utilization Management Program is effective in evaluating medical necessity and efficiency of services prospectively or retrospectively. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP indicated that it had struggled with medication monitoring and chart audit reviews but it had developed a schedule that includes pharmacist-led quarterly medication monitoring reviews and a plan for consistent chart audits with newly developed audit tools. However, the MHP was unable to provide evidence that it conducted chart audit reviews during the triennial review period.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5.

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 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, December 3, 2020, at 5:22 p.m. The call was answered after one (1) ring by an automated system. A recorded message instructed the caller to hold for the next operator. After a brief hold, a live operator answered the call. The caller explained he/she was calling about getting help for his/her son who had been having difficulties adjusting to distance learning with homeschooling and was acting out with disruptive behavior. The operator asked the caller if he/she had Medi-Cal and the caller responded in the affirmative. The operator placed the caller on hold for approximately two minutes. The operator asked the caller for personally identifying information, which the caller provided. The operator asked if the child was in crisis, stating that the caller had reached the crisis line. The caller responded in the negative. The operator explained that the county office was closed, but would be open from 8:00 a.m. to 5:00 p.m., Monday through Friday. The operator said that someone would call the caller back during business hours if the caller wished to leave his/her telephone number. The caller asked what the process included when the county returned his/her call. The operator explained that the county representative would conduct an intake and ask questions, determine whether his/her son qualified for mental health services, and schedule an appointment with a therapist or psychiatrist.

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 *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 Thursday, December 3, 2020, at 2:54 p.m. The call was answered after two (2) rings via a live operator who stated the caller had reached Lake County Behavioral Health. The caller sought assistance with his/her symptoms of low mood, difficulty sleeping, and feelings of depression. The operator offered the caller a referral for a phone intake with a clinician, but the caller declined. The caller stated he/she wanted find out information about available mental health services in the county, but was not ready to set up an appointment. The operator asked if the caller was in crisis or thinking of harming him/herself or others, to which the caller responded in the negative. The operator stated that all services were being conducted over the phone or via Zoom and described the intake and assessment process. The operated then explained that the next step after an assessment was to receive a scheduled appointment with a clinician.

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 #3

Test call was placed on Friday, July 9, 2021, at 11:37 a.m. The call was answered after five (5) rings via a live operator who stated that the caller had reached the Lake County Behavioral Health Department. The caller inquired about services for himself/herself as a caregiver for an elderly parent, describing his/her situation as overwhelming, isolating, and exhausting. The caller stated also having a feeling of guilt for feeling these things and wanted to find out if there was something that could help him/her cope better. The operator stated that he/she understood and asked for the caller's name and for a good call back number. The caller provided his/her name, but declined to provide his/her phone number. The caller also confirmed he/she had Medi-Cal coverage. The operator asked the caller if he/she felt like hurting him/herself or others, to which the caller replied in the negative. The operator explained that the intake process was typically conducted over the phone with a clinician and included a screening and assessment. Once those were completed, the beneficiary could be matched with appropriate services based on his/her individual needs. The operator offered to transfer the caller to a clinician to begin the process immediately, but the caller declined. The operator provided the caller with contact information for an independently operated community based organization providing therapy and supportive services. The operator also suggested that the caller drop by the County Behavioral Health Department, Monday through Friday, 8:00 a.m. to 5:00 p.m., to pick up a resource guide for more information on services available throughout the county. The operator urged the caller to call back

on the access line as needed and to reach out for an intake to begin services when possible.

The caller was provided information on how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information on how to treat an 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 Thursday, November 19, 2020, at 11:38 a.m. The call was answered after one (1) ring via a live operator. The caller requested information about refilling his/her anxiety medication. The operator asked the caller for personally identifying information. The caller provided his/her full name and DOB, but declined to provide his/her SSN. The operator stated that he/she would need that information before the caller could speak to a clinician, otherwise there was not much assistance he/she could offer. The caller informed the operator that he/she was requesting some general information on how to refill his/her anxiety medication. The operator said the clinician would need the same information in order to help. The operator transferred the caller to a clinician at which point the caller ended the call.

The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was not 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 #5
Test call was placed on Thursday, March 18, 2021, at 7:52 a.m. The call was answered after one (1) ring by an automated system. A recorded message instructed the caller to hold for the next operator. The automated system did not provide options to immediately speak with an operator nor did it provide any information regarding services. After holding for 10 minutes, the caller disconnected the call without speaking to an operator or counselor.

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 not 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 #6
Test call was placed on Wednesday, October 28, 2020, at 7:49 a.m. The call was answered after one (1) ring by an automated system. A recorded message instructed the caller to hold for the next operator. The caller was placed on brief hold and then transferred to a live operator who answered the call after two (2) rings. The operator introduced him/herself before asking to assist the caller. The caller requested information about filing a complaint about a therapist he/she had seen through the MHP. The operator informed the caller that he/she had reached the after-hours operator and stated the grievance and complaint literature is located at MHP clinics. The operator informed the caller that he/she could contact the Quality Improvement team between 8:00 a.m. and 5:00 p.m. for more information regarding the grievance and appeal 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 Monday, November 9, 2020, at 8:30 a.m. The call was answered after one (1) ring by a live operator. The caller requested information on how to file a complaint regarding a therapist. The operator explained that grievance forms could be found on the county's website, but that the caller could also pick up the forms at the office. The operator provided information on where to pick up the grievance forms and how to submit the forms once completed.

The caller was provided information about how to use the beneficiary 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	NA	NA	NA	NA	NA	NA	NA	NA
2	IN	IN	IN	OOC	OOC	NA	NA	60%
3	NA	IN	IN	OOC	OOC	NA	NA	50%
4	NA	NA	NA	NA	NA	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 4.3.4

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:

- P&P_102-Access Line and Log; 24-7 Services
- Test Call Results
- Access Log
- 4.3.3(1)
- 4.3.3(2)
- 4.3.3(3)
- 4.3.3(4)
- 4.3.3(5)
-

While the MHP submitted evidence to demonstrate compliance with this requirement, four 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:

Test Call #	Date of Call	Time of Call	Log Results		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
1	12/3/2020	5:22 p.m.	IN	IN	IN
2	12/3/2020	2:54 p.m.	OOC	OOC	OOC
3	7/9/2021	11:37 a.m.	OOC	OOC	OOC
4	11/19/2020	11:38 a.m.	OOC	OOC	OOC
5	3/18/2021	7:52 a.m.	OOC	OOC	OOC
Compliance Percentage			**20%**	**20%**	**20%**

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.*

Repeat deficiency Yes

COVERAGE AND AUTHORIZATION OF SERVICES

Question 5.4.1

FINDING
The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 400. The MHP must provide beneficiaries with a Notice of Adverse Benefit Determination (NOABD) under the circumstances listed below:

1. The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of covered benefit.
2. The reduction, suspension or termination of a previously authorized service.
3. The denial, in whole or in part, of a payment for service.
4. The failure to provide services in a timely manner.
5. The failure to act within timeframes provided in 42 C.F.R. § 438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.
6. The denial of a beneficiary's request to dispute financial liability, including cost sharing and other beneficiary financial liabilities.

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

- 118 Notices of Adverse Benefit Determination

- Letter No Instances of Failure to Act 9 29 21
- Grievance Follow Up Explanations

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides beneficiaries with a NOABD under each circumstance as required. DHCS reviewed service request data and found the MHP failed to provide NOABDs wherein the beneficiary was denied services due to not meeting medical necessity requirement and failure to meet timely access requirements. Per the discussion during the review, the MHP stated that the access team issues NOABDs when a beneficiary does not meet medical necessity criteria, psychiatry services, and for timeliness. DHCS requested evidence the MHP sent notification to beneficiaries. While the MHP provided additional evidence, including an explanation for its failure to provide specific NOABDs, it is not evident beneficiaries are provided NOABDs as required.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 400.

Question 5.6.1

FINDING
The MHP did not furnish evidence to demonstrate compliance with Judicial Council Forms, JV219. The MHP must maintains policies and procedures ensuring an appropriate process for the management of Forms JV 220, JV 220(A), JV 221, JV 222, and JV 223 and that related requirements are met.

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

- 118-Notices of Adverse Benefit Determination (NOABD)
- 163 - Presumptive Transfer WORKING DRAFT

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP maintains policies and procedures ensuring an appropriate process for the management of Forms JV 220, JV 220(A), JV 221, JV 222, and JV 223 and that related requirements are met. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it would provide a policy Judicial Counsel forms and sample forms. Post review, the MHP submitted a draft policy that is not currently in used that did not meet contract requirements.

DHCS deems the MHP out of compliance with Judicial Council Forms, JV219.

BENEFICIARY RIGHTS AND PROTECTIONS

Question 6.2.6

FINDING
The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1850, subdivision 205. The MHP must provide notice, in writing, to any provider identified by the beneficiary or involved in the grievance, appeal, or expedited appeal of the final disposition of the beneficiary's grievance, appeal, or expedited appeal.

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

- 121-Client Problem Resolution Process_Behavioral Health Services
- Grievance Sample 1
- Grievance Sample 2
- MSRO LOG - FY 19-20

It is not evident that the MHP provides written notice to any beneficiary identified provider or provider involved in the grievance, appeal, or expedited appeal of the final disposition of the beneficiary's grievance, appeal, or expedited appeal. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that to ensure the beneficiaries privacy, it does not directly notify the provider with a copy of the disposition letter. Instead, the MHP notifies the provider's supervisor in a separate notification, either by email or case notes of the grievance, appeal, or expedited appeal disposition. DHCS requested evidence of this communication, however, none was provided.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1850, subdivision 205.

Question 6.3.2

FINDING
The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(a)-(b)(1). The MHP must resolve each grievance as expeditiously as the beneficiary's health condition requires not to exceed 90 calendar days from the day the Contractor receives the grievance.

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

- 121 Client Problem Resolution Process
- MSRO Log FY 19-20
- Grievance Samples

- Grievance Follow Up Explanations

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP resolves each grievance within timeliness standards. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that untimely grievance resolutions were a result of tracking issues and NOABDs had been sent to notify the beneficiaries of the delays. DHCS requested additional documentation to provide evidence of this communication but the evidence was not sufficient to demonstrate compliance.

In addition, DHCS reviews grievances, appeals, and expedited appeal samples to verify compliance with standards. Results of the sample verifications are detailed below:

	RESOLVED WITHIN TIMEFRAMES			REQUIRED NOTICE OF EXTENSION EVIDENT	COMPLIANCE PERCENTAGE
	# OF SAMPLE REVIEWED	# IN COMPLIANCE	# OOC		
GRIEVANCES	**8**	**6**	**2**	**N/A**	**75%**
APPEALS	**0**	**N/A**	**N/A**	**N/A**	**N/A**
EXPEDITED APPEALS	**0**	**N/A**	**N/A**	**N/A**	**N/A**

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(a)-(b)(1).

Question 6.4.7

FINDING
The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 406(b)(6). The MHP must allow the beneficiary, his or her representative, or the legal representative of a deceased beneficiary's estate, to be included as parties to the appeal.

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

- 121-Client Problem Resolution Process_Behavioral Health Services FINAL 12-02-20
- 134-Provider Problem Resolution Process FINAL 11-21-17
- 6.4.7 Client right to Authorized Representative

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP allows a beneficiary appointed representative or legal

representative of a deceased beneficiary's estate to be included as parties to an appeal. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that the required language is included in its grievance and appeals brochure; however the submitted brochure as well as the policies and procedures did not included language stating the legal representative of a deceased beneficiary's estate can be included as a party to the appeal.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 406(b)(6).

Question 6.4.14

FINDING
The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 406(b)(4) and 408(b)-(c). The MHP must inform beneficiaries of the limited time available to present evidence and testimony, in person and in writing, and make legal and factual arguments for an expedited appeal. The Contractor must inform beneficiaries of this sufficiently in advance of the resolution timeframe for the expedited appeal.

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

- 121-Client Problem Resolution Process_Behavioral Health Services FINAL 12-02-20
- 134-Provider Problem Resolution Process FINAL 11-21-17
- 6.4.14 Client Problem Resolution Guide
- 6.4.7 Client right to Authorized Representative
- 6.4.8 NAR Template – English

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP informs beneficiaries of the limited time available to present evidence and testimony for an expedited appeal. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated this notification was on the grievance form, the appeal brochure, and the NAR template. Upon review of these documents, the required language was absent from all informing materials.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 406(b)(4) and 408(b)-(c).

PROGRAM INTEGRITY

Question 7.1.5

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attached 13, and Federal Code of Regulations, title 42, section 438, subdivision 608(a)(1). The MHP system for training and education for the CO, the organization's senior management, and the organization's employees for the federal and state standards and requirements under the contract.

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

- compliance binder
- P&P 148-Compliance Standards
- 149-Oversight of the Compliance Program
- 150-Risk Areas and Potential Violations
- 151-Auditing and Monitoring Activities
- 152-Compliance Training and Education
- 153-Compliance Program Documentation
- 154-Reporting Suspected Fraud
- 155-Investigation and Corrective Action
- 156-Disciplinary Guidelines
- 2017-12-07 Compliance Plan
- LCBHS FY 20-21 Compliance Plan FINAL 10-01-2021
- LCBHS Org Chart

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a system in place for training and education for the Compliance Officer, the organization's senior management, and the organization's employees for the federal and state standards and requirements under the contract. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that MHP staff complete an annual compliance training in addition to regular trainings at staff meetings. The MHP maintains a tracking mechanism for compliance trainings but does not track contracted providers staff for this requirement. DHCS requested additional evidence for this requirement, however the evidence did not demonstrate compliance to the contract.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attached 13, and Federal Code of Regulations, title 42, section 438, subdivision 608(a)(1).

Question 7.4.1

FINDING
The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 455, subdivision 101 and 104. The MHP must ensures collection of disclosures of ownership, control, and relationship information for persons who have an ownership or control interest in the MHP, if applicable, and ensures its subcontractors and network providers submit disclosures to the MHP regarding the network provider's (disclosing entities) ownership and control

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

- 127-Provider Contract Development and Monitoring
- 129-Ownership Disclosure; Conflicts of Interest
- LCBHS Org Chart
- Hilltop Recovery Residential FY 19-20

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures collection of information pertaining to ownership or control interest in the MHP and ensures its subcontractors and network providers submit disclosures to the MHP regarding the network provider's ownership and control. Per the discussion during the review, the MHP stated that while there is a policy in place, it has not been tracking this requirement during the triennial review period due to the vacant Compliance Officer position. The MHP stated it attends to develop this process moving forward.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 455, subdivision 101 and 104.

Question 7.4.2

FINDING
The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 455, subdivision 434(a). As a condition of enrollment, the MHP must require providers to consent to criminal background checks including fingerprinting when required to do so by DHCS or by the level of screening based on risk of fraud, waste or abuse as determined for that category of provider.

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

- 127-Provider Contract Development and Monitoring
- 129-Ownership Disclosure; Conflicts of Interest
- LCBHS Org Chart
- Hilltop Recovery Residential FY 19-20

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted by the MHP that the MHP requires providers to consent to criminal background checks as a condition of enrollment. Per the discussion during the review, the MHP stated that while there is a policy in place, it has not been tracking this requirement during the triennial review period due to the vacant Compliance Officer position. The MHP stated it intends to develop this process moving forward.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 455, subdivision 434(a).

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 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 subcontractors 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 change in the subcontractor/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:

- 127-Provider Contract Development and Monitoring
- 129-Ownership Disclosure; Conflicts of Interest
- LCBHS Org Chart
- Hilltop Recovery Residential FY 19-20

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 when applicable. Per the discussion during the review, the MHP stated that while there is a policy in place, it has not been tracking this requirement during the triennial review period due to the vacant Compliance Officer position. The MHP stated it intends to develop this process moving forward.

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.

Question 7.4.4

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's network providers must be required to submit updated disclosures. Disclosure must include all aspects listed below:

1. The name and address of any person (individual or corporation) with an ownership or control interest in the network provider.
2. The address for corporate entities shall include, as applicable, a primary business address, every business location, and a P.O. Box address;
3. Date of birth and Social Security Number (in the case of an individual);
4. Other tax identification number (in the case of a corporation with an ownership or control interest in the managed care entity or in any subcontractor in which the managed care entity has a 5 percent or more interest);
5. Whether the person (individual or corporation) with an ownership or control interest in the Contractor's network provider is related to another person with ownership or control interest in the same or any other network provider of the Contractor as a spouse, parent, child, or sibling; or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the managed care entity has a 5 percent or more interest is related to another person with ownership or control interest in the managed care entity as a spouse, parent, child, or sibling;
6. The name of any other disclosing entity in which the Contractor or subcontracting network provider has an ownership or control interest; and
7. The name, address, date of birth, and Social Security Number of any managing employee of the managed care entity.
8. The MHP shall provide DHCS with all disclosures before entering into a network provider contract with the provider and annually thereafter and upon request from DHCS during the re-validation of enrollment process

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

- 127-Provider Contract Development and Monitoring
- 129-Ownership Disclosure; Conflicts of Interest
- LCBHS Org Chart
- Hilltop Recovery Residential FY 19-20

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP requires network providers to submit updated disclosure forms as outlined in regulations. Per the discussion during the review, the MHP stated that while there is a policy in place, it has not been tracking this requirement during the triennial review period due to the vacant Compliance Officer position. The MHP stated it intends to develop this process moving forward.

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, attachment 13.

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 or Health and Human Services including information regarding certain business transactions within 35 days, upon request. The MHP must ensure the ownership of any subcontractor 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 subcontractor, 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:

- 127-Provider Contract Development and Monitoring
- 129-Ownership Disclosure; Conflicts of Interest
- LCBHS Org Chart
- Hilltop Recovery Residential FY 19-20

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. Per the discussion during the review, the MHP stated that while there is a policy in place, it has not been tracking this requirement during the triennial review period due to the vacant Compliance Officer position. The MHP stated it intends to develop this process moving forward.

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

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:

- 127-Provider Contract Development and Monitoring
- 129-Ownership Disclosure; Conflicts of Interest
- LCBHS Org Chart
- Hilltop Recovery Residential FY 19-20

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP submits disclosure forms 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. Per the discussion during the review, the MHP stated that while there is a policy in place, it has not been tracking this requirement during the triennial review period due to the vacant Compliance Officer position. The MHP stated it intends to develop this process moving forward.

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

Question 7.5.3

FINDING
The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 608(a)(2), (4). The MHP promptly notify DHCS if the MHP finds a party that is excluded.

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

- 125-Individual and Org Provider Credential and Certification Standards
- 127-Provider Contract Development and Monitoring
- 129-Ownership Disclosure; Conflicts of Interest
- 130-Staff and Provider Verification Exclusion Lists
- FY 20-21 - Staff Licensing Verification
- FY 21-22 - Staff Licensing Verifications

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a process in place to promptly notify DHCS if the MHP finds a party that is on an exclusion list. This requirement was not included in any evidence provided by the MHP. Per the facilitated discussion, the MHP stated its staff and provider exclusion verification policy demonstrated adherence to his requirement. Upon review of this policy, as well as other compliance policies submitted by the MHP, it was not evident there was a process in place to notify DHCS regarding excluded providers.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 608(a)(2), (4).