



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2020/2021

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE LASSEN COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: November 8, 2021 to November 10, 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 Lassen County MHP's Medi-Cal SMHS programs on November 8, 2021 to November 10, 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 Lassen 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 1.1.5

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(ii). The MHP must require contracted providers to have hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which the provider offers services to non-Medi-Cal beneficiaries. If the provider only serves Medi-Cal beneficiaries, the MHP shall require that hours of operation are comparable to the hours the provider makes available for Medi-Cal services that are not covered by the MHP, or another MHP.

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

- 1.1.5 Crisis Support Services of Alameda County See Pg 3
- 1.1.5 North American Mental Health Services
- BH 18-20 Array of Medi-Cal Services and Service Provision Standards

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP requires contracted providers to have hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which the provider offers services to non-Medi-Cal beneficiaries. Per the discussion during the review, this requirement is not currently included in contract boilerplate, the MHP will work to include this requirement in the future.

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

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.

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

- BH 18-74 Intensive Services for Medi-Cal Youth-Pathways to Wellbeing (Formerly Katie A. Services)
- 1.2.7 RFP TFH Legal Letter
- 1.2.7 RFP TFH Notification letter for vendors
- 1.2.7 RFP Therapeutic Foster Home 10-27-2021
- 1.2.7 TFH RFP Legal Notice in Newspaper 11-4-21
- 1.2.7 TFH RFP Legal Notice in Newspaper 11-11-21

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. Per the discussion during the review, the MHP does not currently have TFC services available for eligible beneficiaries. The MHP stated it has initiated a Request for Proposal (RFP) for the development of TFC services; however, it is unknown if they will receive any proposals 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:

- BH 18-74 Intensive Services for Medi-Cal Youth-Pathways to Wellbeing (Formerly Katie A. Services)
- 1.2.7 RFP TFH Legal Letter
- 1.2.7 RFP TFH Notification letter for vendors
- 1.2.7 RFP Therapeutic Foster Home 10-27-2021
- 1.2.7 TFH RFP Legal Notice in Newspaper 11-4-21
- 1.2.7 TFH RFP Legal Notice in Newspaper 11-11-21

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While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP assesses children and youth to determine if they 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 currently relies on ICC and IHBS assessments and does not screen for TFC.

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 1.4.5

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:

- BH 18-24 Provider Contract Development and Monitoring
- Documentation Standards Guide
- 1.4.5 - Lassen Indian Health MOU
- 1.4.5 Locumtenens.com, LLC Contract Termination Clause
- 1.4.5 North American Mental Health Services Contract termination Clause

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP monitors 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. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it monitors the contractors' clinicians via such methods as review of clinical notes and entries into the electronic health records system. The MHP stated there is an informal process for removing a provider's clinician or staff member if needed; however there is no formal documented review of contracted providers.

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 1.4.6

FINDING

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

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

- BH 18-24 Provider Contract Development and Monitoring
- Documentation Standards Guide

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP or the contractor takes corrective action if the MHP identifies deficiencies or areas of improvement. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it has not established a corrective action process. The MHP stated that if corrective action were to occur it would be a discussion with the MHP director and the contractor; however, the MHP did not provide evidence of this process.

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.

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.

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4. The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

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

- BH 18-09 Access Line and Access Log; Availability of 24-7 Services
- 24_7 Access Line Form Report April - June 2021
- 24_7 Access Line Form Report July-September 2020 - Quarter 3
- 24_7 Access Line Form Report FY 2020-21-January-March
- 24_7 Access Line Form Report October - December 2020
- Lassen BH Plan of Correction - June 2021_DRAFT
- Plan of Correction Lassen 4-24-2020
- Summary of Action Steps -3-1-2021

DHCS performed seven (7) test calls and are summarized below.

TEST CALL #1

Test call was placed on Monday, March 22, 2021 at 10:07 p.m. The call was answered after three (3) rings via a live operator. The caller asked how to access specialty mental health services for his/her child because the child was acting out. The operator advised the caller that he/she had reached the after-hours staff and to call back during business hours. The operator advised the caller to leave a message, the caller declined 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.

FINDING

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

TEST CALL #2

Test call was placed on Friday, April 2, 2021, at 3:52 p.m. The call was answered after one (1) ring via a live operator. The caller requested a refill for anxiety medication as a new patient in the county. The operator provided the caller with information on how to access SMHS and how to obtain a medication refill as a new patient in the county. The operator informed the caller that if he/she needed medication immediately that he/she could go to the emergency department.

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 about services needed to treat a beneficiary's urgent condition.

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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, May 24, 2021, at 12:25 pm. The call was answered after one (1) ring via a live operator. The caller requested information about accessing mental health services in the county because he/she is feeling depressed and isolated because he/she is the sole caregiver for his/her mom. The operator asked for the caller's name, which the caller provided. The operator asked if the caller was in crisis. The caller replied in the negative. The operator informed the caller about the process to access services and about the availability of the 24/7 access line.

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, June 25, 2021, at 10:02 a.m. The call was answered after one (1) ring via a live operator. The caller asked how he/she could get some information about accessing services because he/she was feeling down and a friend suggested that he/she call the county. The operator asked the caller if he/she had an immediate need for services. The caller responded in the negative. The operator provided detailed information about how to access services and information about crisis services. The operator informed the caller if he/she decided to obtain services that he/she could walk-in to register for services at a clinic and provided the clinic's hours of operation.

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 about services needed to treat a beneficiary's urgent condition.

FINDING

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

TEST CALL #5

Test call was placed on Sunday, June 27, 2021, at 2:23 p.m. The call was answered after five (5) rings via a live operator. The caller asked how he/she could access services because he/she was having a hard time caring for his/her mother. The operator asked if the caller had any support and the caller replied in the negative. The operator

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said the caller had reached the right line, however it was an after-hours line that serviced multiple counties. The operator stated he/she would check the resources for Lassen County. The operator stated the best option would be to speak to the daytime staff and provided the caller with hours of operation and the office address. The operator stated the caller could also call back during business hours. The operator offered to take the caller's name and number and have a Lassen County staff member call him/her back. The caller declined and 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 #6

Test call was placed on Tuesday, February 9, 2021, at 7:42 a.m. The call was answered after two (2) rings via a live operator. The caller asked how he/she could file a complaint in the county. The operator advised the caller that he/she had reached the after-hours staff and instructed the caller to call back during regular business hours.

The caller was not provided information about how to use the beneficiary problem resolution and fair hearing process.

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 #7

Test call was placed on Monday, June 28, 2021, at 02:12 p.m. The call was answered after one (1) ring via a live operator. The caller asked how he/she could file a complaint. The operator informed the caller that he/she could call back the same number and make a complaint with the operator. The caller asked how he/she could file the complaint anonymously. The operator informed the caller that he/she could inform the operator that he/she would like to remain anonymous.

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).

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SUMMARY OF TEST CALL FINDINGS

Protocol Question	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
4.3.2.1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
4.3.2.2	OOC	IN	IN	IN	OOC	N/A	N/A	60%
4.3.2.3	N/A	IN	IN	IN	OOC	N/A	N/A	75%
4.3.2.4	N/A	N/A	N/A	N/A	N/A	OOC	IN	50%

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:

- BH 18-09 Access Line and Access Log; Availability of 24-7 Services
- 24-7 Access Line Log 03-22-2021 to 06-28-2021

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

Test Call #	Date of Call	Time of Call	Log Results		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
1	3/22/2021	10:07 PM	OOC	OOC	OOC
2	4/22/2021	3:52 PM	IN	IN	IN
3	5/24/2021	12:25 PM	IN	IN	IN
4	6/25/2021	10:02 AM	IN	IN	IN
5	6/27/2021	2:32 PM	OOC	OOC	OOC
Compliance Percentage			60%	60%	60%

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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