

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2018/2019

MEDI-CAL SPECIALTY MENTAL HELATH SERVICES TRIENNIAL REVIEW OF THE MARIPOSA COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: June 3, 2019 and June 4, 2019

TABLE OF CONTENTS

EXECUTIVE SUMMARY	3
OVERVIEW OF DHCS' FINDINGS	4
FINDINGS SUMMARY: SYSTEM REVIEW	5
FINDINGS	5
SECTION D: ACCESS AND INFORMATION REQUIREMENTS	5
SECTION E: COVERAGE AND AUTHORIZATION OF SERVICES	10
SURVEY ONLY FINDINGS	11

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 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, section 1810.380, DHCS conducts monitoring and oversight activities such as the Medi-Cal SMHS Triennial System and Chart Reviews to determine if the county MHPs are in compliance with state and federal laws and regulations and/or the contract between DHCS and the MHP.

DHCS conducted an onsite review of the Mariposa County MHPs Medi-Cal SMHS programs on June 3, 2018 and June 4, 2018. 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) 2018/2019 Annual Review Protocol for SMHS and Other Funded Programs (Protocol) to conduct the review (reference the Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice 18-054).

The Medi-Cal system review evaluated the MHP's performance in the following categories:

- Section A: Network Adequacy and Availability of Services
- Section B: Care Coordination and Continuity of Care
- Section C: Quality Assurance and Performance Improvement
- Section D: Access and Information Requirements
- Section E: Coverage and Authorization of Services
- Section F: Beneficiary Rights and Protections
- Section G: Program Integrity

Section H: Other Regulatory and Contractual Requirement

This report details the findings from the Medi-Cal SMHS Triennial System Review of the Mariposa County MHP. The report is organized according to the findings from each section of the FY 2018/2019 Protocol. The findings are deemed out-of-compliance (OOC) or in partial compliance, with regulations and/or the terms of the contract between the MHP and DHCS. The findings from the Attestation and Chart Review are not included in this report.

For informational purposes, this findings report also includes additional information that may be useful for the MHP, including a description of calls testing compliance of the MHP's 24/7 toll-free telephone line and a section detailing information gathered for the "SURVEY ONLY" questions in the Protocol.

The MHP will have an opportunity to review the report for accuracy and appeal any of the findings of non-compliance (for both system 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 Plan of Correction (POC) is required for all items determined to be out-of-compliance. The MHP is required to submit a POC to DHCS within 60-days of receipt of the findings report for all system and chart review items deemed out-of-compliance. The POC 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 POC determined not to be effective, the MHP should purpose an alternative corrective action plan to DHCS; and
- (5) Description of corrective actions required of the MHP's contracted providers to address findings.

Review Findings Overview

In DHCS' review, the Mariposa County MHP demonstrated numerous strengths, including but not limited to, the following examples:

 The MHP put in place the implementation of the PHQ-9 to determine severity of depression symptoms within adult mental health population.

Questions regarding this report may be directed to DHCS email inbox at MHSDCompliance@dhcs.ca.gov.

FINDINGS

ACCESS AND INFORMATION REQUIREMENTS

REQUIREMENT

Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number: (Cal. Code Regs., tit. 9, §§ 1810.405(d) and 1810.410(e)(1))

- 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 SMHS, including SMHS 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.

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 it complies with California Code of Regulations, title 9, §§ 1810.405(d) and 1810.410(e)(1). Each MHP must provide 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, that will provide information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met and services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearing processes. The seven (7) test calls are summarized below.

TEST CALL #1

Test call #1 was placed on Sunday, December 16, 2018, at 10:01 p.m. The call was initially answered after one (1) ring via a phone tree directing the DHCS test caller to press two (2) for crisis and four (4) for threshold language along with other numbered options. The caller did not select an option and was transferred to a live operator. The caller requested information about accessing SMHS in the county. The operator asked the caller if they were in crisis and required immediate services. The caller replied in the negative. The operator proceeded to advise the caller of the assessment process. The operator advised the caller that the Access Line phone number could be used during business hours for counseling and making appointments to the clinic. The operator advised the caller of the walk-in process and provided them with the clinic's address and hours of operation. The MHP has a statewide, toll-free number 24/7 with language capability. The caller was provided information about how to access SMHS, including SMHS, including SMHS required to assess whether medical necessity criteria are met, and services needed to treat a beneficiary's urgent condition.

FINDING

DHCS deems the MHP in compliance with specific requirements in California Code of Regulations, title 9, §§ 1810.405(d) and 1810.410(e)(1).

TEST CALL #2

Test call #2 was placed on Tuesday, January 22, 2019, at 10:52 a.m. The call was initially answered after one (1) ring via a live operator. The caller requested information about accessing mental health services in the county by filing a complaint. The operator informed the caller they could come into the office and fill out a grievance form. The caller declined and wanted to know if there were other alternatives. The operator informed the caller that the formed could be mailed. Again, the caller declined and wanted to know if there were any other methods. The operator walked the caller through obtaining the forms on line from the counties website. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and services needed to treat a beneficiary's urgent condition.

FINDING

DHCS deems the MHP in compliance with specific requirements in California Code of Regulations, title 9, §§ 1810.405(d) and 1810.410(e)(1).

TEST CALL #3

Test call #3 was placed on Tuesday, February 12, 2019, at 7:27 am. The call was answered after three (3) rings via a phone tree directing the caller to press one (1) if calling to report child/adult abuse or neglect, two (2) if in crisis, and three (3) for a dial by name directory. The information was then repeated in Spanish. After pressing two (2), the line rang 11 times before an operator answered who said, hello, and sounded disoriented and stated this is the after-hours line. The caller requested information about accessing mental health services in the county. The operator asked if the caller had Medi-Cal. The caller responded, yes. The operator informed the caller that they had reached the after-hours line, and she could take a message, or the caller could call back after 8:00 a.m., when the office opens. The caller responded thank you. The operator asked the caller if she was having suicidal thoughts. The caller responded, no. No additional information about SMHS was provided to the caller. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, nor was the caller provided information about services needed to treat a beneficiary's urgent condition.

FINDING

DHCS deems the MHP out-of-compliance with specific requirements in California Code of Regulations, title 9, §§ 1810.405(d) and 1810.410(e)(1).

TEST CALL #4

Test call #4 was placed on Thursday, February 14, 2019, at 7:48 a.m. The call was initially answered after one (1) ring via a phone tree directing the caller to select from the problem resolution information, crisis intervention, or a language option (Spanish), which included the MHP's threshold languages, crisis intervention or urgent conditions. The call was then automatically transferred to a live after-hours operator. The caller requested information about accessing mental health services in the county. The operator advised the caller that someone from the county would contact them to explore more options. The operator then asked the caller to provide her name and contact information. The caller declined to provide personal information. The operator provided the caller with the Mariposa County Office located at 5362 Leme Lane, hours of operations Monday through Friday, 8:00 a.m. to 5:00 p.m. The operator

also informed the caller that she could call the toll-free-number to start the process or need immediate assistance. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and provided information about services needed to treat a beneficiary's urgent condition.

FINDING

DHCS deems the MHP in compliance with California Code of Regulations, title 9, §§ 1810.405(d) and 1810.410(e)(1).

TEST CALL #5

Test call #5 was placed on Monday, February 25, 2019, at 4:00 p.m. The call was initially answered after one (1) ring via a live operator. The caller requested information about accessing mental health services in the county for her son who has been disruptive in school and needing help. The operator asked the caller for her son's name and age. The caller provided Brian Smith age 10, and DOB as 12/1/08. The caller also provided their address as 1245 Smith Road, Mariposa, CA 95338. The operator then transferred the caller to intake. The intake operator inquired whether the caller's son had been screened before. The caller stated no. The operator then inquired about level of the energy of the caller's son. The caller stated her son is fidgety and does not sit still in class. The operator asked, if he yells in class, and what grade level is he in. The caller stated sometimes and is in the 5th grade. The operator stated the caller could come into the clinic to fill out the referral (walk-in screening) or the operator could schedule an appointment with a therapist. That the therapist could; therefore, provide therapy, medication, or help with redirecting the child's focus. The operator also provided the hours of the clinic, Monday through Friday, 8:00 a.m. to 5:00 p.m., located at 5362 Lemee Lane, Mariposa, CA. The operator also informed the caller they could speak to a Financial Liaison if necessary and offered the caller with the first available appointment (the next day at 9:30 a.m.), which takes about one (1) to two (2) hours. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and provided information about services needed to treat a beneficiary's urgent condition.

FINDING

DHCS deems the MHP in compliance with California Code of Regulations, title 9, §§ 1810.405(d) and 1810.410(e)(1).

TEST CALL #6

Test call #6 was placed on Thursday, February 28, 2019, at 7:30 a.m. The call was initially answered after one (1) ring via a phone tree, after completing the selection process. The phone rang three (3) times then was answered via a live operator. The caller requested information about how to file a complaint. The operator asked the caller if they would like to tell them their complaint and they could inform the Quality Improvement Team. The caller replied in the negative and informed the operator that they would like to file the complaint on their own. The operator informed the caller they could walk-in to the business office and pickup and fill out the forms in the lobby and the complaint would be forwarded to the Quality Improvement Team. The operator provided the address and hours of operator to the caller. The caller was only provided with one of three methods of obtaining information about how to

use the beneficiary problem resolution process. The operator could have also informed the caller the forms can be mailed or retrieved by the internet.

FINDING

DHCS deems the MHP in compliance with specific requirements in California Code of Regulations, title 9, §§ 1810.405(d) and 1810.410(e)(1).

TEST CALL #7

Test call #7 was placed on Thursday, February 28, 2019, at 9:20 a.m. The call was initially answered after two (2) rings via a live operator who identified herself as Christian. The caller requested information about accessing mental health services in the county. The operator informed the caller they had a family services center with different options and they were going to be transferred to Donia for an appointment. The operator (Donia) informed the caller that they had mental health and substance use disorder services and that the caller could make an appointment over the phone to see a therapist and provided was walk-in services. The operator then provided the address 5362 Lame Lane, Highway 49 North and hours of operation Monday through Friday 8:00 a.m. to 5:00 p.m. The operator also informed the caller that the walk-in clinic does screening and makes appointments within a week. No additional information about SMHS was provided to the caller. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and provided information about services needed to treat a beneficiary's urgent condition.

FINDING

DHCS deems the MHP out-of-compliance with California Code of Regulations, title 9, §§ 1810.405(d) and 1810.410(e)(1).

SUMMARY OF TEST CALL FINDINGS

Protocol Question	The state of the s					Compliance Percentage		
Question	#1	#2	#3	#4	#5	#6	#7	
1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Not Reviewed
2	IN		OUT	IN	IN		IN	80%
3	IN		OUT	IN	IN		IN	80%
4		IN				IN		100%

The MHP submitted evidence that demonstrates that it is in partial compliance with California Code of Regulations, title 9, §§ 1810.405(d) and 1810.410(e)(1). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT

- 1) The MHP must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing (Cal. Code Regs., tit. 9, §1810.405(f)).
- 2) The written log(s) contain the following required elements: (Cal. Code Regs., tit. 9, §1810.405(f)).
 - a) Name of the beneficiary.
 - b) Date of the request.
 - c) Initial disposition of the request.

FINDING

The MHP did not furnish evidence to demonstrate it complies with California Code of Regulations, title 9, § 1810.405(f). The MHP must maintain a written log of the initial requests for SMHS from beneficiaries of the MHP. The requests must be recorded whether they are made via telephone, in writing, or in person. The log must contain the name of the beneficiary, the date of the request, and the initial disposition of the request.

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

• Mariposa County Call Log.

One of five required DHCS test calls was not logged on the MHP's access log. The table below summarizes DHCS' findings pertaining to its test calls:

			Log Results			
Test Call #	Date of Call	Time of Call	Name of the Beneficiary	Date of the Request	Initial Disposition of the Request	
1	12/16/2018	10:01 a.m.	IN	IN	IN	
3	2/12/2019	7:27 a.m.	OUT	OUT	OUT	
4	2/14/2019	7:48 a.m.	IN	N	IN	
5	2/25/2019	4:00 p.m.	IN	N	IN	
7	2/28/2019	9:20 a.m.	IN	N	IN	
Compliance Percentage			80%	80%	80%	

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

DHCS deems the MHP out-of-compliance with California Code of Regulations, title 9, § 1810.405(f). The MHP must complete a POC addressing this finding of non-compliance.

COVERAGE AND AUTHORIZATION OF SERVICES

REQUIREMENT

For Standard Service/Treatment Authorizations decisions, the MHP shall provide notice as expeditiously as the beneficiary's condition requires not to exceed 14-calendar days following receipt of the request for service, with a possible extension of up to 14 additional calendar days when:

- a) The beneficiary, or the provider, requests extension; or,
- b) The MHP justifies (to DHCS upon request) a need for additional information and how the extension is in the beneficiary's interest (MHP Contract, Ex. A, Att 6; 42 CFR § 438.210(d)(1)).

FINDING

The MHP did furnish evidence to demonstrate it complies with 42 CFR § 438.210(d)(1). For standard treatment authorization decisions, MHPs must provide notice as expeditiously as the beneficiary's condition requires and within DHCS established timeframes that may not exceed 14-calendar days following receipt of the request for service, with a possible extension of up to 14 additional calendar days.

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

- Mariposa Treatment Authorization Request Manual (2/1019);
- SAR Log;
- Client Services Report;
- IMD Tracking Tool;
- Emergency Department Protocol (8/2018); and
- Outreach and Wellness Center Calendars.

In addition, DHCS reviewed a sample of two (2) service authorization requests and 100 treatment authorization requests as evidence of compliance with this requirement. The service authorization decision sample review findings are detailed below:

- Two standard authorization requests were reviewed and approved;
- Two of 100 treatment authorizations requests were outside of the 14-calendar days.

PROTOCOL REQUIREMENT	TOTAL # SERVICE AUTHORIZATION DECISIONS REVIEWED	# SERVICE	COMPLIANCE PERCENTAGE
MHP makes authorization decisions and provides notice within 14 calendar days	2	0	100%

PROTOCOL REQUIREMENTS	TOTAL #	TOTAL #	COMPLIANCE
	TREATMENT	TREATMENT	PERCENTAGE
	AUTHORIZATION	AUTHORIZATION	
	DECISION	DECISIONS OOC	
	REVIEWED		
MHP makes authorization decision and provides notice	100	2	98%
within 14 calendar days			

DHCS deems the MHP in partial compliance with 42 CFR § 438.210(d)(1). The MHP must complete a POC addressing this finding of non-compliance.

SURVEY ONLY FINDINGS

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

REQUIREMENT

The MHP must provide Therapeutic Foster Care (TFC) services to all children and youth who meet medical necessity criteria for TFC (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018).

FINDING

The MHP furnish the following documentation as evidence to comply with this survey item requirement:

• State of California Department of Social Services - Foster Family Agency Program Statement (Section 35, ISFC Addendum).

SUGGESTED ACTION

DHCS recommends, at a minimum, the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements or to strengthen current processes in this area to ensure compliance in future reviews:

 Establish policy and procedures, including TFC services criteria and monitoring mechanisms to ensure the implementation of this requirement with an ongoing monitoring mechanism and update contracts to reflect this requirement for future compliance.

REQUIREMENT

The MHP has an affirmative responsibility to determine if children and youth who meet medical necessity criteria need TFC (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018).