



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2020/2021

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE MODOC COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: September 14, 2021 to September 16, 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 Modoc County MHP's Medi-Cal SMHS programs on September 14, 2021, to September 16, 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 Modoc County MHP. The report is organized according to the findings from each section of the FY 2020/2021 Protocol deemed out of compliance (OOC), or in partial compliance, with regulations and/or the terms of the contract between the MHP and DHCS.

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

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

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

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

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FINDINGS

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

Question 1.1.3

FINDING

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

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

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

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

- Updated Access Log Template (includes fields for tracking Urgent and Emergent Appointments/version (dated 9/22/2021)
- Policy 163 Access Line and Log; 24-7 Services Draft Update 09-20-21
- Timeliness 2b_Modoc FY 2019-20 Time From Request For Psychiatry To 1st Psychiatry Appt_EQR 2020-21
- Timeliness 2c_Modoc FY 2019-20 Crisis Log Data_EQR 2020-21
- Timeliness 2d_Modoc FY 2019-20 Time From Inpatient To Follow-Up Service_EQR 2020-21
- Timeliness 2e_Modoc FY 2019-20 Inpatient Rehospitalizations Within 30 Days_EQR 2020-21
- Timeliness 2f_Modoc FY 2019-20 No Shows Data_EQR 2020-21
- 3700-Contract Development and Monitoring FINAL 08-29-19
- Timeliness 1_Modoc Assessment of Timely Access_EQR 2020-21
- FY19-20 Quality Improvement Evaluation Report

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP implemented Department standards for timely access to care, taking into account the urgency of need for services. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it was focusing on Network Adequacy requirements during the triennial review period, but would immediately update its policies and procedures, as well as practices, to comply with regulations. Post review, the MHP submitted an updated draft policies and a modified tracking mechanism containing additional data fields for urgent

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and emergent service requests. The MHP is currently implementing these policies and procedures and will use this information in its corrective action plan.

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

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

Question 1.2.7

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:

- 1.2.7 EQR Questionnaire 2020-21
- 147 Intensive Services for Youth Pathways to Wellbeing (formerly Katie A) Final Corrected 07-28-21
- 129 Array of Medi-Cal MH Services & Service Standards Final 08-11-21
- 164 Medi-Cal Mental Health Network Adequacy Standards
- 182 Out of Network Access and Single Case Agreements Final 03-19-19

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted that the MHP provides TFC services or is able to contract with TFC agencies to provide this level of care for eligible children and youth. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP acknowledged this deficiency and stated its ongoing efforts to establish providers, which have been unsuccessful. Additionally the MHP does not currently have the ability to develop a single case agreement with a provider but emphasized it would continue to work towards the development of TFC services.

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

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

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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:

EQR Questionnaire 2020-21_ See highlights for TFC info

- 147 Intensive Services for Youth-Pathways to Wellbeing (formerly Katie A) Final_Corrected 07-28-21
- 129 Array of Medi-Cal MH Services & Service Standards Final 08-11-21
- 164 Medi-Cal Mental Health Network Adequacy Standards
- 182 Out of Network Access and Single Case Agreements Final 03-19-19

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted that the MHP provides TFC assessments to all children and youth. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it conducts TFC assessments during treatment planning meetings. DHCS requested documentation of these assessments, however the additional evidence was deficient in demonstrating that the assessments were being conducted.

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 1.4.3

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.

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

- 3700-Contract Development and Monitoring Final 08-29-19

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted that the MHP provides written notice of the reason for a decision not to contract with practitioners or groups of practitioners. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it did not have an established policy or practice for this requirement.

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

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

Question 1.4.4

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:

- Modoc-ML Re-Certification 2021 Final
- 120 Individual and Org Provider Selection Retention and Credentialing Final 08-09-21
- 126 County Medi-Cal Site Self-Recertification Final 08-11-21
- 134 Staff, Provider, Applicant Verification-Exclusion & Status Lists Final 08-29-19
- 135 Provider Problem Resolution 05-03-12
- 175 Ownership Disclosure of Managing Staff and Contract Providers Final 04-19-18
- 177 Medi-Cal Certification of Contract SMHS Providers Final 08-11-21
- Modoc MHP Re-Certification 2018

Internal Documents Reviewed:

- Modoc County Provider Monitoring Report 9-2-2021

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While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted that the MHP monitors its organizational providers' certifications. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP was unaware of two (2) overdue provider certifications. The MHP stated it runs a provider verification process monthly and that it would follow up for these providers. The MHP did not submit any additional evidence to DHCS for this requirement.

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

The seven (7) test calls are summarized below:

TEST CALL #1

Test call was placed on Friday, May 7, 2021, at 7:30 a.m. The call was answered after three (3) rings via live operator. The caller asked how to access children's mental health services for his/her child's emotional and behavioral problems that were affecting schoolwork. The operator advised the caller that he/she had reached the after-hours staff and instructed the caller to call the office during regular business hours.

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The caller was not provided information about accessing 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 16, 2021, at 12:50 p.m. The call was answered after four (4) rings via recorded message that stated the caller had reached Modoc County Behavioral Health after-hours crisis line. The caller was placed on hold for approximately one (1) minute before a live operator responded. The caller requested information about accessing mental health services in the county. The operator asked the caller for personally identifying information. The operator advised the caller to call back or leave his/her phone number for a return call later in the next week.

The caller was not provided information about accessing SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was not provided information on how to treat an 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 #3

Test call was placed on Friday, June 18, 2021, at 1:05 p.m. The call was answered after five (5) rings via live operator. The caller asked for help with symptoms of persistent sadness and isolation related to caring for an elderly family member. The operator asked the caller for personally identifying information and asked if he/she was in danger of harming him/herself or others. The caller provided his/her name and date of birth, and denied thoughts of self-harm as well as thoughts of harming others. The operator provided detailed information about the MHP's intake process, hours of operation, clinic locations, and crisis services. The operator advised the caller that the offices were currently closed for a holiday, but would open on Monday morning for walk-in and follow up calls. The operator instructed the caller to call or go to the local emergency room, or to contact the 24/7 crisis access line if his/her condition worsened. The operator provided the additional telephone number and contact information.

The caller was provided information about accessing SMHS, including SMHS required assessing whether medical necessity criteria are met. The caller was provided information on how to treat an 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 #4

Test call was placed on Friday, May 28, 2021, at 11:31 a.m. The call was answered immediately via recorded message that stated the caller had reached Modoc County Behavioral Health after-hours crisis line. The caller was placed on hold for less than one minute before a live operator responded. The operator asked the caller for personally identifying information, which the caller provided. The caller said he/she was new to the county and inquired about refilling anxiety medication without having an established psychiatrist or primary care physician in Modoc County. The operator explained that the caller had reached the answering service and the caller would need to speak directly with Modoc County Behavioral Health staff; however, the access line operator provided two (2) options for the caller. The first was to contact the pharmacy listed on the bottle, explain the situation, and ask for an emergency refill. The second option was to go to the nearest emergency room or urgent care clinic for an intake and referral, and they would be able to refill the prescription. The operator stated that the caller could also contact Modoc's Behavioral Health Department directly. The operator provided the direct phone number and explained that sometimes during business hours, the calls rolled over to the after-hours line, which was what had happened when the caller placed his/her call.

The caller was 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 #5

Test call was placed on Friday, March 19, 2021, at 8:35 a.m. The call was answered after three (3) rings via live operator. The caller asked for help for symptoms of persistent sadness, inability to sleep, and loss of appetite. The operator assessed the caller for crisis, which the caller responded in the negative. The operator asked the caller for personally identifying information. The caller provided his/her name, date of birth, and confirmed Medi-Cal coverage through Modoc County. The operator advised the caller that he/she had reached the after-hours staff and instructed the caller to call the office during regular business hours.

The caller was not provided information on how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

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FINDING

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

TEST CALL #6

Test call was placed on Tuesday, April 27, 2021, at 6:56 a.m. The call was answered immediately via recorded message that announced the caller had reached Modoc County Behavioral Health after-hours crisis line. The call was placed on hold for approximately six (6) minutes before a live operator responded. The caller asked how to file a complaint in the county. The operator asked the caller for personally identifying information and the caller provided his/her name. The operator explained the beneficiary problem resolution and state fair hearing processes, as well as contact information for the patients' rights advocate.

The caller was provided information about how to use the beneficiary problem resolution and fair hearing process.

FINDING

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

TEST CALL #7

Test call was placed on Thursday, July 1, 2021, at 1:14 p.m. The call was answered after one (1) ring via live operator. The caller asked how to file a complaint in the county. The operator explained the beneficiary problem resolution and state fair hearing processes. The operator asked the caller if the information was clear and if he/she would like to file the complaint over the phone. The caller declined, but thanked the operator. The operator provided contact information for the State Ombudsman office. The operator provided locations and hours of operation for so he/she may pick up and drop off grievance forms and materials.

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

Required Elements	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
1	NA	NA	NA	NA	NA	NA	NA	NA
2	OOO	OOO	IN	IN	OOO	NA	NA	40%
3	NA	OOO	IN	IN	IN	NA	NA	75%
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).

The MHP must comply with CAP requirement addressing this finding of partial/non-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:

- 4.3.3-4.3.4 Test Call Info
- 010 Intake Process for Outpatient Mental Health Services Final 08-09-21
- 041 Meeting Client Cultural and Linguistic Needs Final 03-19-19
- 041 Meeting Client Cultural Linguistic Needs-Interpreter Services Pending Update 08-05-21
- 163 Access Line and Log; 24-7 Services Final 08-11-21
- Access and Language Line Resources for Staff
- After-Hours Answering Service Contracts
- Modoc Access-Service Request-Crisis-Med Logs April 1 2020-July 1 2021 Full
- Training Sign-In Sheets Language Line

While the MHP submitted evidence to demonstrate compliance with this requirement, three (3) of five (5) required DHCS test calls were not logged on the MHP's written log of initial request. Of the two (2) test calls that the MHP logged, one (1) call was missing

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required elements and one (1) call included all required elements. 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	5/7/2021	7:30 a.m.	OOC	OOC	OOC
2	4/16/2021	12:50 p.m.	IN	IN	OOC
3	6/18/2021	1:05 p.m.	OOC	OOC	OOC
4	5/28/2021	11:31 a.m.	IN	IN	IN
5	3/19/2021	8:35 a.m.	OOC	OOC	OOC
Compliance Percentage			40%	40%	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 Beneficiary Determination 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.

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

- 106 Notices of Adverse Benefit Determination (NOABD) Final 08-29-19
- Completed NOABDs-Sent to Clients
- FY1920 NOABD Log - Modoc.docx
- NOABDs Templates 2018-All Required Documentation
- ATTACHMENT NOABD Beneficiary_Non-Discrimination_Notice ENGLISH 05-14-18
- ATTACHMENT NOABD Your Rights Attachment ENGLISH 05-14-18
- ATTACHMENT-SP NOABD Beneficiary_Non-Discrimination_Notice SPANISH inal 05-14-18
- ATTACHMENT-SP NOABD Your Rights Attachment SPANISH final 05-14-18
- Modoc Language Taglines ENGLISH lead_Final 05-14-18
- NOABD-1 Denial Notice 05-07-18
- NOABD-2 Payment Denial Notice 05-07-18
- NOABD-3 Medical Necessity Denial Notice 05-07-18
- NOABD-4 Modification of Services Notice 05-07-18
- NOABD-5 Termination of Previously Approved Notice 05_08_18
- NOABD-6 Delay in Authorization Notice 05-07-18
- NOABD-7 Timely Access Notice 05-07-18
- NOABD-8 Financial Liability Dispute Denial Notice 05-07-18
- NOABD-9 Delay in Grievance-Appeal Notice 05-07-18
- SP Modoc Language Taglines SPANISH lead_Final 05-14-18
- Sp-NOABD-1 Denial Notice 05-07-18
- Sp-NOABD-2 Payment Denial Notice 05-07-18
- Sp-NOABD-3 Medical Necessity Denial Notice 05-07-18
- Sp-NOABD-4 Modification of Services Notice 05-14-18
- Sp-NOABD-5 Termination of Previously Approved Notice 05_08_18
- SP-NOABD-6 Delay in Authorization Notice 05-14-18
- Sp-NOABD-7 Timely Access Notice 05-14-18
- Sp-NOABD-8 Financial Liability Dispute Denial Notice 05_08_18
- Sp-NOABD-9 Delay in Grievance-Appeal Notice 05-14-18

While the MHP submitted evidence to demonstrate compliance with this requirement, the MHP did not provide evidence it issued NOABDs to beneficiaries or their representatives for failure to provide services within timeliness standards. DHCS found the MHP was 86% compliant for the 15-day psychiatry service timeline, however the MHP was unable to provide evidence that it provided NOABDs for untimely services. Per the discussion during the review, the MHP identified its own deficiency and inconsistencies in issuing NOABDs. The MHP stated it only sends out NOABDs to beneficiaries when they fail to meet medical necessity criteria.

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

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

Repeat deficiency Yes