



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2020/2021

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE MONO COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: September 7, 2021 to September 9, 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 WebEx review of the Mono County MHP's Medi-Cal SMHS programs on September 7, 2021 to September 9, 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 Mono 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 1.4.3

FINDING

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

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

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

- No evidence provided

The MHP did not submit any evidence to demonstrate compliance with this requirement. Per the discussion during the review, the MHP stated it does not have a mechanism to inform 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.

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.

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

Question 3.1.8

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5. The MHP must implement mechanisms to monitor the safety and effectiveness of medication practices meeting the below listed requirements:

1. Under the supervision of a person licensed to prescribe or dispense medication.
2. Performed at least annually.
3. Inclusive of medications prescribed to adults and youth.

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

- P&P 21-XXX Medication Monitoring

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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 has implemented mechanisms to monitor the safety and effectiveness of medication practices. Per the discussion during the review, the MHP stated it has developed a draft policy and procedure that is currently not in use. The MHP stated that due to staffing challenges, it has not been able to implement the medication monitoring practices.

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

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

Repeat deficiency Yes

Question 3.2.6

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5. The MHP must ensure the Quality Assessment and Performance Improvement (QAPI) Work Plan includes evidence of compliance with the requirements for cultural competence and linguistic competence.

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

- Mono Cultural Competence Plan 2020
- C and L Training PDF Slides
- Cultural Competency Training Roster

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 ensures the QAPI Work Plan is compliant with the requirements for cultural and linguistic competence. Per the discussion during the review, the MHP stated it does not track cultural competency training for telehealth service providers. Post review, the MHP submitted a cultural competency training roster for telehealth service providers; however, the roster was dated after the triennial review and it is not evident that trainings were monitored during the review period.

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

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

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ACCESS AND INFORMATION REQUIREMENTS

Question 4.1.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(f)(1). The MHP must make a good faith effort to give written notice of termination of a contracted provider, within 15 calendar days after receipt or issuance of the termination notice, to each beneficiary who was seen on a regular basis by the terminated provider.

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

- No evidence provided

The MHP did not submit any evidence to demonstrate compliance with this requirement. Per the discussion during the review, the MHP stated it does not have a process to notify beneficiaries within 15 days after receipt or issuance of a provider's termination notice. The MHP stated a process will be developed to meet compliance with this requirement.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(f)(1).

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

Question 4.2.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(d)(6)(ii). The MHP must provide all written materials for potential beneficiaries and beneficiaries in a font size no smaller than 12 point.

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

- Mono Welcome Packet English
- Poster Grievance Spanish
- Provider Directory External 2021 Spanish

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 provides all written materials for potential beneficiaries and beneficiaries in 12 point font or larger.

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Per the discussion during the review, the MHP stated it will update all written materials to meet the 12 point font requirement.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(d)(6)(ii).

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

Question 4.3.2

FINDING

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

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

The seven (7) test calls are summarized below:

TEST CALL #1

Test call was placed on Monday, June 29, 2021, at 7:45 a.m. The call was answered after one (1) ring via recorded message. The recorded message stated the caller had reached Mono County Behavioral Health and to dial 911 for emergencies. The recording instructed the caller to leave a message with personally identifying information for a counselor to return his/her call. The message repeated in Spanish. The caller did not leave a voicemail and ended the call.

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)

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TEST CALL #2

Test call was placed on Monday, June 28, 2021, at 4:36 p.m. The call was answered after one (1) ring via recorded message. The recorded message stated the caller had reached Mono County Behavioral Health and to dial 911 for emergencies. The recording instructed the caller to leave a message with personally identifying information for a counselor to return his/her call. The message repeated in Spanish. The caller did not leave a voicemail and ended the call.

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

FINDING

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

TEST CALL #3

Test call was placed on Friday, June 2, 2021, at 4:13 p.m. The call was answered after one (1) ring via recorded message. The recorded message stated the caller had reached Mono County Behavioral Health and to dial 911 for emergencies. The recording instructed the caller to leave a message with personally identifying information for a counselor to return his/her call. The message repeated in Spanish. The caller did not leave a voicemail and ended the call.

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

FINDING

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

TEST CALL #4

Test call was placed on Friday, April 2, 2021, at 5:08 p.m. The call was answered after one (1) ring via recorded message. The recorded message stated the caller had reached Mono County Behavioral Health and to dial 911 for emergencies. The recording instructed the caller to leave a message with personally identifying information for a counselor to return his/her call. The message repeated in Spanish. The caller attempted to press zero (0) to reach a live operator, but this was not a valid option, and the recording continued to play. The caller attempted the call a second time at 5:14 p.m. with the same results. The caller did not leave a voicemail and ended the call.

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

FINDING

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

TEST CALL #5

Test call was placed on Friday, March 19, 2021, at 9:20 a.m. The call was answered after one (1) ring via recorded message. The recorded message stated the caller had reached Mono County Behavioral Health and to dial 911 for emergencies. The recording instructed the caller to leave a message with personally identifying information for a counselor to return his/her call. The message repeated in Spanish. The caller did not leave a voicemail and ended the call.

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

FINDING

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

TEST CALL #6

Test call was placed on Tuesday, June 29, 2021, at 07:48 a.m. The call was answered after one (1) ring via recorded message. The recorded message stated the caller had reached Mono County Behavioral Health and to dial 911 for emergencies. The recording instructed the caller to leave a message with personally identifying information for a counselor to return his/her call. The message repeated in Spanish. The caller did not leave a voicemail and ended the call.

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

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 Friday, March 19, 2021, at 9:18 a.m. The call was answered after one (1) ring via recorded message. The recorded message stated the caller had reached Mono County Behavioral Health and to dial 911 for emergencies. The recorded message advised the caller that the grievance forms are located in the clinic lobby. The

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

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

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).

SUMMARY OF TEST CALL FINDINGS

Required Elements	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
1	IN	IN	IN	IN	IN	N/A	N/A	100%
2	OOC	OOC	OOC	OOC	OOC	N/A	N/A	0%
3	N/A	IN	IN	IN	IN	N/A	N/A	100%
4	N/A	N/A	N/A	N/A	N/A	OOC	OOC	0%

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:

- Service Request Log Specified Dates

While the MHP submitted evidence to demonstrate compliance with this requirement, five (5) 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:

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Test Call #	Date of Call	Time of Call	Log Results		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
1	6/29/2021	7:45 AM	OOC	OOC	OOC
2	6/28/2021	4:36 PM	OOC	OOC	OOC
3	6/2/2021	4:13 PM	OOC	OOC	OOC
4	4/2/2021	5:08 PM	OOC	OOC	OOC
5	3/19/2021	9:20 AM	OOC	OOC	OOC
Compliance Percentage			0%	0%	0%

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

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

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

Question 4.4.5

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 410(c)(4). The MHP must plan for annual cultural competence training necessary to ensure the provision of culturally competent services including the below requirements:

1. There is a plan for cultural competency training for the administrative and management staff of the MHP.
2. There is a plan for cultural competency training for persons providing SMHS employed by or contracting with the MHP.
3. There is a process that ensures that interpreters are trained and monitored for language competence (e.g., formal testing).

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

- 2020 October Mono County BH Part 1
- Invoice1 Mono County 2020 November 28
- Invoice2 Mono County 2021 Jan 31
- Invoice3 Mono County 2021 March 31
- MCBH Department Moving Towards Equity Trainings

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- Mono Cultural Competence Trainings
- Racial Equity Channel
- C and L Training PDF Slides
- Cultural Competency Training Roster
- Purchase Order for Interpretation Training

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures staff and contract providers are trained in cultural competency or ensures interpreters are trained in language competency. Per the discussion during the review, the MHP stated it does not monitor or provide contracting telehealth service providers cultural competence training or provide interpreters formal training. Post review, the MHP submitted a cultural competency training roster that included the telehealth service providers and a purchase order for interpreter training. The training and the purchase order were dated after the triennial review. It is not evident that these requirements were monitored during the review period.

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

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

Question 4.4.6

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 410(c)(4). The MHP must have evidence of the implementation of training programs to improve the cultural competence skills of staff and contract providers.

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

- Cultural Competence Plan
- 2020 October Mono County BH Part 1
- Invoices 1-3 Mono County Cultural Competency Training
- MCBH Department Moving Towards Equity Trainings
- Mono Cultural Competence Trainings
- Racial Equity Channel
- Mono County Cultural Outreach Committee Meeting Minutes FY 20-21
- MCBH Cultural Competency Training Sign In Sheets
- C and L Training PDF Slides
- Cultural Competency Training Roster

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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 implemented training programs to improve cultural competence skills for contract providers. Per the discussion during the review, the MHP stated it does not monitor or provide contracting telehealth service providers training for cultural competency. Post review, the MHP submitted a cultural competency training roster that included the telehealth service providers; however, the training was completed after the triennial review and it is not evident that trainings were monitored during the review period. This training roster should be submitted as part of the CAP.

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

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

Question 5.6.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with Judicial Council Forms, JV219. The MHP must maintain 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:

- P&P 21-023 Prescribing Psychotropic Medications for Dependents of the Court
- JV-219 Info Psychotropic Medication Information
- JV-220 Psychotropic Medication Application
- JV-220A Psychotropic Medication Physician's Statement
- JV-220B Psychotropic Medication Physician's Request
- JC-221 Psychotropic Medication Proof of Application
- JC-222 Psychotropic Medication Input on Application
- JV-223 Psychotropic Medication Order on Application

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation that the MHP has policies and procedures for the management of judiciary forms. Per the discussion during the review, the MHP stated it does not have a policy and procedure for this requirement. Post review, the MHP submitted a policy and procedure for prescribing psychotropic medications to dependents of the court; however, the policy was dated after the triennial review period. This policy and procedure should be submitted as part of the CAP.

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

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

BENEFICIARY RIGHTS AND PROTECTIONS

Question 6.1.5

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 12, Federal Code of Regulations, title 42, section 438, subdivision 406(b)(1), and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-010E. The MHP must acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing meeting the below listed requirements:

1. The MHP shall acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing.
2. The acknowledgment letter shall include the following:
 - a. Date of receipt
 - b. Name of representative to contact
 - c. Telephone number of contact representative
 - d. Address of Contractor
3. The written acknowledgement to the beneficiary must be postmarked within five (5) calendar days of receipt of the grievance.

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

- P&P 21-003 Beneficiary Grievance and Appeal Process
- Beneficiary Protection
- Grievance Acknowledgment Letter Sample
- Grievance Acknowledgment Letter English

While the MHP submitted evidence to demonstrate compliance with this requirement, the evidence submitted included an acknowledgment letter to a beneficiary that did not include the telephone number of the contact representative. Post review, the MHP submitted an acknowledgment letter template including the telephone number of the contact representative; however, it was not evident this template was used during the triennial review period.

In addition, DHCS reviewed grievance, appeals, and expedited appeals samples to verify compliance with this requirement. The sample verification findings are as detailed below:

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	# OF SAMPLE REVIEWED	ACKNOWLEDGMENT		COMPLIANCE PERCENTAGE
		# IN	# OOC	
GRIEVANCES	2	2	0	100%
APPEALS	N/A	N/A	N/A	N/A
EXPEDITED APPEALS	N/A	N/A	N/A	N/A

DHCS deems the MHP in partial compliance with the MHP contract, exhibit A, attachment 12, Federal Code of Regulations, title 42, section 438, subdivision 406(b)(1), and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-010E.

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

Question 6.3.2

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision BH IN No. 19-041b)(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:

- P&P 21-003 Beneficiary Grievance and Appeal Process
- Mono Grievance Appeals Change of Provider Log
- Grievance Disposition Letter English
- Grievance Info Problem Resolution 4-fold English
- Mono Beneficiary Handbook
- Staff Training 2020 Beneficiary Protection Training
- Grievance Acknowledgment Letter English AM

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation that the MHP ensures all grievances are resolved as expeditiously as the beneficiary’s health condition required, not to exceed 90 calendar days from the day the contractor received the grievance. Specifically, one (1) of two (2) grievances were not resolved within the 90-calendar day timeframe.

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

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	RESOLVED WITHIN TIMEFRAMES			REQUIRED NOTICE OF EXTENSION EVIDENT	COMPLIANCE PERCENTAGE
	# OF SAMPLE REVIEWED	# IN COMPLIANCE	# OOC		
GRIEVANCES	2	1	1	N/A	50%
APPEALS	N/A	N/A	N/A	N/A	N/A
EXPEDITED APPEALS	N/A	N/A	N/A	N/A	N/A

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

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

PROGRAM INTEGRITY

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 ensure 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:

- Disclosure Log
- Disclosure Log Process
- Form 700 2020
- Form 700 2020 samples for MHP county employees
- Mono County Conflict of Interest Code 2018
- Leadership Team Self-Certification Disclosure

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted by the MHP that the 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 it does not have a process to track disclosure forms for the contracted telehealth service providers.

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

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

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:

- Contract Boilerplate Standard Agreement Template v06.11.21
- NAMHS contract
- Kings View BH 2018-2019
- Kings View 1st Amendment
- Contract Boilerplate Standard Agreement Template v06.11.21
- Leadership Team Self-Certification Disclosure samples

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted by the MHP that as a condition of enrollment, it requires providers to consent to criminal background checks including fingerprinting subcontractors and network providers. Per the discussion during the review, the MHP stated it has a process in place for MHP employees but does not track this information for contracted telehealth service providers.

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

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

Question 7.4.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 455, subdivision 434(b)(1) and (2); 104, MHP Contract Exhibit A, Att. 13. The MHP must require 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

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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:

- P&P 21-011 Auditing and Monitoring Policy
- Disclosure Log
- Disclosure Process
- Mono County Employee Self-Certification Disclosure samples
- Mono County Employee California Form 700 samples
- Conflict of Interest Code, Exhibit
- Leadership Team Self-Certification Disclosure samples
- Contract Boilerplate Standard Agreement Template v06.11.21
- NAMHS contract
- Kings View BH 2018-2019
- Kings View 1st Amendment
- Contract Boilerplate Standard Agreement Template v06.11.21

This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it has not requested updated ownership and control disclosures after any change in the subcontractor or network provider's ownership. The evidence, including policies and procedures, as well as other documentation, was deficient in meeting the requirements.

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

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

Question 7.4.4

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.

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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:

- Disclosure Log
- Disclosure Log Process
- Form 700 2020
- Form 700 2020 samples for MHP county employees
- Mono County Conflict of Interest Code 2018
- Leadership Team Self-Certification Disclosure

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides DHCS with disclosures before entering into a network provider contract with a provider and annually thereafter. Per the discussion during the review, the MHP stated it does not have a process to submit disclosure forms for the contracted telehealth service providers to DHCS.

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

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

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Question 7.4.5

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 13. The MHP must submit disclosures and updated disclosures to the Department of Health and Human Services including information regarding certain business transactions within 35 days, upon request. The MHP must ensure the ownership of any 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:

- Disclosure Log
- Disclosure Log Process
- Form 700 2020
- Form 700 2020 samples for MHP county employees
- Mono County Conflict of Interest Code 2018
- Leadership Team Self-Certification Disclosure

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted that the MHP provides disclosures for subcontractors and network providers to the Department of Health and Human Services, including information regarding certain business transactions within 35 days. Per the discussion during the review, the MHP stated it does not have a process to submit disclosures for the contracted telehealth service providers.

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

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

Question 7.4.6

FINDING

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

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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:

- Disclosure Log
- Disclosure Log Process
- Form 700 2020
- Form 700 2020 samples for MHP county employees
- Mono County Conflict of Interest Code 2018
- Leadership Team Self-Certification Disclosure Samples

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted that the MHP provides disclosure to DHCS of the identity of subcontractors and network providers convicted of a crime related to federal health care programs. Per the discussion during the review, the MHP stated it does not have a process to submit disclosures to DHCS for its contracted telehealth service providers.

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

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

Question 7.6.2

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 455, subdivision 440. The MHP must verify all ordering, rendering and referring providers have a current National Provider Identification number.

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

- P&P 21-011 Auditing and Monitoring
- NPI Look Up for MHP County Employees

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted that the MHP verifies contracted telehealth service providers' current National Provider Identification numbers. Per the discussion during the review, the MHP stated it does not verify this information for its contracted telehealth service provider.

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DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 455, subdivision 440.

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