



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2020/2021

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE MONTEREY COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: 1/12/2021 to 1/14/2021

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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 an onsite review of the Monterey County MHP's Medi-Cal SMHS programs on 1/12/2021 to 1/14/2021. 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 Monterey 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.

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

- Policy and Procedure 148 Network Adequacy and Timeliness Standards
- Service Request Log Urgent Assessment October 2019 – October 2020
- Service Request Log Psychiatry June 2019 – August 2020
- Samples of Notice of Adverse Benefit Determination Written Notification

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP requires its providers to meet Department standards for timely access to care and services, taking into account the urgency of need for services. Per the discussion during the review, the MHP shared details of how they monitor urgent and emergent appointments in their electronic health record. The clinician and psychiatrists' calendars are embedded in the electronic health record system to ensure access to timeliness. However, the clinical staff underutilized the clinician calendar feature, resulting in timeliness issues for emergent and urgent appointments. Psychiatrists utilized the scheduling calendar more often, and therefore, those appointments met timeliness more frequently.

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 the CAP requirement addressing this finding of non-compliance.

Repeat deficiency Yes

Question 1.2.7

FINDING

The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must provide TFC services to all children and youth who meet medical necessity criteria for TFC.

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

- Policy and Procedure 499 Continuum of Care
- TFC Good Faith Effort RFP Award Letter Seneca Family of Agencies August 2020

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides TFC services to all children and youth who meet medical necessity criteria for TFC. Per the discussion during the review, the MHP does not provide TFC in the county and does not assess for the need 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 the CAP requirement addressing this finding of non-compliance.

Question 1.2.8

FINDING

The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. 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).

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

- Policy and Procedure 499 Continuum of Care

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP determines if children and youth who meet medical necessity criteria need TFC. Per the discussion during the review, the MHP does not currently determine if TFC services are needed for children and youth who meet medical necessity criteria.

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, and January 2018.

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

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Question 1.5.3

FINDING

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. (42 C.F.R. § 438.12(a) (1).)

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

- Evidence was not provided

Evidence was not submitted to demonstrate compliance with this requirement. Per the discussion during the review, the MHP stated that they would develop a policy to reflect this requirement. The MHP was given additional opportunity to submit evidence and no evidence was submitted.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 8. The MHP must comply with the CAP requirement addressing this finding of non-compliance.

Question 1.5.4

FINDING

The MHP shall 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 1810.435. (MHP Contract, Ex. A, Att. 8)

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

- Policy and Procedure 125 Medi-Cal Site Certification
- Policy and Procedure 109 Contract Monitoring
- MHP Certification List – November 2020
- Overdue Provider Report – December 28, 2020

While the MHP submitted evidence to demonstrate compliance with this requirement, three (3) providers are currently overdue and out of compliance for certification based on recent Overdue Provider Reports. It is not evident that the MHP provided oversight to ensure its providers certification documents were in accordance with California Code of Regulations, title 9, section 1810.435. (MHP Contract, Ex. A, Att. 8).

TOTAL ACTIVE PROVIDERS (per OPS)	NUMBER OF OVERDUE PROVIDERS (at the time of the Review)	COMPLIANCE PERCENTAGE
78	3	96%

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DHCS deems the MHP in partial compliance with the MHP contract, exhibit A, attachment 8. The MHP must comply with CAP requirement addressing this finding of non-compliance.

Repeat deficiency Yes

CARE COORDINATION AND CONTINUITY OF CARE

Question 2.3.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 415(a). The MHP must make clinical consultation and training, including consultation and training on medications, available to a beneficiary's health care provider for beneficiaries whose mental illness is not being treated by the MHP or for beneficiaries who are receiving treatment from another health care provider in addition to receiving SMHS from the MHP.

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

- Evidence was not provided

Evidence was not submitted to demonstrate compliance with this requirement. Per the discussion during the review, the MHP stated they did not provide clinical training nor consultations, including consultation and training on medications to health care providers for beneficiaries whose mental illness is not being treated by the MHP, or for beneficiaries who are receiving treatment from another health care provider in addition to receiving SMHS from the MHP.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 415(a). The MHP must comply with the CAP requirement addressing this finding of non-compliance.

Question 2.5.7

FINDING

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No.18-059. The MHP must ensure the written notification to a beneficiary regarding his/her continuity of care request complies with title 42 of the Code of Federal Regulations, part 438.10(d).

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

- Policy and Procedure 147 Out of Network Contract Monitoring

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While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident the MHP ensures written notification complying with title 42 of the Code of Federal Regulations, part 438.10(d) is provided to beneficiaries regarding any continuity of care requests received.. Per the discussion during the review, the MHP has not had any continuity of care requests, and currently does not have a beneficiary notification template or continuity of care tracking mechanism. The MHP shared they would develop a policy to be compliant with this requirement. The MHP was given additional opportunity to submit evidence and no evidence was submitted.

DHCS deems the MHP out of compliance with title 42 of the Code of Federal Regulations, part 438.10(d). The MHP must comply with the CAP requirement addressing this finding of non-compliance.

Question 2.5.8

FINDING

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-059. The MHP must notify the beneficiary, and/or the authorized representative, 30-calendar days before the end of the continuity of care period about the process that will occur to transition his or her care at the end of the continuity of care period.

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

- Policy and Procedure 147 Out of Network Contract Monitoring

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident the MHP ensures written notification is provided to beneficiaries and/or authorized representative within 30-calendar days of the end of the continuity of care period for the process to transition the beneficiary's care. Per the discussion during the review, the MHP did not have any continuity of care requests and therefore has not had to issue any written notices in this regard; however, the MHP also does not have a policy and procedure in place that includes this requirement and what is to occur when such requests are received. The MHP shared they would develop a policy to be compliant with this requirement. The MHP was given additional opportunity to submit evidence but no evidence was submitted.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-059. The MHP must comply with the CAP requirement addressing this finding of non-compliance.

ACCESS AND INFORMATION REQUIREMENTS

Question 4.1.1

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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:

- Evidence was not provided

Evidence was not submitted to demonstrate compliance with this requirement. Per the discussion during the review, the MHP shared they did not have a written notice of termination for a contracted provider to issue to beneficiaries and that the MHP would develop a notice and a policy and procedure to address this requirement. The MHP was given additional opportunity to submit evidence but no evidence was submitted.

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 the 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 about 1) how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met; 2) services needed to treat a beneficiary's urgent condition; and 3) 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 Wednesday, October 14, 2020, at 11:38 a.m. The call was answered after one (1) ring by a phone tree directing the caller to select a language option, which included the MHP's threshold language. After selecting the option for English, the caller then heard a recorded greeting and instructions to call 911 in an emergency. The recorded message instructed the caller to select a regional clinic. After selecting the option for Salinas, the caller was then placed on hold for two (2) minutes while the call was transferred to a live operator. The operator identified himself/herself. The caller requested information about accessing mental health services in the county. The operator asked the caller to provide his/her name, date of birth, and the city the

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caller resides in. The caller provided the information to the operator. The operator proceeded to ask for a phone number for the day clinician to call back in case he/she is not available to take the call at this moment. The caller stated that he/she is using a friend's phone and does not want to provide that information. The operator advised the caller that it is necessary to provide a phone number and that the caller must answer the call when the clinician calls back. The caller continued to refuse to provide the phone number and asked the operator to check if the day clinician is available. The operator placed the call on hold for a few seconds and then informed the caller that the clinician is not available right now. The caller said he/she will call back 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, but 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 #2

Test call was placed on Wednesday, October 21, 2020, at 7:46 a.m. The call was answered after eight (8) rings by an answering machine with a recorded message in English and Spanish. The recorded message provided instructions for callers with two options: (1) to leave a message for a return call or (2) hang up and dial 9-1-1 in an emergency. The caller was provided information about services needed to treat a beneficiary's urgent condition, however not how to access SMHS, including SMHS required assessing whether medical necessity criteria are met.

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 Tuesday, November 3, 2020, at 7:31 a.m. The call was answered after one (1) ring by a recorded message stating if this is a life-threatening emergency, please hang-up, dial 911, and then placed on hold for the next available operator. A live operator then answered the call after five (5) rings. The operator announced the caller had reached the after-hours operator for Monterey County Health Services and provided his/her name. The caller requested information regarding how to access mental health services. The operator reaffirmed they understood and because the caller had reached the after-hours operator someone would need to call him/her back to begin the process. The caller declined providing a call back number and informed the operator he/she would call back later. The caller was provided information about services needed to treat a beneficiary's urgent condition, but was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met.

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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 #4

Test call was placed on Tuesday, November 17, 2020, at 9:10 a.m. The call was answered immediately by a phone tree directing the caller to select a language option, which included the MHP's threshold language and included a message stating if this is a life threatening emergency, please hang-up and dial 911. After selecting the option for English and the Marina Regional Clinic, a recording stated that if, the call was placed during regular business hours all staff were currently assisting other beneficiaries. The recording asked the caller to leave their information and their call would be returned. No information about SMHS was provided to the caller. The caller was provided information about services needed to treat a beneficiary's urgent condition, but was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met.

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 Tuesday, November 18, 2020, at 7:46 a.m. The call was answered after one (1) ring by a recorded message with instructions stating if this is a life-threatening emergency, please hang-up and dial 911. and the caller was placed on hold for the next available operator. After a 30 second hold, a live operator answered the call. The caller stated that he/she recently moved to the county and needed to get a prescription refilled. The operator stated that since the call is being placed during after-hours, there are two options: (1) the caller can provide his/her information and someone would call back, or (2) the caller could call back at 8:00 a.m. during the business hours. The caller declined to provide contact information and stated that he/she would call back later. The caller was provided information about services needed to treat a beneficiary's urgent condition, but was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met.

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, November 17, 2020, at 7:39 a.m. The call was answered after three (3) rings by a live operator. The operator identified himself/herself and informed the caller that he/she reached Monterey Behavioral Health after hours line. The caller stated that he/she has been seeing a therapist and was not happy. The

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operator informed the caller that he/she has the option to switch therapist. The operator proceeded to tell the caller to either provide the provider information and then he/she will inform the daytime staff or call back during business hours. The caller said he/she wanted to file a complaint against the therapist and asked how to do this. The operator explained that he/she would have to speak to a daytime staff regarding the complaint process or the caller could leave his/her information and someone would call back. The caller declined and thanked the operator. 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 Tuesday, November 17, 2020, at 11:08 a.m. The call was answered after four (4) rings by a phone tree. After selecting the option for English and Salinas’s Regional Clinic, the call was transferred to a live operator. The caller told the operator he/she wanted to file a complaint against a therapist in Monterey County. The operator placed the caller on hold for four (4) minutes. The operator explained that the caller could either speak to a supervisor or file a complaint in writing. The operator placed the caller on hold for thirty (30) seconds to retrieve the grievance form. The operator informed the caller that he/she can pick up the grievance form in the clinic or it can be mailed. The caller responded that he/she would come in to pick up form. The operator asked for the caller’s name. The caller provided his/her name and ended call. The caller was provided information about how to use the beneficiary problem resolution and fair hearing processes.

FINDING

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

SUMMARY OF TEST CALL FINDINGS

Required Elements	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
1	IN	IN	IN	IN	IN	IN	IN	100%
2	OOC	OOC	OOC	OOC	OOC	N/A	N/A	0%
3	IN	IN	IN	IN	IN	IN	IN	100%
4	N/A	N/A	N/A	N/A	N/A	OOC	IN	50%

Based on the test calls, DHCS deems the MHP in partial compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1).

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

Repeat deficiency Yes

Question 4.3.3

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

- 24-7 Access Line Call Logs for October 14, 2020 – November 18, 2020
- Test Call Evidence

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

Test Call #	Date of Call	Time of Call	Log Results		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
1	10/14/2020	11:38 a.m.	IN	IN	IN
2	10/21/2020	7:46 a.m.	OOC	OOC	OOC
3	11/3/2020	7:31 a.m.	IN	IN	IN
4	11/17/2020	9:10 a.m.	OOC	OOC	OOC
5	11/18/2020	7:46 a.m.	IN	IN	IN
Compliance Percentage			60%	60%	60%

DHCS deems the MHP in partial compliance with California Code for Regulations, title 9, chapter 11, section 1810, subdivision 405(f). The MHP must comply with the CAP requirement addressing this finding of partial/non-compliance.

Repeat deficiency Yes

Question 4.4.5

FINDING

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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.

2) There is a plan for cultural competency training for persons providing SMHS employed by or contracting with the MHP.

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

- Policy and Procedure 468 Cultural Competence Training Requirement
- Cultural Competency Plan FY 18/19
- Cultural Competency Plan FY 19/20 (Final Draft)
- Cultural Competency Committee Annual Report
- Cultural Competence Training Spreadsheet & Sign In Sheets FY 19/20
- Cultural Competency Training (CC Foundation PP Slides) & Attendance/Class Exam

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides oversight to ensure all persons providing SMHS services and contracting with the MHP complete cultural competency training. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP does not monitor contracting entities' cultural competency training completion.

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 the CAP requirement addressing this finding of non-compliance.

Repeat deficiency Yes

COVERAGE AND AUTHORIZATION OF SERVICES

Question 5.3.8

FINDING

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-027, and California Welfare and Institution Code, section 14717, subdivision 1(b). The MHP must have a procedure for expedited transfers within 48-hours of placement of the foster child or youth outside of the county of original jurisdiction.

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

- Policy and Procedure 151 Presumptive Transfer

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While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP implements and maintains arrangements for expedited transfers within 48-hours of placement of foster children or youth outside of the county of original jurisdiction. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP shared there has been a statewide issue with timely placement of children and youth and the MHP will be developing a process to reflect this requirement. When the MHP experienced a need to place a child, they have created a special contract for specialized home placement. The MHP was unable to provide a sample of the special contract used. The MHP was given additional opportunity to submit evidence but no evidence was submitted.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-027, and California Welfare and Institution Code, section 14717, subdivision 1(b). The MHP must comply with the CAP requirement addressing this finding of non-compliance.

BENEFICIARY RIGHTS AND PROTECTIONS

Question 6.1.4

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 12, and Federal Code of Regulations, title 42, section 438, subdivision 402(b) and 228(a). The MHP must have only one level of appeal for beneficiaries.

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

- Policy and Procedure 128 Beneficiary Problem Resolution Process (Grievance, Standard Appeals, Expedited Appeals)
- Beneficiary Handbook
- Problem Resolution Brochure
- Problem Resolution Packet
- Problem Resolution Grievance Form
- Problem Resolution Appeal Form
- Welcome to Monterey County Behavioral Health Packet

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP implements and maintains written policies with a single level of appeal for beneficiaries. This requirement was not included in any evidence provided by the MHP. Per the facilitation discussion, the MHP would modify Policy and Procedure 128 to reflect this requirement.

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DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 12, and Federal Code of Regulations, title 42, section 438, subdivision 402(b) and 228(a). The MHP must comply with the CAP requirement addressing this finding of non-compliance.

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 above listed standards.

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

- Policy and Procedure 128 Beneficiary Problem Resolution Process (Grievance, Standard Appeals, Expedited Appeals)
- Acknowledgement Letter Sampling for FY 17/18, 18/19 and 19/20
- Grievance and Appeal Log October 1, 2019 – December 31, 2019
- Category 6.1, 6.3, 6.4 Legend

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures written acknowledgement is sent to beneficiaries within five (5) calendar days of receipt of the grievance. Six (6) of the acknowledgement letters exceeded the five (5) calendar day timeline requirement.

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

	# OF SAMPLE REVIEWED	ACKNOWLEDGMENT		COMPLIANCE PERCENTAGE
		# IN	# OOC	
GRIEVANCES	21	15	6	71%
APPEALS	0	N/A	N/A	NA
EXPEDITED APPEALS	0	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-

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010E. The MHP must comply with the CAP requirement addressing this finding of partial compliance.

Question 6.2.6

FINDING

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

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

- PP 128 Beneficiary Problem Resolution Process (Grievance, Standard Appeals, Expedited Appeals)
- Grievance/Appeal/Expedited Tracking Log – October 1, 2019 – December 31, 2019
- Policy and Procedure 108 Medicaid Managed Care Plan

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides notice, in writing, to any provider identified by the beneficiary or involved in the grievance of the final disposition of the beneficiary's grievance. This requirement was not included in the evidence provided by the MHP. Per the discussion during the review, the Quality Improvement Manager will provide additional training to mental health staff regarding the Beneficiary Problem Resolution Processes to meet this requirement. The MHP was given additional opportunity to submit evidence but no evidence was submitted.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1850, subdivision 205. The MHP must comply with the CAP requirement addressing this finding of non-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 408(a)-(b)(1). The MHP must resolve each grievance as expeditiously as the beneficiary's health condition requires not exceeding 90 calendar days from the day the Contractor receives the grievance.

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

- Policy and Procedure 128 Beneficiary Problem Resolution Process (Grievance, Standard Appeals, Expedited Appeals)

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- Grievance/Appeal/Expedited Tracking Log – October 1, 2019 – December 31, 2019
- Beneficiary Handbook (pages 40 & 45)
- Grievance Sampling (21)

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident 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. This requirement was not included in any evidence provided by the MHP.

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

	RESOLVED WITHIN TIMEFRAMES			REQUIRED NOTICE OF EXTENSION EVIDENT	COMPLIANCE PERCENTAGE
	# OF SAMPLE REVIEWED	# IN COMPLIANCE	# OOC		
GRIEVANCES	21	19	2		90%

DHCS deems the MHP in partial compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(a)-(b)(1). The MHP must comply with the CAP requirement addressing this finding of partial compliance.

Question 6.4.13

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 410(b). The MHP must ensure that punitive action is not taken against a provider who requests an expedited resolution or supports a beneficiary's expedited appeal.

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

- Policy and Procedure 128 Beneficiary Problem Resolution Process (Grievance, Standard Appeals, Expedited Appeals)
- Beneficiary Handbook (page 48)
- Problem Resolution Brochure
- Category 6.1,6.3,6.4 Legend
- Appeal Sampling (5)

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures that punitive action is not taken against a provider

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who requests an expedited resolution or supports a beneficiary's expedited appeal. Per the discussion during the review, the MHP shared they did not receive expedited resolution requests nor expedited appeals from providers during the review period and would modify Policy and Procedure 128 to meet this requirement.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 410. The MHP must comply with the CAP requirement addressing this finding of non-compliance.

Question 6.5.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 420(b). The MHP must continue the beneficiary's benefits if all of the below listed circumstance occur:

- a) The beneficiary files the request of an appeal timely in accordance with 42 C.F.R. § 438.402(c)(1)(ii) and (c)(2)(ii);
- b) The appeal involves the termination, suspension, or reduction of previously authorized services;
- c) The services were ordered by an authorized provider;
- d) The period covered by the original authorization has not expired; and,
- e) The beneficiary timely files for continuation of benefits.

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

- Policy and Procedure 128 Beneficiary Problem Resolution Process (Grievance, Standard Appeals, Expedited Appeals)
- Beneficiary Handbook
- Problem Resolution Brochure
- Problem Resolution Packet
- Welcome to Monterey County Behavioral Health Packet

While the MHP submitted evidence to demonstrate compliance with this requirement, the evidence reviewed did not document the requirements that benefits must be continued until all requirements occur, specifically requirements : a, b, c, d, and e. Per the discussion during the review, the MHP will modify Policy and Procedure 128 and Beneficiary Handbook to meet this requirement.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 420(b). The MHP must comply with the CAP requirement addressing this finding of non-compliance.

Question 6.5.2

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FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 420(c). At the beneficiary's request, the MHP must continue or reinstates the beneficiary's benefits while the appeal or State Hearing is pending, the benefits must be continued until one of the below listed occurs:

- a) The beneficiary withdraws the appeal or request for a State Hearing;
- b) The beneficiary fails to request a State Hearing and continuation of benefits within 10 calendar days after the MHP sends the notice of adverse resolution (e.g., NAR) to the beneficiary's appeal;
- c) A State Hearing office issues a hearing decision adverse to the beneficiary.

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

- Policy and Procedure 128 Beneficiary Problem Resolution Process (Grievance, Standard Appeals, Expedited Appeals)
- Beneficiary Handbook
- Problem Resolution Brochure
- Problem Resolution Packet
- Welcome to Monterey County Behavioral Health Packet

While the MHP submitted evidence to demonstrate compliance with this requirement, the evidence reviewed did not document the requirements that benefits must be continued until all requirements occur, specifically requirements : a, b, and c. Per the discussion during the review, the MHP will modify Policy and Procedure 128 and Beneficiary Handbook to meet this requirement.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 420(c). The MHP must comply with CAP requirement addressing this finding of non-compliance.