



**CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

**FISCAL YEAR 2021/2022**

**MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW**

**OF THE PLACER/SIERRA COUNTY MENTAL HEALTH PLAN**

**SYSTEM FINDINGS REPORT**

**Review Dates: February 15, 2022 to February 17, 2022**

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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 webinar review of the Placer/Sierra County MHP's Medi-Cal SMHS programs on February 15, 2022 to February 17, 2022. 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) 2021/2022 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 Placer/Sierra County MHP. The report is organized according to the findings from each section of the FY 2021/2022 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 1.2.7**

**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, 3<sup>rd</sup> 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:

- Placer\_31\_1.2.7\_Koinonia\_EPSDT\_20-22\_HHS132\_Section4.2.8E
- Placer\_31\_1.2.7\_P&P\_TFC\_CSOC\_SP\_1057
- Placer\_31\_1.2.7\_POS\_Data\_SMHS\_Children
- Placer\_31\_1.2.7\_TFC\_Efforts
- Placer\_31\_1.2.7\_CSOC Mental Health Screening Tool MHST
- Placer\_31\_1.2.7\_Koinonia\_EPSDT\_20-22\_HHS132\_PAGE14 Section 4.2.8E ONLY
- Placer\_31\_1.2.7\_Koinonia\_EPSDT\_20-22\_HHS132\_PAGE14\_4.2.8E

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 stated that it has a contract in place to provide TFC services, however it is currently in the process of recruiting TFC parents. The MHP stated that Intensive Services Foster Care is used in lieu of TFC for high risk children and youth who are involved with child welfare and probation. Post review, the MHP submitted evidence of a contract to provide TFC services, however, it is not evident that the MHP has the capacity to provide TFC services at this time.

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

**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 contract with the MHP to provide

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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:

- Placer\_31\_1.4.4\_31CG Complete Certification packet
- Placer\_31\_1.4.4\_3111 Sunset packet
- Placer\_31\_1.4.4\_Placer Site Certification Tracking
- Placer\_31\_1.4.4\_Site cert and OOC SAR Contracts 2019
- Placer\_31\_1.4.4\_Site Cert and Recert PROTOCOL June 2014
- Placer\_31\_1.4.4\_Site Certification of Provider Physical Plans QM 32\_

**INTERNAL DOCUMENTS REVIEWED:**

- Provider Monitoring Report

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP certifies, or uses another MHP's certification documents to certify, the organizational providers that contract with the MHP to provide SMHS. Per the discussion during the review, the MHP explained that it had encountered technical difficulties when certifying its providers and was currently working with its DHCS liaison to update site certifications. Post review, DHCS reviewed the updated Provider Monitoring Report and found that the five (5) unresolved provider certifications remained overdue.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 8.

**QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT**

**Question 3.2.2**

**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 the monitoring activities including, but not limited to, review of beneficiary grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals, and clinical records review.

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

- Placer\_31\_3.2.2\_20190123 QA-QI-QIC Documents from Binder
- Placer\_31\_3.2.2\_20190424 MINUTES QIC Quarterly Meeting April 24\_2019\_VI
- Placer\_31\_3.2.2\_20190424 QA-QI-QIC Documents from Binder

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- Placer\_31\_3.2.2\_20190424 QIC\_QA\_QI\_AGENDA\_24 April 2019
- Placer\_31\_3.2.2\_20190424 QI-QA QUARTERLY MEETING\_April 24\_2019\_v.1.0
- Placer\_31\_3.2.2\_20190724 QA-QI-QIC Documents from Binder
- Placer\_31\_3.2.2\_20190724 QI-QA QUARTERLY MEETING\_July 24\_2019\_v.1.2
- Placer\_31\_3.2.2\_20190724 Quarterly QIC Meeting Minutes 07-24-2019\_V.1
- Placer\_31\_3.2.2\_20191023 QA-QI-QIC Documents from Binder
- Placer\_31\_3.2.2\_20191028 QIC QI-QA QUARTERLY MEETING\_Oct 204\_2019\_v.1.1
- Placer\_31\_3.2.2\_20191028 QIC QI-QA QUARTERLY MEETING\_Oct 24\_2019\_v.1.2
- Placer\_31\_3.2.2\_20191028 QIC Quarterly QA-QI-QIC Meeting Agenda 10-23-2019
- Placer\_31\_3.2.2\_20191028 QIC Quarterly QIC Meeting Minutes 10-23-2019\_V.1CPTA
- Placer\_31\_3.2.2\_20200122 QIC QI-QA QUARTERLY MEETING\_2-26-2020\_V1.0
- Placer\_31\_3.2.2\_20200122 QIC QI-QA QUARTERLY MEETING\_2-26-2020\_CPTA
- Placer\_31\_3.2.2\_20200422 QIC QIC\_QA\_QI\_AGENDA\_22 APRIL 2020
- Placer\_31\_3.2.2\_20200422 QIC Quarterly QIC Meeting Minutes 4-22-2020\_VJS
- Placer\_31\_3.2.2\_20200722 QIC QIC\_QA\_QI\_AGENDA\_22 July 2020
- Placer\_31\_3.2.2\_20200722 QIC QIC\_QA\_QI\_AGENDA\_22 July 2020
- Placer\_31\_3.2.2\_20200722 QIC Quarterly QIC Minutes 7-22-2020
- Placer\_31\_3.2.2\_20210127 QIC QIC\_QA\_QI\_AGENDA\_27 January 2021
- Placer\_31\_3.2.2\_20210127 QIC QIC\_QA\_QI\_AGENDA\_27 January 2021
- Placer\_31\_3.2.2\_20210127 QIC Quarterly QIC Minutes 01-27-2021
- Placer\_31\_3.2.2\_20210428 QIC QIC\_QA\_QI\_AGENDA\_28 April 2021
- Placer\_31\_3.2.2\_20210428 QIC QIC\_QA\_QI\_AGENDA\_28 April 2021
- Placer\_31\_3.2.2\_20210428 QIC Quarterly QIC Minutes 04.28.2021
- Placer\_31\_3.2.2\_20210728 QIC QIC\_QA\_QI\_AGENDA\_28 July 2021
- Placer\_31\_3.2.2\_20210728 QIC QIC\_QA\_QI\_AGENDA\_28 July 2021
- Placer\_31\_3.2.2\_20210728 QIC Quarterly QIC Minutes 07.28.2021
- Placer\_31\_3.2.2\_20220126 QA\_QIC MEETING AGENDA January 26 2022
- Placer\_31\_3.2.2\_320200422 QIC QI-QA Qtr MEETING\_Apr 22\_2020-PowerPoint\_v.1.2
- Placer\_31\_3.2.2\_Placer-Sierra Fiscal Year 2017-2018 QI Effectiveness Final
- Placer\_31\_3.2.2\_Placer-Sierra Fiscal Year 2018-2019 QI Effectiveness plan FINAL
- Placer\_31\_3.2.2\_Placer-Sierra Fiscal Year 2018-2019 QI Effectiveness FINAL
- Placer\_31\_3.2.2\_Placer-Sierra Fiscal Year 2019-2020 QI Effectiveness FINAL
- Placer\_31\_3.2.2\_Placer-Sierra Fiscal Year 2019-2020 QI Workplan FINAL
- Placer\_31\_3.2.2\_Placer-Sierra Fiscal Year 2020-2021 QI Effectiveness FINAL

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- Placer\_31\_3.2.2\_Placer-Sierra Fiscal Year 2020-2021 QI Workplan Revised 3-2021
- Placer\_31\_3.2.2\_Placer-Sierra Fiscal Year 2020-21 QI Workplan FINAL
- Placer\_31\_3.2.2\_Placer Sierra MHP EQRO Final Report FY 2021-21 HM 04.15.21 Page 14, Rec 12-13
- Placer\_31\_3.2.2\_Placer-Sierra Fiscal Year 2018-2019 QI workplan FINAL
- Placer\_31\_3.2.2\_Placer-Sierra QI Workplan 2019-20 FINAL
- Placer\_31\_3.2.2\_PLACER-SIERRA QIWP FY20-21 Revised 3-2021
- Placer\_31\_3.2.2\_PLACER-SIERRA QIWP FY21-22 FINAL

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP monitors activities including, review of beneficiary grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals, and clinical records review in the QAPI Work Plan. This requirement was not included in its fiscal year 2021-2022 QAPI Work Plan. Per the discussion during the review, the MHP stated it monitors these activities, however, during its fiscal year 2020-2021 External Quality Review Organization review, the MHP was informed that these activities were not required in the QAPI Work Plan. Post review, the MHP submitted QAPI Work Plans from previous fiscal years, however, it did not provide evidence the required monitoring activities were included in its current QAPI Work Plan.

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

**Question 3.2.5**

**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 a description of mechanisms the Contractor has implemented to assess the accessibility of services within its service delivery area, including goals listed in the below requirements:

1. Responsiveness for the Contractor's 24-hour toll-free telephone number.
2. Timeliness for scheduling of routine appointments.
3. Timeliness of services for urgent conditions.
4. Access to after-hours care.

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

- Placer\_31\_3.2.5\_24\_7 Access Line Form Report FY 19\_20 MHP
- Placer\_31\_3.2.5\_24\_7 Access Line Form Report FY2020-21 MHP Apr-Jun 2021
- Placer\_31\_3.2.5\_24\_7 Access Line Test Call Report Form FINAL July-Sept 2021 MHP



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- Placer\_31\_3.2.5\_24-7 Access to Services and Documentation of Requests for Specialty Mental Health Services SP 540
- Placer\_31\_3.2.5\_24-7 test call training
- Placer\_31\_3.2.5\_24-7 test call training Refresher Rev February 2021
- Placer\_31\_3.2.5\_24-7 test call training Rev August 2020
- Placer\_31\_3.2.5\_24-7 test call training Rev February 2021
- Placer\_31\_3.2.5\_24-7 test call training Rev June 2020
- Placer\_31\_3.2.5\_20190123 QA-QI-QIC Documents from Binder
- Placer\_31\_3.2.5\_20190424 MINUTES QIC Quarterly Meeting April 24\_2019\_VI
- Placer\_31\_3.2.5\_20190424 QA-QI-QIC Documents from Binder
- Placer\_31\_3.2.5\_20190424 QIC\_QA\_QI\_AGENDA\_24 April 2019
- Placer\_31\_3.2.5\_20190424 QI-QA QUARTERLY MEETING\_April 24\_2019\_v.1.0
- Placer\_31\_3.2.5\_20190724 QA-QI-QIC Documents from Binder
- Placer\_31\_3.2.5\_20190724 QI-QA QUARTERLY MEETING\_July 24\_2019\_v.1.2
- Placer\_31\_3.2.5\_20190724 Quarterly QIC Meeting Minutes 07-24-2019\_V.1
- Placer\_31\_3.2.5\_20191023 QA-QI-QIC Documents from Binder
- Placer\_31\_3.2.5\_20191028 QIC QI-QA QUARTERLY MEETING\_Oct 204\_2019\_v.1.1
- Placer\_31\_3.2.5\_20191028 QIC QI-QA QUARTERLY MEETING\_Oct 24\_2019\_v.1.2
- Placer\_31\_3.2.5\_20191028 QIC Quarterly QA-QI-QIC Meeting Agenda 10-23-2019
- Placer\_31\_3.2.5\_20191028 QIC Quarterly QIC Meeting Minutes 10-23-2019\_V.1CPTA
- Placer\_31\_3.2.5\_20200122 QIC QI-QA QUARTERLY MEETING\_2-26-2020\_V1.0
- Placer\_31\_3.2.5\_20200122 QIC QI-QA QUARTERLY MEETING\_2-26-2020\_CPTA
- Placer\_31\_3.2.5\_20200422 QIC QIC\_QA\_QI\_AGENDA\_22 APRIL 2020
- Placer\_31\_3.2.5\_20200422 QIC Quarterly QIC Meeting Minutes 4-22-2020\_VJS
- Placer\_31\_3.2.5\_20200722 QIC QIC\_QA\_QI\_AGENDA\_22 July 2020
- Placer\_31\_3.2.5\_20200722 QIC QIC\_QA\_QI\_AGENDA\_22 July 2020
- Placer\_31\_3.2.5\_20200722 QIC Quarterly QIC Minutes 7-22-2020
- Placer\_31\_3.2.5\_20210127 QIC QIC\_QA\_QI\_AGENDA\_27 January 2021
- Placer\_31\_3.2.5\_20210127 QIC QIC\_QA\_QI\_AGENDA\_27 January 2021
- Placer\_31\_3.2.5\_20210127 QIC Quarterly QIC Minutes 01-27-2021
- Placer\_31\_3.2.5\_20210428 QIC QIC\_QA\_QI\_AGENDA\_28 April 2021
- Placer\_31\_3.2.5\_20210428 QIC QIC\_QA\_QI\_AGENDA\_28 April 2021
- Placer\_31\_3.2.5\_20210428 QIC Quarterly QIC Minutes 04.28.2021
- Placer\_31\_3.2.5\_20210728 QIC QIC\_QA\_QI\_AGENDA\_28 July 2021
- Placer\_31\_3.2.5\_20210728 QIC QIC\_QA\_QI\_AGENDA\_28 July 2021
- Placer\_31\_3.2.5\_20210728 QIC Quarterly QIC Minutes 07.28.2021

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- Placer\_31\_3.2.5\_20220126 QA\_QIC MEETING AGENDA January 26 2022
- Placer\_31\_3.2.5\_320200422 QIC QI-QA Qtr MEETING\_Apr 22\_2020-PowerPoint\_v.1.2
- Placer\_31\_3.2.5\_Array of Specialty Mental Health Services SP 200
- Placer\_31\_3.2.5\_ASOC NV Co Telephone Triage 18-19 CN001173 SCN101278
- Placer\_31\_3.2.5\_Authorization for Medi-Cal Specialty Mental Health Services EA 420
- Placer\_31\_3.2.5\_Network Adequacy – Timely Access – Services Availability QM 340
- Placer\_31\_3.2.5\_Network-Provider\_Manual-PDF
- Placer\_31\_3.2.5\_Out of County Network Services for DMC-ODS and MHP Beneficiaries RE 841
- Placer\_31\_3.2.5\_Placer 24\_7 Access Line Form Report FY 2020-21 Jan – Mar 2021 MHP
- Placer\_31\_3.2.5\_Placer County 24-7 Test Call Manual (Rev 1.1 Printable Version)
- Placer\_31\_3.2.5\_Placer County 24-7 Test Call Manual (Rev 2 Printable Version)
- Placer\_31\_3.2.5\_Placer\_31\_24\_7 Access Line Form Report FY 2020-21 122221
- Placer\_31\_3.2.5\_Placer\_31\_24\_7 Access Line Form Report FY 2020-21 Oct-Dec 2020 Rev1
- Placer\_31\_3.2.2\_Placer-Sierra Fiscal Year 2017-2018 QI Effectiveness Final
- Placer\_31\_3.2.2\_Placer-Sierra Fiscal Year 2018-2019 QI Effectiveness plan FINAL
- Placer\_31\_3.2.2\_Placer-Sierra Fiscal Year 2018-2019 QI Effectiveness FINAL
- Placer\_31\_3.2.2\_Placer-Sierra Fiscal Year 2019-2020 QI Effectiveness FINAL
- Placer\_31\_3.2.2\_Placer-Sierra Fiscal Year 2019-2020 QI Workplan FINAL
- Placer\_31\_3.2.2\_Placer-Sierra Fiscal Year 2020-2021 QI Effectiveness FINAL
- Placer\_31\_3.2.2\_Placer-Sierra Fiscal Year 2020-2021 QI Workplan Revised 3-2021
- Placer\_31\_3.2.2\_Placer-Sierra Fiscal Year 2020-21 QI Workplan FINAL
- Placer\_31\_3.2.5\_Test Call Training Confirmation Form
- Placer\_31\_3.2.5\_Test Call Training Manual 2015
- Placer\_31\_3.2.2\_Placer Sierra MHP EQRO Final Report FY 2021-21 HM 04.15.21 Page 14, Rec 12-13
- Placer\_31\_3.2.2\_Placer-Sierra Fiscal Year 2018-2019 QI workplan FINAL
- Placer\_31\_3.2.2\_Placer-Sierra QI Workplan 2019-20 FINAL

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP assesses the accessibility of services within its service delivery area, including goals for timeliness of services for urgent conditions or access to after-hours care in its QAPI Work Plan. Per the discussion during the review, the MHP stated that these goals are not included in the QAPI Work Plan because these services do not have a measureable impact. Post review, the MHP provided QAPI Work Plans from previous fiscal years demonstrating inclusion of these requirements,

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however it was unable to provide evidence that the required monitoring activities are included in its current QAPI Work Plan.

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

**Question 3.5.3**

**FINDING**

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, Federal Code of Regulations, title 42, section 438, subdivision 236(b), and California Code of Regulations, title 9, section 1810, subdivision 326. The MHP must take steps to assure that decisions for utilization management, beneficiary education, coverage of services, and any other area to which the guidelines apply are consistent with the guidelines adopted.

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

- Placer\_31\_3.5.3\_ QA Policy Impeimentation Tracking

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP takes steps to assure that decisions for utilization management, beneficiary education, coverage of services, and any other area to which the guidelines apply are consistent with the guidelines adopted. Per the discussion during the review, the MHP stated that these required areas are reviewed at provider meetings, discussed in work groups, and are modified based on input from providers, contractors, and stakeholders. Post review, the MHP submitted a tracking mechanism for policy implementation, however, this evidence was insufficient in demonstrating compliance with this requirement.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, Federal Code of Regulations, title 42, section 438, subdivision 236(b), and California Code of Regulations, title 9, section 1810, subdivision 326.

**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:

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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 Thursday, November 18, 2021, at 3:26 p.m. The call was answered after two (2) rings via a live operator. The caller requested information about accessing mental health services in the county concerning his/her child's disruptive behavior in school. The operator provided the caller the phone number for the MHP's children's services and transferred the caller. The caller heard a recorded message which included locations and addresses for mental health services in the county, as well as the option to speak to a live operator. Upon connecting with the live operator, the caller was provided information on how to obtain a referral for services, locations for children's mental health services, phone numbers, and hours of operation.

The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met.

**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 #2**

Test call was placed on Monday, November 22, 2021, at 2:55 p.m. The call was answered after two (2) rings via a live operator. The caller explained he/she was feeling down and unable to eat, sleep, or get out of bed for the past several weeks. The operator assessed the caller for the need for crisis services and provided information to obtain immediate care. The operator asked for personally identifying information, which the caller provided. The operator provided the caller information regarding the assessment process to determine his/her level of care, clinic locations, option for a telephone appointments, and transportation services.

The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

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**FINDING**

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

**TEST CALL #3**

Test call was placed on Monday, November 8, 2021, at 7:37 a.m. The call was answered after three (3) rings via a live operator. The caller asked the operator for information about mental health services in the county and explained he/she had been providing care for an elderly parent and had been feeling overwhelmed, isolated, and hopeless. The operator asked for personally identifying information, which the caller provided. The operator provided the hours of operation and locations of two (2) clinics in the county nearest to the caller. The operator stated the caller would receive counseling services and that if medication was needed it would be determined through the counseling process.

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

**FINDING**

The call is deemed *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 Monday, November 22, 2021 at 9:22 a.m. The call was answered after one (1) ring via a live operator. The caller requested information about obtaining a refill for anxiety medication although he/she had not yet established a care provider in the county. The operator informed the caller he/she needed to get an intake form and put the caller on hold for approximately one (1) minute. The operator asked for personally identifying information, which the caller provided. The operator provided the caller the walk-in clinic locations, hours of operation, options for counseling, and the medication refill telephone number.

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

**FINDING**

The call is deemed *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).

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**TEST CALL #5**

Test call was placed on Friday, November 19, 2021, at 7:34 a.m. The call was answered immediately via a live operator. The caller explained he/she was currently taking care of his/her ill mother and was feeling down and depressed. The operator stated that he/she could go to a walk-in clinic and explained the assessment process to determine his/her level of care. The operator provided the location of clinics and provided the option to be transferred to someone qualified to conduct an assessment via telephone. The caller declined and ended the call.

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

**FINDING**

The call is deemed 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 Wednesday, November 17, 2021, at 1:24 pm. The call was answered after one (1) ring by a live operator. The caller requested information on how to file a complaint about a therapist he/she was seeing through the county. The operator placed the caller on a brief hold before informing the caller that he/she would be transferred to a staff member who works for the adult system of care. Upon being transferred the caller heard a voicemail recording stating that the caller had reached the Patients' Rights Advocate. The voicemail recording instructed the caller to leave a message with personally identifying information to receive a return call. No additional information was provided.

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

**FINDING**

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

**TEST CALL #7**

Test call was placed on Monday, November 22, 2021, at 7:42 am. The call was answered after two (2) rings via a live operator. The caller asked how to file a complaint against a therapist he/she was seeing through the county. The operator explained that the caller can file a grievance over the phone, pick up a grievance form at the clinic, or print a form via the county's website. The operator explained that the caller could mail or fax the form to the county. The operator offered to take information orally from the caller concerning his/her grievance, which caller declined.

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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).

**SUMMARY OF TEST CALL FINDINGS**

Required Elements	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2	IN	IN	IN	IN	IN	N/A	N/A	100%
3	N/A	IN	OOC	OOC	OOC	N/A	N/A	25%
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).

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:

- Placer\_31\_4.3.4\_24\_7 Access Line Form Report FY 2020-21 MHP Apr-Jun 2021
- Placer\_31\_4.3.4\_24\_7 Access Line Test Call Report Form FINAL July-Sept 2021 MHP
- Placer\_31\_4.3.4\_24-7 Access to Services and Documentation of Requests for Specialty Mental Health Services SP 540
- Placer\_31\_4.3.4\_pc access quick call log v2.4 070121-093021 (Redacted)
- Placer\_31\_4.3.4\_Placer 24\_7 Access Line form Report FY 2020-21 Jan – Mar 2021 MHP

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- Placer\_31\_4.3.4\_Placer\_31 247\_7 Access Line form Report FY 2020-21 Oct-Dec 2020 Rev1
- Placer-Sierra pc access quick call log v2.4 110821
- Placer-Sierra pc access quick call log v2.4 111821
- Placer-Sierra pc access quick call log v2.4 111921
- Placer-Sierra pc access quick call log v2.4112221
- Placer-Sierra pc access quick call log v2.4 111821 Redacted
- Placer-Sierra pc access quick call log v2.4 111921 Redacted
- Placer-Sierra pc access quick call log v2.4112221 Redacted

While the MHP submitted evidence to demonstrate compliance with this requirement, two (2) of the five (5) required DHCS test calls did not include the beneficiary's name in 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	11/18/2021	3:26 p.m.	OOC	IN	IN
2	11/22/2021	2:55 p.m.	OOC	IN	IN
3	11/8/2021	7:37 a.m.	IN	IN	IN
4	11/22/2021	9:22 a.m.	IN	IN	IN
5	11/19/2021	7:34 a.m.	IN	IN	IN
<b>Compliance Percentage</b>			<b>60%</b>	<b>100%</b>	<b>100%</b>

*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).

Repeat deficiency Yes

**COVERAGE AND AUTHORIZATION OF SERVICES**

**Question 5.2.8**

**FINDING**

The MHP did not furnish evidence to demonstrate compliance with MHSUDS IN 19-026. The MHP must review and make a decision regarding a provider's request for prior authorization as expeditiously as the beneficiary's mental health condition requires, and not to exceed five (5) business days from the MHP's receipt of the information reasonably necessary and requested by the MHP to make the determination.



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

- Placer\_31\_5.2.8\_Authorization for Medi-Cal Specialty Mental Health Services EA 420
- Placer\_31\_5.2.8\_CCR authorization worksheet
- Placer\_31\_5.2.8\_CCR auths sent to hospital samples
- Placer\_31\_5.2.8\_CCR desk guide - AVATAR
- Placer\_31\_5.2.8\_CCR notification template letter sent to contracted hospitals
- Placer\_31\_5.2.8\_CCR notification template letter sent to PHFs
- Placer\_31\_5.2.8\_Concurrent Review by Next Review Date daily report sample
- Placer\_31\_5.2.8\_Concurrent Review TARs by Due Date daily report sample
- Placer\_31\_5.2.8\_PHF Concurrent Review by Next Review Date daily report sample
- Placer\_31\_5.2.8\_Retrospective and Appeal TARs by Due Date daily report sample
- Placer\_31\_5.2.8\_SARS approver signatures
- Placer\_31\_5.2.8\_SARS samples
- Placer\_31\_5.2.8\_TAR approver signatures
- Placer\_31\_5.2.8\_TAR samples with NOABDs & letters to hospitals
- Placer\_31\_5.2.8\_TAR samples
- Placer\_31\_5.3.1\_SARS samples (UPDATED)
- Placer\_31\_5.1\_SARS policy
- Placer\_5.1\_SARS process desk guide

DHCS reviewed samples of authorizations to verify compliance with regulatory requirements. The service authorization sample verification findings are detailed below:

<b>Requirement</b>	<b># of Services Authorizations in compliance</b>	<b># of Service Authorizations out of compliance</b>	<b>Compliance Percentage</b>
Regular Authorization: The MHP makes a decision regarding a provider's request for prior authorization not to exceed five (5) business days from the MHP's receipt of the information reasonably necessary and requested by the MHP to make the determination.	5	11	31%

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While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP reviews and makes decisions regarding a provider's request for prior authorization as expeditiously as the beneficiary's mental health condition requires, and not to exceed five (5) business days from the MHP's receipt of the information. Of the 16 Service Authorization Requests (SARs) reviewed, four (4) were not approved within the timeframe and seven (7) were not signed by a licensed professional or did not have proof of receipt by the MHP to ensure compliance. Per the discussion during the review, the MHP stated that SARs are usually authorized within two (2) business days, however it acknowledged that its multi-step process may have caused some to be approved beyond the required timeframe. Post review, the MHP provided its SAR policy and a desk guide, however it was unable provide proof all SARs had met the time standard for approval.

DHCS deems the MHP in partial compliance with MHSUDS 19-026.

**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:

- Placer\_31\_5.3.8\_P&P\_Presumptive\_Transfer\_CSOC\_Form
- Placer\_31\_5.3.8\_P&P\_Presumptive\_Transfer\_CSOC\_SP\_510
- Placer\_31\_5.3.8\_P&P\_Presumptive\_Transfer\_County\_Form
- Placer\_31\_5.3.8\_P&P\_Presumptive\_Transfer\_Expedited\_Transfers
- Placer\_31\_5.3.8\_PT Practice Guideline SCOT SP 510\_PAGE7

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a procedure for expedited transfers within 48-hours of placement of the foster child 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 stated it was not aware of any expedited transfers occurring in the past three (3) years and that it would submit its policy demonstrating compliance for this requirement. The MHP submitted a practice guideline post review, however, it did not include the MHP's procedure for expedited transfers.

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).

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**Question 5.3.9**

**FINDING**

The MHP did not furnish evidence to demonstrate compliance with California Welfare and Institution Code, section 14717, subdivision 1(d)(6). The MHP must ensure a waiver processed based on an exception to presumptive transfer shall be contingent upon the MHP in the county of original jurisdiction demonstrating an existing contract with a SMHS provider, or the ability to enter into a contract within 30 days of the waiver decision, and the ability to deliver timely SMHS directly to the foster child. That information shall be documented in the child's case plan.

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

- Placer\_31\_5.3.9\_P&P\_Presumptive\_Transfer\_CSOC\_Form
- Placer\_31\_5.3.9\_P&P\_Presumptive\_Transfer\_CSOC\_SP\_510
- Placer\_31\_5.3.9\_SFF Continuity of Care 18-19 CN001197
- Placer\_31\_5.3.9\_SFF Continuity of Care 18-19 CN001197A Amend#1
- Placer\_31\_5.3.9\_Presumptive Transfer SARS samples
- Placer\_31\_5.3.9\_Presumptive Transfer SARS tracking log
- Placer\_31\_5.3.9\_Presumptive\_Transfer\_Waiver\_Tracking
- Placer\_31\_5.3.9\_PT Practice Guidelines CSOC SO 510\_PAGE6

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures presumptive transfer waivers are processed as specified in the contract. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that it has not had any presumptive transfer waiver requests in the past three (3) years and that it would submit its policy demonstrating compliance for this requirement. The MHP submitted a practice guideline post review, however, it did not include the MHP's ability to enter into a contract within 30 days of the waiver decision.

DHCS deems the MHP out of compliance with California Welfare and Institution Code, section 14717, subdivision 1(d)(6).

**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.

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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.

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

- Placer\_31\_5.4.1\_P&P NOABDs
- Placer\_31\_5.4.\_MH NOABDS Report 11-01-2020 to 10-31-2021
- Placer\_31\_5.4.1\_NOABD samples
- Placer\_31\_5.1.1 SARS samples
- Placer\_31\_5.3.1\_SARS samples (UPDATED)
- Placer\_31\_5.1\_SARS policy
- Placer\_5.1\_SARS process desk guide

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides Notice of Adverse Beneficiary Determinations (NOABDs) to beneficiaries for failure to provide services in a timely manner. Per the discussion during the review, the MHP stated that SARs are usually authorized within two (2) business days, however it acknowledged that its multi-step process may cause some to be approved beyond the required timeframe. Post review, the MHP submitted its SAR policy and desk guide, however, this evidence did not demonstrate relevant NOABDs are sent for untimely SAR authorization or there are procedures in place for this process.

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

**Question 5.5.2**

**FINDING**

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 405(e). The MHP must ensure, at the request of the beneficiary when the MHP or its network provider has determined that the beneficiary is not entitled to SMHS due to not meeting the medical necessity criteria, the MHP provides for a second opinion by a licensed mental health professional (other than a psychiatric technician or a licensed vocational nurse).

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

- Placer\_31\_5.5.2\_Beneficiary Handbook Page 58
- Placer\_31\_5.5.2\_Sample of 2<sup>nd</sup> Opinion Requests, Results 2020.2021

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- Placer\_31\_5.5.2\_Second Opinion Tracking Log 2020.2021

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides a second opinion by a licensed mental health professional, other than a psychiatric technician or a licensed vocational nurse. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that psychiatrists and the medical director conduct second opinions. The MHP stated that an updated policy would be provided post review, however, no additional evidence of this process was provided.

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

## **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:

- Placer\_31\_6.1.5\_Grievance Samples (3) with acknowledgment letters 2020-2021
- Placer\_31\_6.1.5\_Grievance Samples (23) with acknowledgment letters 2019-2020
- Placer\_31\_6.1.5\_Appeal Received Letter Template
- Placer\_31\_6.1.5\_Beneficiary Protection Training - Slide 18
- Placer\_31\_6.1.5\_Expedited Appeal Received Letter Template
- Placer\_31\_6.1.5\_Grievance Log 07-01-2019 to 6-30-2020
- Placer\_31\_6.1.5\_Grievance Log 07-01-2020 to 6-30-2021
- Placer\_31\_6.1.5\_Grievance Received Letter Template

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- Placer\_31\_6.1.5\_P&P Appeal and Grievance RE 100 Highlighted Pages 4-5
- Placer\_31\_6.1.5\_Grievance Letter

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP acknowledges receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing. Per the discussion during the review, the MHP stated it would research the one (1) beneficiary grievance that was not sent an acknowledgement letter within five (5) calendar days of receipt. Post review, the MHP provided a statement explaining it could not determine why the grievance was processed incorrectly.

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	
<b>GRIEVANCES</b>	<b>26</b>	<b>25</b>	<b>1</b>	<b>96%</b>
<b>APPEALS</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>EXPEDITED APPEALS</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

DHCS deems the MHP out of 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.

**Question 6.2.1**

**FINDING**

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 416 and California Code of Regulations, title 9, section 1850, subdivision 205. The MHP must maintain a grievance and appeal log and record grievances, appeals, and expedited appeals in the log within one working day of the date of receipt of the grievance, appeal, or expedited appeal.

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

- Placer\_31\_6.2.1\_Grievance Samples (3) 2020-2021
- Placer\_31\_6.2.1\_Grievance Samples (23) 2019-2020
- Placer\_31\_6.2.1\_Grievance Log 07-01-2019 to 06-30-2020
- Placer\_31\_6.2.1\_Grievance Log 07-01-2020 to 06-30-2021
- Placer\_31\_6.2.1\_P&P Appeal and Grievance RE 100 Highlighted Page 4

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- Placer\_31\_6.1.5\_Grievance Letter

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP records grievances, appeals, and expedited appeals in a log within one (1) working day of the date of receipt of the grievance, appeal, or expedited appeal. Per the discussion during the review, the MHP stated it would research the two (2) grievances that were not logged within one (1) working day of receipt of the grievance. Post review, the MHP provided a statement explaining one grievance was not date stamped due to a clerical error and it could not determine the reason for the other error.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 416 and California Code of Regulations, title 9, section 1850, subdivision 205.

**Question 6.3.3**

**FINDING**

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1850, subdivision 206(c). The MHP must provide written notification to the beneficiary or the appropriate representative of the resolution of a grievance and documentation of the notification or efforts to notify the beneficiary, if he or she could not be contacted.

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

- Placer\_31\_6.3.3\_Grievance Samples (3) 2020-2021
- Placer\_31\_6.3.3\_Grievance Samples (23) 2019-2020
- Placer\_31\_6.3.3\_Grievance Log 07-01-2019 to 06-30-2020
- Placer\_31\_6.3.3\_Grievance Log 07-01-2020 to 06-30-2021
- Placer\_31\_6.3.3\_NGR Template
- Placer\_31\_6.3.3\_P&P Appeal and Grievance RE 100 Highlighted Page 5
- Placer\_31\_6.3.3\_Grievance Letter

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides written notification to the beneficiary or the appropriate representative of the resolution of a grievance. Per the discussion during the review, the MHP stated it would research the one (1) grievance that was not provided written notification of the resolution of a grievance. Post review, the MHP provided a statement explaining that the MHP had processed the grievance incorrectly.

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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	# OF SAMPLE REVIEWED	RESOLUTION NOTICE		COMPLIANCE PERCENTAGE
		# IN	# OOC	
<b>GRIEVANCES</b>	<b>26</b>	<b>25</b>	<b>1</b>	<b>96%</b>
<b>APPEALS</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>EXPEDITED APPEALS</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1850, subdivision 206(c).

**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:

- Placer\_31\_7.4.1\_MHP\_Attestation\_3\_Form 700 2 of 7
- Placer\_31\_7.4.1\_MHP\_Attestation\_3\_HHS Admin 3 of 7
- Placer\_31\_7.4.1\_MHP\_Attestation\_3\_HHS ASOC 4 of 7
- Placer\_31\_7.4.1\_MHP\_Attestation\_3\_HHS CSOC 5 of 7
- Placer\_31\_7.4.1\_MHP\_Attestation\_3\_HHS PH 6 of 7
- Placer\_31\_7.4.1\_MHP\_Attestation\_3\_Mental Health Contracts BOILERPLATE conflict highlight\_7 of 7
- Placer\_31\_7.4.1\_MHP\_Attestation\_3\_Placer County HHS SOC Compliance Plan Update 2021 1 of 7
- Placer\_31\_7.4.1\_MHP\_Attestation\_3\_State EE No Conflict Memo 1 of 2

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures collection of disclosures of ownership, control, and relationship information for persons who have ownership or control interest in the MHP. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that the Placer Clerk-Recorder’s Office collects and tracks the mental health staffs’ 700 Forms. The MHP stated that staff receive emails notifying them to complete the required disclosure form. The MHP stated



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it would provide additional evidence from the Clerk-Recorder's Office and examples of this process post review, however, no additional evidence was submitted.

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

**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 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:

- Placer\_31\_7.4.3\_MHP\_Attestation\_3\_Form 700 2 of 7
- Placer\_31\_7.4.3\_MHP\_Attestation\_3\_HHS Admin 3 of 7
- Placer\_31\_7.4.3\_MHP\_Attestation\_3\_HHS ASOC 4 of 7
- Placer\_31\_7.4.3\_MHP\_Attestation\_3\_HHS CSOC 5 of 7
- Placer\_31\_7.4.3\_MHP\_Attestation\_3\_HHS PH 6 of 7
- Placer\_31\_7.4.3\_MHP\_Attestation\_3\_Mental Health Contracts BOILERPLATE conflict highlight\_7 of 7
- Placer\_31\_7.4.3\_MHP\_Attestation\_3\_Placer County HHS SOC Compliance Plan Update 2021 1 of 7
- Placer\_31\_7.4.3\_MHP\_Attestation\_3\_State EE No Conflict Memo 1 of 2
- Placer\_31\_7.4.3\_5 percent ownership highlighted

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP requires providers, or any person with a 5% or more direct or indirect ownership interest in the provider, to submit fingerprints when applicable. Per the discussion during the review, the MHP stated that a staff member was in the process of developing a policy to address this requirement and it would submit the policy post review. The MHP submitted a highlighted contract boilerplate post review, however, it was deficient in meeting this requirement.

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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.

**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.
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:

- Placer\_31\_7.4.4\_MHP\_Attestation\_3\_Form 700 2 of 7
- Placer\_31\_7.4.4\_MHP\_Attestation\_3\_HHS Admin 3 of 7
- Placer\_31\_7.4.4\_MHP\_Attestation\_3\_HHS ASOC 4 of 7
- Placer\_31\_7.4.4\_MHP\_Attestation\_3\_HHS CSOC 5 of 7
- Placer\_31\_7.4.4\_MHP\_Attestation\_3\_HHS PH 6 of 7
- Placer\_31\_7.4.4\_MHP\_Attestation\_3\_Mental Health Contracts BOILERPLATE conflict highlight\_7 of 7

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- Placer\_31\_7.4.4\_MHP\_Attestation\_3\_Placer County HHS SOC Compliance Plan Update 2021 1 of 7
- Placer\_31\_7.4.4\_MHP\_Attestation\_3\_State EE No Conflict Memo 1 of 2
- Placer\_31\_7.4.4\_BASE CONTRACT – Expenditure 01.18.22
- Placer\_31\_7.4.4\_Compliance and Program Integrity QM 505
- Placer\_31\_7.4.4\_Draft\_22-23\_Mental Health Exhibit.2022 DRAFT JSTA (002)

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP requires network providers to submit updated disclosures with the required elements. Per the discussion during the review, the MHP stated that a staff member was in the process of developing a policy to address this requirement and it would submit the policy post review. The MHP submitted a base contract, a policy and procedure, and a draft contract exhibit post review, however, this evidence was deficient in demonstrating it ensures network providers are adhering to this requirement.

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.

**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:

- Placer\_31\_7.4.5\_MHP\_Attestation\_3\_Form 700 2 of 7
- Placer\_31\_7.4.5\_MHP\_Attestation\_3\_HHS Admin 3 of 7
- Placer\_31\_7.4.5\_MHP\_Attestation\_3\_HHS ASOC 4 of 7
- Placer\_31\_7.4.5\_MHP\_Attestation\_3\_HHS CSOC 5 of 7
- Placer\_31\_7.4.5\_MHP\_Attestation\_3\_HHS PH 6 of 7
- Placer\_31\_7.4.5\_MHP\_Attestation\_3\_Mental Health Contracts BOILERPLATE conflict highlight\_7 of 7
- Placer\_31\_7.4.5\_MHP\_Attestation\_3\_Placer County HHS SOC Compliance Plan Update 2021 1 of 7

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- Placer\_31\_7.4.5\_MHP\_Attestation\_3\_State EE No Conflict Memo 1 of 2
- Placer\_31\_7.4.5\_BASE CONTRACT – Expenditure 01.18.22
- Placer\_31\_7.4.5\_Draft\_22-23\_Mental Health Exhibit.2022 DRAFT JSTA (002)

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP submits disclosures and updated disclosures to the Department of Health and Human Services including information regarding certain business transactions within 35 days, upon request. Per the discussion during the review, the MHP stated that a staff member was in the process of developing a policy to address this requirement and it would submit the policy post review. The MHP submitted a base contract and a contract exhibit post review, however, this evidence was deficient in demonstrating proper disclosure to DHCS.

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

**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 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:

- Placer\_31\_7.4.6\_MHP\_Attestation\_3\_Form 700 2 of 7
- Placer\_31\_7.4.6\_MHP\_Attestation\_3\_HHS Admin 3 of 7
- Placer\_31\_7.4.6\_MHP\_Attestation\_3\_HHS ASOC 4 of 7
- Placer\_31\_7.4.6\_MHP\_Attestation\_3\_HHS CSOC 5 of 7
- Placer\_31\_7.4.6\_MHP\_Attestation\_3\_HHS PH 6 of 7
- Placer\_31\_7.4.6\_MHP\_Attestation\_3\_Mental Health Contracts BOILERPLATE conflict highlight\_7 of 7
- Placer\_31\_7.4.6\_MHP\_Attestation\_3\_Placer County HHS SOC Compliance Plan Update 2021 1 of 7
- Placer\_31\_7.4.6\_MHP\_Attestation\_3\_State EE No Conflict Memo 1 of 2
- Placer\_31\_7.4.6\_BASE CONTRACT – Expenditure 01.18.22
- Placer\_31\_7.4.6\_Draft\_22-23\_Mental Health Exhibit.2022 DRAFT JSTA (002)

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP submits disclosure forms to DHCS of the identity of any person who is a managing employee of the MHP who has been convicted of a crime

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related to federal health care programs. Per the discussion during the review, the MHP stated that a staff member was in the process of developing a policy to address this requirement and it would submit the policy post review. The MHP submitted a base contract and a contract exhibit post review, however, this evidence was deficient in demonstrating proper disclosure to DHCS.

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