



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2021/2022

**MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW
OF THE PLUMAS COUNTY MENTAL HEALTH PLAN**

SYSTEM FINDINGS REPORT

Review Dates: May 17, 2022 to May 18, 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 Plumas County MHP's Medi-Cal SMHS programs on May 17, 2022 to May 18, 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 Plumas 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 1.1.3

FINDING

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

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

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

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

- Link to Service Requests
- Urgent Requests for services
- Attached Image from Answering Service_ 05-03-21 & 05-04-21 PM & AM Logs
- Attached Image from Answering Service_ 05-04-21 & 05-05-21 PM & Am Logs
- Attached Image from Answering Service_ 05-23-21 & 05-24-21 PM & AM Logs
- Attached Image from Answering Service_ 05-24-21 & 05-25-21 PM & AM Logs
- Attached Image from Answering Service_ 05-30-21 & 05-31-21 PM & AM Logs
- Attached Image from Answering Service_ 05-31-21 & 06-01-21 PM & AM Logs
- Attached Image from Answering Service_ 06-01-21 & 06-02-21 PM & AM Logs

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP met the 48 hour timeline for urgent care appointments that do not require prior authorization. Of the 32 urgent care appointments reviewed, five (5) did not meet timeliness standards. Per the discussion during the review, the MHP stated that it tracks timely access in its electronic health records and internal dashboards. The MHP was provided the opportunity to submit additional evidence, including Notice of Adverse Beneficiary Determinations (NOABD) sent to beneficiaries for missing the timeliness requirement, however, no additional evidence was provided.

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

Repeat deficiency Yes

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Question 1.2.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(b)(1). The MHP must maintain and monitor a network of appropriate providers that is supported by written agreements and is sufficient to provide access to ICC and IHBS services for all eligible beneficiaries, including those with limited English proficiency.

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

- Policy 202.2 Child and Family Team
- 200.8 Authorization for Intensive Care Coordination and In Home Based Services for Youth
- January 2021 Katie- A Meeting – Reminder
- Katie A March 2020
- RE_ July 2020 Katie - A Meeting
- FW_ May 2020 Katie – A

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP maintains and monitors a network of appropriate providers that is supported by written agreements and is sufficient to provide access to ICC and IHBS services for all eligible beneficiaries, including those with limited English proficiency. Per the discussion during the review, the MHP stated that it has one (1) contracted provider that provides ICC and IHBS services. The MHP was provided the opportunity to submit the contract for its ICC and IHBS provider, however, no additional evidence was provided.

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

Question 1.2.7

FINDING

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

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

- Policy 202.2 Child and Family Team
- 200.8 Authorization for Intensive Care Coordination and In Home Based Services for Youth

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- January 2021 Katie- A Meeting – Reminder
- Katie A March 2020
- RE_ July 2020 Katie - A Meeting
- FW_ May 2020 Katie – A

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 it does not have any children that require TFC and that when this service is needed it would transfer children and youth out of the county for treatment. The MHP stated it is working to develop a contract for this service but has been unsuccessful.

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.

Question 1.2.8

FINDING

The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must have an affirmative responsibility to determine if children and youth who meet medical necessity criteria need TFC.

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

- Policy 202.2 Child and Family Team
- 200.8 Authorization for Intensive Care Coordination and In Home Based Services for Youth
- January 2021 Katie- A Meeting – Reminder
- Katie A March 2020
- RE_ July 2020 Katie - A Meeting
- FW_ May 2020 Katie – A

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP assesses all children and youth to determine if they meet medical necessity criteria for TFC. Per the discussion during the review, the MHP stated it does not screen for TFC and it has not developed a TFC assessment.

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

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Question 1.3.2

FINDING

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-008, California Welfare and Institutions Code, section 14053, subdivision (a) and (b)(3), and Federal Code of Regulations, title 42, section 1396, subdivision d(a)(29)(B), (a)(16), (h)(1)(c), and Federal Code of Regulations, title 42, section 441, subdivision 13 and section 435, subdivision 1009. The MHP must cover acute psychiatric inpatient hospital services provided in an Institution for Mental Disease (IMD) to Medi-Cal beneficiaries under the age of 21, or 65 years or older.

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

- TAR Log 20-21

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP covers acute psychiatric inpatient hospital services provided in Institutions for Mental Disease (IMD) to Medi-Cal beneficiaries under the age of 21, or 65 years or older. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that it has a report that can track patients by age range to ensure compliance to this requirement. Post review, the MHP submitted a Treatment Authorization Request log to demonstrate beneficiary age range, however this log did not address the requirement.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-008, California Welfare and Institutions Code, section 14053, subdivision (a) and (b)(3), and Federal Code of Regulations, title 42, section 1396, subdivision d(a)(29)(B), (a)(16), (h)(1)(c), and Federal Code of Regulations, title 42, section 441, subdivision 13, and section 435, subdivision 1009.

Repeat deficiency Yes

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 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:

- Medi-Cal Cert Log

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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. This requirement was not included in any evidence provided by the MHP. Of the seven (7) MHP contracted providers, four (4) had overdue certifications. Per the discussion during the review, the MHP stated it tracks provider certification via a certification log. The MHP provided its certification tracking log post review; however, it did not demonstrate the providers were certified.

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

Repeat deficiency Yes

Question 1.4.6

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 8. The MHP and the contractor shall take corrective action if the MHP identifies deficiencies or areas of improvement.

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

- N/A

The MHP did not submit evidence to demonstrate that the MHP and its contractors take corrective action if the MHP identifies deficiencies or areas of improvement. Per the discussion during the review, the MHP stated that it has issued corrective action plans for providers and would provide a sample of the corrective action notice to its providers. No additional evidence was provided post review.

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

CARE COORDINATION AND CONTINUITY OF CARE

Question 2.1.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP Contract, exhibit A, attachment 10, and Federal Code of Regulations, title 42, section 438,

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subdivision 208(b)(1). The MHP must ensure that each beneficiary has an ongoing source of care appropriate to his or her needs and a person or entity formally designated as primarily responsible for coordinating the services accessed by the beneficiary.

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

- PnP 200.7 Continuity of Care
- 2022 PCBH Doc Manual
- Behavioral Health Brochure- update
- Greenville Brochure 2019
- KTS.Older.Adult_Brochure e-version
- NACT_32_MHP_Plumas_2020_07012021_Contract EA

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures that each beneficiary has an ongoing source of care appropriate to his or her needs and a person or entity formally designated as primarily responsible for coordinating the services accessed by the beneficiary. Per the discussion during the review, the MHP stated that coordination of care is done through the annual assessment and treatment planning processes. The MHP was provided the opportunity to submit additional evidence to demonstrate compliance with this process, including samples of progress notes to show beneficiaries' designated coordinators, however, no additional evidence was provided.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 10, and Federal Code of Regulations, title 42, section 438, subdivision 208(b)(1).

Question 2.1.2

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP Contract, exhibit A, attachment 10, and Federal Code of Regulations, title 42, section 438, subdivision 208(b)(1). The MHP must provide the beneficiary information on how to contact their designated person or entity.

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

- PnP 200.7 Continuity of Care
- 2022 PCBH Doc Manual
- Behavioral Health Brochure- update
- Greenville Brochure 2019
- KTS.Older.Adult_Brochure e-version
- NACT_32_MHP_Plumas_2020_07012021_Contract EA

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While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides beneficiaries information on how to contact their designated person or entity. Per the discussion during the review, the MHP stated that a phone call is placed to the beneficiary from a case manager to inform the beneficiary of their designated care coordinator. The MHP stated it is working to formalize this process. The MHP was provided the opportunity to submit samples of progress notes to demonstrate this process; however, no additional evidence was provided.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 10, and Federal Code of Regulations, title 42, section 438, subdivision 208(b)(1).

Question 2.3.2

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 415(d). The MHP must, when the MHP determines that the beneficiary's diagnosis is not included as a SMHS, or is included but would be responsive to physical health care based treatment, the MHP of the beneficiary shall refer the beneficiary in accordance with state regulations.

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

- PnP 200.7 Continuity of Care
- Anthem-Plumas County BH MOU 2122
- MOUCalifornia Health & Wellness Plan 1819
- MOU-MHP-Anthem-PCBH FY1920

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that when the MHP determines that the beneficiary's diagnosis is not included as a SMHS, or is included but would be responsive to physical health care based treatment, the MHP shall refer the beneficiary in accordance with state regulations. Per the discussion during the review, the MHP stated when it identifies a physical health care issue with the beneficiary, the MHP would refer the beneficiary to his/her primary care physician. The MHP acknowledged that the process is not formally documented in a policy. The MHP was provided the opportunity to submit referrals demonstrating this process, however, no additional evidence was provided.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 415(d).

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QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

Question 3.1.7

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5. The MHP shall inform providers of the beneficiary/family satisfaction activities.

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

- N/A

The MHP did not submit evidence to demonstrate that the MHP informs providers of the beneficiary and family satisfaction activities. Per the discussion during the review, the MHP stated that it discusses beneficiary and family satisfaction activities in clinical staff meetings and in Quality Improvement Committee (QIC) meetings. The MHP was provided the opportunity to submit evidence of this communication, including QIC meeting minutes, however, no additional evidence was provided.

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

ACCESS AND INFORMATION REQUIREMENTS

Question 4.3.2

FINDING

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

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

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The seven (7) test calls are summarized below:

TEST CALL #1

Test call was placed on Wednesday, December 1, 2021, at 7:54 a.m. The call was answered after one (1) ring via a live operator. The caller requested information about accessing mental health services in the county concerning his/her son's mental health and his disruptive behavior in school. The operator asked for the child's personally identifying information, which the caller provided. The operator assessed the child's current condition by asking if his/her son required immediate services, which the caller responded in the negative. The operator provided information on how to access SMHS for the son including information about the MHP's initial assessment and intake process, clinic location, 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 February 23, 2022, at 3:33 p.m. The call was answered immediately via a phone tree. A recorded message stated to dial 911 or to go to the emergency room if experiencing an emergency. The phone tree then stated to press zero (0) to speak to a receptionist or if experiencing substance abuse or a crisis. After selecting this option, the call was answered immediately via a live operator. The caller asked for assistance for his/her son who was having behavior problems at school. The operator asked the caller where the caller was located, which the caller provided. The operator informed the caller of office locations, hours of operations, and the availability of walk-in services. The operator also informed the caller he/she could request services over the phone.

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 #3

Test call was placed on Wednesday, December 8, 2021, at 10:43 a.m. The call was answered immediately via a phone tree. A recorded message stated to dial 911 or to go to the emergency room if experiencing an emergency. The phone tree then stated to press zero (0) to speak to a receptionist or if experiencing substance abuse or a crisis. After selecting this option, the call was answered immediately via a live operator. The

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caller requested assistance with what he/she described as feeling down and depressed. The operator informed the caller that the MHP has intake appointments on Thursdays and provided the hours of operation. The operator informed the caller that he/she could fill out a form over the phone so the MHP would have his/her information on file. The caller decline the service 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 provided information about services needed to treat a beneficiary's urgent condition.

FINDING

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

TEST CALL #4

Test call was placed on Friday, January 7, 2022, at 6:44 p.m. The call was answered immediately 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 isolated, sad, and unable to sleep. The operator asked the caller for personally identifiable information, which the caller provided. The operator assessed the caller's need for urgent care services. The operator told the caller that he/she had reached the after-hours crisis line and that he/she would need to call back on Monday during business hours or go directly to the main county office to apply for services. The operator stated that the county offers a variety of services and treatment options but there was no guarantee he/she would qualify to receive them. The operator stated that the crisis line operated 24/7 and instructed the caller to call back if his/her condition worsened.

The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information 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 #5

Test call was placed on Tuesday February 15, 2022, at 3:33 p.m. The call was answered immediately via a phone tree. A recorded message stated to dial 911 or to go to the emergency room if experiencing an emergency. The phone tree then stated to press zero (0) to speak to a receptionist or if experiencing substance abuse or a crisis. After selecting this option, the call was answered immediately via a live operator. The caller requested information about accessing mental health services and how to refill his/her anxiety medication. The operator explained the intake process and offered to

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perform an intake over the phone. The operator provided information about walk-in services 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. The caller was provided information about services needed to treat a beneficiary's urgent condition.

FINDING

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

TEST CALL #6

Test call was placed on Thursday, December 9, 2021, at 3:41 p.m. The call was answered immediately via a phone tree. A recorded message stated to dial 911 or to go to the emergency room if experiencing an emergency. The phone tree then stated to press zero (0) to speak to a receptionist or if experiencing substance abuse or a crisis. After selecting this option, the call was answered immediately via a live operator. The caller informed the operator he/she wanted to file a complaint against a therapist. The operator explained that the caller could either speak to a staff member or file a complaint in writing by picking up a complaint form in the lobby of the clinic. The operator provided the location of the clinic where grievance forms can be obtained.

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

FINDING

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

TEST CALL #7

Test call was placed on Monday, December 20, 2021, at 7:40 a.m. The call was answered after one (1) ring via a live operator. The caller asked how to file a complaint in the county. The operator advised the caller that the grievance forms are located in the clinic lobby, on the MHP website, or can be mailed to the beneficiary. The operator provided contact information for the MHP staff member who could assist with any additional questions regarding the grievance.

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

FINDING

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

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SUMMARY OF TEST CALL FINDINGS

Required Elements	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
2	IN	IN	IN	OOC	IN	N/A	N/A	80%
3	IN	IN	IN	IN	IN	N/A	N/A	100%
4	N/A	N/A	N/A	N/A	N/A	IN	IN	100%

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

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:

- Access log-December-February

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

Test Call #	Date of Call	Time of Call	Log Results		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
1	12/2/2021	7:54 AM	OOC	OOC	OOC
2	2/23/2022	3:33 PM	OOC	OOC	OOC
3	12/8/2021	10:43 AM	OOC	OOC	OOC
4	1/7/2022	6:44 PM	OOC	OOC	OOC
5	2/15/2022	3:33 PM	OOC	OOC	OOC
Compliance Percentage			0%	0%	0%

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

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

Repeat deficiency Yes

Question 4.4.2

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 410. The MHP must have a Cultural Competence Committee or other group that addresses cultural issues and has participation from cultural groups that is reflective of the community.

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

- Plumas County Cultural Competency Plan 2020-2023
- Cultural Competence Meeting Minutes march 2022

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted by the MHP that the MHP's Cultural Competence Committee has participants from cultural groups that are reflective of the community. Per the discussion during the review, the MHP stated that it does not have a roster or an organizational chart that demonstrates participation or members' cultural affiliation. The MHP was provided the opportunity to submit additional evidence to demonstrate compliance for this requirement; however, no additional evidence was provided.

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

COVERAGE AND AUTHORIZATION OF SERVICES

Question 5.1.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(c). The MHP must notify the requesting provider, and give the beneficiary written notice of any decision by the Contractor to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested.

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

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- Provider List- English Updated April 4th 2022
- Plumas_Section 5_ Service Authorization Requirements_Sample SAR_SAR_1 of 1
- Plumas_section 5_Service Authorization log
- Plumas_section 5_Delivery System NOA_AG6473
- Plumas_section_5_Termination NOA_AB 8413 minor SMHS nonengage
- Plumas_section5_Greivance NOA_AE 12-2-2020
- Plumas_section5_Authorization of SMHS Updated September 2020

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP notifies the requesting provider, and gives the beneficiary written notice of any decision by the MHP to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested. Of the 28 Treatment Authorization Requests (TARs) reviewed by DHCS, one (1) TAR was denied and no NOABD was present. Per the discussion during the review, the MHP stated that it sends NOABDs and calls the beneficiary and providers to inform them of any modification or denial. The MHP was provided the opportunity to submit evidence of this process, including the NOABD that was sent to the beneficiary and provider, however, no additional evidence was provided.

DHCS deems the MHP out of compliance with MHP contract; exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(c).

Repeat deficiency Yes

Question 5.1.4

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(e). The MHP must ensure compensation to individuals or entities that conduct utilization management activities must not be structured so as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any beneficiary.

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

- Provider List- English Updated April 4th 2022
- Plumas_Section 5_ Service Authorization Requirements_Sample SAR_SAR_1 of 1
- Plumas_section 5_Service Authorization log
- Plumas_section 5_Delivery System NOA_AG6473
- Plumas_section_5_Termination NOA_AB 8413 minor SMHS nonengage
- Plumas_section5_Greivance NOA_AE 12-2-2020

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- 200.1 Utilization Management Program

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures compensation to individuals or entities that conduct utilization management activities are structured to not provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any beneficiary. Per the discussion during the review, the MHP acknowledged that this requirement is not included in its policy and would need to update its process moving forward.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(e).

Repeat deficiency Yes

Question 5.3.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice No. 17-032 and 18-027; BHIN No. 19-041. The MHP must have a comprehensive policy and procedure describing its process for timely provision of services to children and youth subject to Presumptive Transfer.

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

- Provider List- English Updated April 4th 2022
- Plumas_Section 5_ Service Authorization Requirements_Sample SAR_SAR_1 of 1
- Plumas_section 5_Service Authorization log
- Plumas_section 5_Delivery System NOA_AG6473
- Plumas_section_5_Termination NOA_AB 8413 minor SMHS nonengage
- Plumas_section5_Greivance NOA_AE 12-2-2020
- Pumas_section5_Authorization of SMHS Updated September 2020
- Plumas_section5_Authorization of SMHS CalAIM
- Plumas_Section 5 Presumptive Transfer_PNP_200.4 Foster Care KinGap Adoptive_1 of 1

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a comprehensive policy and procedure describing its process for timely provision of services to children and youth subject to Presumptive Transfer. Per the discussion during the review, the MHP acknowledged that its Presumptive Transfer policy is out of date and needs to be updated. The MHP provided no additional evidence to address this requirement.

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DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice No. 17-032 and 18-027; BHIN No. 19-041.

Question 5.3.2

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Welfare and Institution Code, section 14717, subdivision 1(f). The MHP must ensure upon presumptive transfer, the mental health plan in the county in which the foster child resides shall assume responsibility for the authorization and provision of SMHS and payments for services.

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

- Provider List- English Updated April 4th 2022
- Plumas_Section 5_Service Authorization Requirements_Sample SAR_SAR_1 of 1
- Plumas_section 5_Service Authorization log
- Plumas_section 5_Delivery System NOA_AG6473
- Plumas_section_5_Termination NOA_AB 8413 minor SMHS nonengage
- Plumas_section5_Greivance NOA_AE 12-2-2020
- Pumas_section5_Authorization of SMHS Updated September 2020
- Plumas_section5_Authorization of SMHS CalAIM
- Plumas_Section 5 Presumptive Transfer_PNP_200.4 Foster Care KinGap Adoptive_1 of 1

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures upon presumptive transfer, the MHP in the county in which the foster child resides shall assume responsibility for the authorization and provision of SMHS and payments for services. Per the discussion during the review, the MHP stated in practice, it assumes the responsibility for the authorization and provision of SMHS and payments for services. The MHP acknowledged that its Presumptive Transfer policy is out of date and needs to be updated to reflect this process. The MHP provided no additional evidence to address this requirement.

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

Question 5.3.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Welfare and Institution Code, section 14717, subdivision 1(f). The MHP must ensure if the MHP in the county of original jurisdiction has completed an assessment of needed services

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for the foster child, the MHP in the county in which the foster child resides shall accept that assessment.

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

- Provider List- English Updated April 4th 2022
- Plumas_Section 5_ Service Authorization Requirements_Sample SAR_SAR_1 of 1
- Plumas_section 5_ Service Authorization log
- Plumas_section 5_Delivery System NOA_AG6473
- Plumas_section_5_Termination NOA_AB 8413 minor SMHS nonengage
- Plumas_section5_Greivance NOA_AE 12-2-2020
- Pumas_section5_Authorization of SMHS Updated September 2020
- Plumas_section5_Authorization of SMHS CalAIM
- Plumas_Section 5 Presumptive Transfer_PNP_200.4 Foster Care KinGap Adoptive_1 of 1

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures if the MHP in the county of original jurisdiction has completed an assessment of needed services for the foster child, the MHP accepts the assessment. Per the discussion during the review, the MHP stated that it would accept an assessment from another MHP, however it acknowledged that its Presumptive Transfer policy is out of date and needs to be updated to reflect this process. The MHP provided no additional evidence to address this requirement.

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

Question 5.3.5

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, the DHCS standards for timely access to care and services for children/youth presumptively transferred to the MHP's responsibility.

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

- Provider List- English Updated April 4th 2022
- Plumas_Section 5_ Service Authorization Requirements_Sample SAR_SAR_1 of 1
- Plumas_section 5_ Service Authorization log
- Plumas_section 5_Delivery System NOA_AG6473
- Plumas_section_5_Termination NOA_AB 8413 minor SMHS nonengage

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- Plumas_section5_Greivance NOA_AE 12-2-2020
- Pumas_section5_Authorization of SMHS Updated September 2020
- Plumas_section5_Authorization of SMHS CalAIM
- Plumas_Section 5 Presumptive Transfer_PNP_200.4 Foster Care KinGap Adoptive_1 of 1

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP meets, and requires its providers to meet, the DHCS standards for timely access to care and services for children and youth presumptively transferred to the MHP's responsibility. Per the discussion during the review, the MHP stated that it treats children and youth as urgent requests, however it acknowledged that its Presumptive Transfer policy is out of date and needs to be updated to reflect this process. The MHP provided no additional evidence to address this requirement.

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

Repeat deficiency Yes

Question 5.3.6

FINDING

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No.17-032. The MHP must demonstrate that when there is an exception to Presumptive Transfer and a waiver is in place, the MHP ensures access to services for foster care children placed outside the county of origin.

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

- Provider List- English Updated April 4th 2022
- Plumas_Section 5_Service Authorization Requirements_Sample SAR_SAR_1 of 1
- Plumas_section 5_Service Authorization log
- Plumas_section 5_Delivery System NOA_AG6473
- Plumas_section_5_Termination NOA_AB 8413 minor SMHS nonengage
- Plumas_section5_Greivance NOA_AE 12-2-2020
- Pumas_section5_Authorization of SMHS Updated September 2020
- Plumas_section5_Authorization of SMHS CalAIM
- Plumas_Section 5 Presumptive Transfer_PNP_200.4 Foster Care KinGap Adoptive_1 of 1

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that when there is an exception to Presumptive Transfer and a waiver is in

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place, the MHP ensures access to services for foster care children placed outside the county of origin. Per the discussion during the review, the MHP stated the waiving of Presumptive Transfer has only happened once and it reviewed this case during its utilization meeting to ensure timeliness. The MHP acknowledged that its Presumptive Transfer policy does not outline this requirement and needs to be updated to reflect this process. The MHP provided no additional evidence to address this requirement.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice, No.17-032.

Repeat deficiency Yes

Question 5.3.7

FINDING

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services., Information Notice, No. 18-027. The MHP must provide SMHS immediately, and without prior authorization, in situations when a foster child or youth is in imminent danger to themselves or others or experiencing an emergency psychiatric condition.

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

- Provider List- English Updated April 4th 2022
- Plumas_Section 5_ Service Authorization Requirements_Sample SAR_SAR_1 of 1
- Plumas_section 5_Service Authorization log
- Plumas_section 5_Delivery System NOA_AG6473
- Plumas_section_5_Termination NOA_AB 8413 minor SMHS nonengage
- Plumas_section5_Greivance NOA_AE 12-2-2020
- Pumas_section5_Authorization of SMHS Updated September 2020
- Plumas_section5_Authorization of SMHS CalAIM
- Plumas_Section 5 Presumptive Transfer_PNP_200.4 Foster Care KinGap Adoptive_1 of 1

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that in situations when a foster child or youth is in imminent danger to themselves or others or experiencing an emergency psychiatric condition the MHP provide SMHS immediately, and without prior authorization. Per the discussion during the review, the MHP stated no prior authorization is required for foster child or youth that is experiencing an emergency psychiatric condition. The MHP acknowledged that its Presumptive Transfer policy does not outline this requirement and needs to be updated to reflect this process. The MHP provided no additional evidence to address this requirement.

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DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services., Information Notice, No. 18-027.

Repeat deficiency Yes

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:

- Provider List- English Updated April 4th 2022
- Plumas_Section 5_ Service Authorization Requirements_Sample SAR_SAR_1 of 1
- Plumas_section 5_ Service Authorization log
- Plumas_section 5_Delivery System NOA_AG6473
- Plumas_section_5_Termination NOA_AB 8413 minor SMHS nonengage
- Plumas_section5_Greivance NOA_AE 12-2-2020
- Pumas_section5_Authorization of SMHS Updated September 2020
- Plumas_section5_Authorization of SMHS CalAIM
- Plumas_Section 5 Presumptive Transfer_PNP_200.4 Foster Care KinGap Adoptive_1 of 1

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. Per the discussion during the review, the MHP stated if this were to occur the expedited transfer would be within the 48-hours of placement of the foster child or youth outside the county of original jurisdiction. The MHP acknowledged that its Presumptive Transfer policy does not outline this requirement and needs to be updated to reflect this process. The MHP provided no additional evidence to address this requirement.

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).

Repeat deficiency Yes

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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:

- Provider List- English Updated April 4th 2022
- Plumas_Section 5_ Service Authorization Requirements_Sample SAR_SAR_1 of 1
- Plumas_section 5_Service Authorization log
- Plumas_section 5_Delivery System NOA_AG6473
- Plumas_section_5_Termination NOA_AB 8413 minor SMHS nonengage
- Plumas_section5_Greivance NOA_AE 12-2-2020
- Pumas_section5_Authorization of SMHS Updated September 2020
- Plumas_section5_Authorization of SMHS CalAIM
- Plumas_Section 5 Presumptive Transfer_PNP_200.4 Foster Care KinGap Adoptive_1 of 1

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures 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. Per the discussion during the review, the MHP stated that it would enter into a contract within 30 days if the provider is agreeable to Medi-Cal standards of pay and documentation. The MHP acknowledged that its Presumptive Transfer policy does not outline this requirement and needs to be updated to reflect this process. The MHP provided no additional evidence to address this requirement.

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

Repeat deficiency Yes

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Question 5.4.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 400. The MHP must provide beneficiaries with a Notice of Adverse Beneficiary Determination under the circumstances listed below:

1. The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of covered benefit.
2. The reduction, suspension or termination of a previously authorized service.
3. The denial, in whole or in part, of a payment for service.
4. The failure to provide services in a timely manner.
5. The failure to act within timeframes provided in 42 C.F.R. § 438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.
6. The denial of a beneficiary's request to dispute financial liability, including cost sharing and other beneficiary financial liabilities.

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

- Plumas_section 5_Delivery System NOA_AG6473
- Plumas_section 5_Delivery System NOA_BC8783
- Plumas_section 5_Delivery System NOA_CB 9302 Denial Notice P insurance
- Plumas_section 5_Delivery System NOA_DB 9338 Denial refer out
- Plumas_section 5_Delivery System NOA_Denial Notice CC-MediCARE
- Plumas_section 5_Denial NOA_6385 minor close no assessment
- Plumas_section5_Template_16.NOABD_Grievance_and_Appeal_Timely_Resolution_Notice
- Plumas_section5_Template_ABD Overturned
- Plumas_section5_Template_ABD Upheld
- Plumas_section5_Template_Blank termination template
- Plumas_section5_Template_Delivery System Notice
- Plumas_section5_Template_Financial Liability Notice
- Plumas_section5_Template_Modification Notice
- Plumas_section5_Template_NOABD_Authorization_Delay_Notice
- Plumas_section5_Template_Notice of Grievance Resolution
- Plumas_section5_Template_Payment Denial Notice
- Plumas_section5_Template_Timely Access

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides beneficiaries with a NOABD for a denial or limited authorization of requested service; the failure to provide services within a timely manner; or the failure to act within timeframes provided in the regulation regarding standard resolution of grievances and appeals. Of the 28 TARs reviewed by DHCS, one

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(1) was denied. Of the 32 urgent care appointments reviewed by DHCS, five (5) did not meet timeliness standards. Of the 13 grievances and one (1) appeal reviewed by DHCS, zero (0) were resolved within the required timeframe. Evidence the required NOABDs were provided to these beneficiaries was not provided prior to the review. The MHP was provided the opportunity to submit these NOABDs post review, however, no additional evidence was provided.

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

Repeat deficiency Yes

Question 5.5.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 2, and Federal Code of Regulations, title 42, section 438, subdivision 206(b). The MHP must provide a second opinion from a network provider, or arranges for the beneficiary to obtain a second opinion outside the network at no cost to the beneficiary.

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

- Beneficiary Handbook
- Plumas_section5_Authorization of SMHS Updated September 2020
- Plumas_section5_Authorization of SMHS CalAIM
- Plumas_Section 6_ Grievance Appeal NOABD PNP (300.2)

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides a second opinion from a network provider, or arranges for the beneficiary to obtain a second opinion outside the network at no cost to the beneficiary. Per the discussion during the review, the MHP stated that second opinion requests are documented as appeals and most appeals for denial of services result in a second opinion. The MHP was provided the opportunity to submit sample second opinions appeals to demonstrate compliance to this requirement; however, no additional evidence was provided.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 2, and Federal Code of Regulations, title 42, section 438, subdivision 206(b).

Repeat deficiency Yes

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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:

- Beneficiary Handbook
- Plumas_section5_Authorization of SMHS Updated September 2020
- Plumas_section5_Authorization of SMHS CalAIM
- Plumas_Section 6_ Grievance Appeal NOABD PNP (300.2)

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures 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 a second opinion by a licensed mental health professional (other than a psychiatric technician or a licensed vocational nurse). Per the discussion during the review, the MHP stated that the second opinion is done by a clinical supervisor or its network provider. The MHP was provided the opportunity to submit sample second opinions and credentials of staff that conduct the second opinions, however, no additional evidence was provided.

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

Repeat deficiency Yes

BENEFICIARY RIGHTS AND PROTECTIONS

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:

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- Plumas_Section 6_ Grievance Appeal NOABD PNP
- Plumas_Section 6_FY 20-21 Grievance and Appeal Log
- FY 20-21 Change of Provider
- Grievances and Appeals Samples
- Implementation Plan_ 2019-2020_ Plumas County Implementation Plan
- Grievance Training Material

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP maintains a grievance and appeal log and records grievances, appeals, and expedited appeals within one (1) working day of the date of receipt of the grievance, appeal, or expedited appeal. Of the 13 grievances and one (1) appeal, zero (0) were logged within one (1) working day of the date of receipt. Per the discussion during the review, the MHP stated that the receipt date is tracked on the back of the each grievances and appeals form. The MHP was provided the opportunity to resubmit the grievances and appeals with the inclusion of this timeliness data; however, no additional evidence was provided.

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 6.2.2

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 416. Each record shall include, but not be limited to: a general description of the reason for the appeal or grievance the date received, the date of each review or review meeting, resolution information for each level of the appeal or grievance, if applicable, and the date of resolution at each level, if applicable, and the name of the covered person whom the appeal or grievance was filed.

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

- Plumas_Section 6_ Grievance Appeal NOABD PNP
- Plumas_Section 6_FY 20-21 Grievance and Appeal Log
- FY 20-21 Change of Provider
- Grievances and Appeals Samples

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted by the MHP that each grievance and appeal record includes the date received. Per the discussion during the review, the MHP stated that these data elements are tracked on the back of the each grievances and appeals form. The MHP was provided the opportunity to resubmit the grievances

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and appeals with the inclusion of this timeliness data; however, no additional evidence was provided.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 416.

Question 6.4.10

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(e)(2)(ii). The MHP must include in the written notice of the appeal resolution the beneficiary's right to request and receive benefits while the State Fair Hearing is pending, and how the beneficiary makes this request.

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

- Plumas_Section 6_ Grievance Appeal NOABD PNP
- Appeals Sample Acknowledgement & Resolution Letters:
- Plumas_Section 6_ G.AR cell A12_10-1-2020
- Plumas_Section 6_ A.Upheld_ cell A10_9-16-20

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP includes in the written notice of the appeal resolution, the beneficiary's right to request and receive benefits while the State Fair Hearing is pending, and how the beneficiary makes this request. Per the discussion during the review, the MHP stated it has not received any State Fair Hearing requests. The MHP acknowledged the need to update its process to reflect this requirement. The MHP provided no additional evidence to address this requirement.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(e)(2)(ii).

Question 6.4.14

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 406(b)(4) and 408(b)-(c). The MHP must inform beneficiaries of the limited time available to present evidence and testimony, in person and in writing, and make legal and factual arguments for an expedited appeal. The Contractor must inform beneficiaries of this sufficiently in advance of the resolution timeframe for the expedited appeal.

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

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- Plumas_Section 6_ Grievance Appeal NOABD PNP

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP informs beneficiaries of the limited time available to present evidence and testimony, in person and in writing, and make legal and factual arguments for an expedited appeal. Per the discussion during the review, the MHP acknowledged that it will update its policy to reflect limited time available to present evidence and testimony. The MHP was provided the opportunity to submit an updated policy, however, no additional evidence was provided.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 406(b)(4) and 408(b)-(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 contractors 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:

- Policy 702.6 Compliance Program Disclosure
- PnP 703.8 Sanctions Screenings
- 703.18 Provider Contract Development and Monitoring

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures collection of information pertaining to disclosure of ownership or control interest in the MHP, and ensures its subcontractors and network providers submit disclosures to the MHP regarding the network provider's ownership and control. Per the discussion during the review, the MHP stated that its fiscal department is responsible for reviewing disclosures with county counsel. The MHP was provided the opportunity to submit samples of completed disclosure forms to demonstrate compliance for this requirement, however, no additional evidence was provided.

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

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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:

- 703.18 Provider Contract Development and Monitoring
- Provider Contract Boilerplate

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 related to federal health care programs. Per the discussion during the review, the MHP stated that its fiscal department is in charge of reviewing the disclosures with county counsel. The MHP was provided the opportunity to submit copies of a signed disclosure attestation to demonstrate compliance for this requirement, however, no additional evidence was provided.

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

Questions 7.5.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 602(b)(d) and section 455, subdivision 436 and MHP Contact Exhibit A, Att. 13. The MHP must have a process, at the time of hiring/contracting, to confirm the identity and exclusion status of all providers (employees, network providers, contractors, person's with ownership or control interest, managing employee/agent of the MHP). This includes checking the:

1. Social Security Administration's Death Master File.
2. National Plan and Provider Enumeration System (NPPES)
3. Office of the Inspector General List of Excluded Providers and Entities(LEIE)
4. System of Award Management (SAM)
5. Department's Medi-Cal Suspended and Ineligible List (S&I List). MHP Contract, Ex. A, Att. 13; 42 C.F.R. §§ 438.602(b)(d) and 455.436)

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

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- PnP 703.8 Sanctions Screenings
- plumas_sec7_Zubu report_03.2021
- plumas_sec7_Zubu report_10.2021
- plumas_sec7_Zubu report_11.2020
- Plumas_sec 7_Zebu_Exclusionary-sanction list
- Plumas_sec7_NPI staff report
- Plumas_sec 7_Zebu_Exclusionary-sanction list-7.5.1

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a process, at the time of hiring or contracting, to confirm the identity and exclusion status of all providers using the Social Security Death Master File. Per the discussion during the review, the MHP stated that it has a contract with a vendor to search the required databases, including the Social Security Death Master File; however, the report submitted to DHCS did not include this database. Post review the MHP submitted the contract with the vendor, which outlined the requirement to check the Social Security Death Master File database; however, it was not evident that this database was being checked.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 602(b)(d); section 455, subdivision 436 and MHP Contact Exhibit A, Att. 13.

Questions 7.5.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 608(a)(2), (4). The MHP must promptly notify DHCS if the MHP finds a party that is excluded.

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

- N/A

The MHP did not submit evidence to demonstrate that it has a process to promptly notify DHCS if the MHP finds a party that is excluded. Per the discussion during the review, the MHP stated that if this were to occur it would stop any further payment to the provider and inform the DHCS County Liaison and Medi-Claims County Customer Service Unit. The MHP was provided the opportunity to submit an updated policy to demonstrate compliance for this requirement, however, no additional evidence was provided.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 608(a)(2), (4).

Repeat deficiency Yes

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Question 7.6.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with United States Code, title 42, section 1396u-2(d)(6), Federal Code of Regulations, title 42, section 438, subdivision 602, and BHIN No. 20-071. The MHP must ensure all applicable network providers, including individual rendering providers and Specialty Mental Health facilities, enroll through DHCS' Provider Application and Validation for Enrollment (PAVE) portal (unless the facility is required to enroll via CDPH).

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

- N/A

The MHP did not submit evidence to demonstrate that the MHP ensures all applicable network providers enroll through DHCS' Provider Application and Validation for Enrollment (PAVE) portal (unless the facility is required to enroll via CDPH). Per the discussion during the review, the MHP stated that it is developing a policy and monitoring process to ensure compliance with the PAVE process, however, the MHP stated it does not have any evidence to demonstrate compliance for this requirement.

DHCS deems the MHP out of compliance with United States Code, title 42, section 1396u-2(d)(6), Federal Code of Regulations, title 42, section 438, subdivision 602, and BHIN No. 20-071.