



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2018/2019

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

SYSTEM FINDINGS REPORT-~~AMENDED~~

Review Dates: June 18, 2019 and June 19, 2019

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	2
FINDINGS	4
<i>NETWORK ADEQUACY AND AVAILABILITY OF SERVICES.....</i>	<i>4</i>
<i>QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT.....</i>	<i>15</i>
<i>ACCESS AND INFORMATION REQUIREMENTS.....</i>	<i>19</i>
<i>COVERAGE AND AUTHORIZATION OF SERVICES.....</i>	<i>27</i>
<i>BENEFICIARY RIGHTS AND PROTECTIONS.....</i>	<i>39</i>
<i>PROGRAM INTEGRITY.....</i>	<i>43</i>
<i>OTHER REGULATORY AND CONTRACTUAL REQUIREMENTS.....</i>	<i>53</i>
<i>SURVEY ONLY FINDINGS.....</i>	<i>55</i>

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

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, section 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 Federal and State laws and regulations and/or the contract between DHCS and the MHP.

DHCS conducted an onsite review of the Plumas County MHPs Medi-Cal SMHS programs on June 18, 2019 through June 19, 2019. 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) 2018/2019 Annual Review Protocol for SMHS and Other Funded Programs (Protocol) to conduct the review.

The Medi-Cal system review evaluated the MHP's performance in the following categories:

- Section A: Network Adequacy and Availability of Services
- Section B: Care Coordination and Continuity of Care
- Section C: Quality Assurance and Performance Improvement

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

- Section D: Access and Information Requirements
- Section E: Coverage and Authorization of Services
- Section F: Beneficiary Rights and Protections
- Section G: Program Integrity
- Section H: Other Regulatory and Contractual Requirement

The report is organized according to the findings from each section of the FY 2018/2019 Annual Review Protocol for Consolidated Specialty Mental Health Services (SMHS) and Other Funded Services, specifically Sections A-H and the Attestation. This report details the requirements 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, including a description of calls testing compliance of the MHP's 24/7 toll-free telephone line and a section detailing information gathered for the "SURVEY ONLY" questions in the Protocol.

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 Plan of Correction (POC) is required for all items determined to be out-of-compliance. The MHP is required to submit a POC to DHCS within 60-days of receipt of the original findings report for all system and chart review items deemed out-of-compliance. The POC 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 POC determined not to be effective, the MHP should propose an alternative corrective action plan to DHCS; and
- (5) Description of corrective actions required of the MHP's contracted providers to address findings.

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

FINDINGS

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

REQUIREMENT
A.I.E-The MHP shall 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. (42 C.F.R. § 438.206(c)(1)(i).).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 C.F.R. § 438.206(c)(1)(i). The MHP shall 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. (42 C.F.R. § 438.206(c)(1)(i).).

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

- PP 100.6 Request for Service Log;
- Request for Service-Access Log;
- Request for Service-RFS Tele psychiatry;
- Timeliness to Access Reports FY 18-19; and
- Timeliness to Access Reports April 2019.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP shall 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.

DHCS deems the MHP out-of-compliance with the 42 C.F.R. § 438.206(c)(1)(i). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
A.I.F- The MHP shall implement mechanisms to assess the accessibility of services within its service delivery area. This shall include: <ol style="list-style-type: none"> 1. The assessment of responsiveness of the MHP's 24-hour toll-free telephone number, 2. Timeliness of scheduling routine appointments, 3. Timeliness of services for urgent conditions, and, 4. Access to after-hours care. (MHP Contract, Ex. A, Att. 8)

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, Ex. A, Att. 8. The MHP shall implement mechanisms to assess the accessibility of services within its service delivery area that includes:

1. The assessment of responsiveness of the MHP’s 24-hour toll-free telephone number;
2. Timeliness of scheduling routine appointments;
3. Timeliness of services for urgent conditions; and
4. Access to after-hours care.

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

- QI Work Plan;
- QAQI Annual Report; and
- MHSA Plan.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP shall implement mechanisms to assess the accessibility of services within its service delivery area which include the assessment of responsiveness of the MHP’s 24-hour toll-free telephone number, timeliness of scheduling routine appointments, timeliness of services for urgent conditions, and access to after-hours care.

DHCS deems the MHP out-of-compliance with the MHP Contract, Ex. A, Att. 8. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
<p>A.I.H- Does the MHP establish a mechanism to ensure that network providers comply with the timely access requirements?</p> <p>1) Does the MHP monitor network providers regularly to determine compliance with timely access requirements?</p> <p>2) Does the MHP take corrective action if there is a failure to comply with timely access requirements?</p> <p>42 C.F.R. § 438.206(c)(1)(iv)</p>

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 C.F.R. § 438.206(c)(1)(iv). Does the MHP establish a mechanism to ensure that network providers comply with the timely access requirements?

- 1) Does the MHP monitor network providers regularly to determine compliance with timely access requirements?
- 2) Does the MHP take corrective action if there is a failure to comply with timely access requirements?

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

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

- Policy 100.7 Mental Health Access to Services; and
- Policy 100.8 Intakes and Service Requests.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP establish a mechanism to ensure that network providers comply with the timely access requirements to monitor network providers regularly to determine compliance with timely access requirements and take corrective action if there is a failure to comply with timely access requirements.

DHCS deems the MHP out-of-compliance with 42 C.F.R. § 438.206(c)(1)(iv). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
A.III.E-There is an established ICC Coordinator, as appropriate, who serves as the single point of accountability. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3 rd Edition, January 2018).

FINDING

The MHP did not furnish evidence to demonstrate it complies with Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. There is an established ICC Coordinator, as appropriate, who serves as the single point of accountability.

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

- Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that there is an established ICC Coordinator, as appropriate, who serves as the single point of accountability.

DHCS deems the MHP out-of-compliance with 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 complete a POC addressing this finding of non-compliance.

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

REQUIREMENT
A.IV.B- The MHP is required to 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. (MHSUDS IN No. 18-008; Welf. & Insti. Code §§ 14053(a) and (b)(3); 42 U.S.C. § 1396d(a)(29)(B), (a)(16) & (h)(1)(c); 42 C.F.R. §§ 441.13 and 435.1009).

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHSUDS IN No. 18-008; Welf. & Insti. Code §§ 14053(a) and (b)(3); 42 U.S.C. § 1396d(a)(29)(B), (a)(16) & (h)(1)(c); 42 C.F.R. §§ 441.13 and 435.1009). The MHP is required to 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:

- Program brochures:
 - Chester Wellness Family Resource Center Trifold;
 - Greenville Wellness Center;
- Restpadd (Redding) Contract;
- West Hills Contract;
- 2017/2018 Annual MHSA Plan; and
- Referral Reports.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP is required to 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.

DHCS deems the MHP out-of-compliance with MHSUDS IN No. 18-008; Welf. & Insti. Code §§ 14053(a) and (b)(3); 42 U.S.C. § 1396d(a)(29)(B), (a)(16) & (h)(1)(c); 42 C.F.R. §§ 441.13 and 435.1009). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
A.V.B3-The MHP shall permit American Indian beneficiaries to obtain covered services from out- of-network IHCPs if the beneficiaries are otherwise eligible to receive such services. (42 C.F.R. § 438.14(b)(4).) The MHP shall permit an out-of-network IHCP to refer an Indian beneficiary to a network provider. (42 C.F.R. § 438.14(b)(6).).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 C.F.R. § 438.14(b)(4) and 42 C.F.R. § 438.14(b)(6). The MHP shall permit American Indian

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

beneficiaries to obtain covered services from out-of-network IHCPs if the beneficiaries are otherwise eligible to receive such services and shall permit an out-of-network IHCP to refer an Indian beneficiary to a network provider.

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

- Native American 1819 Contract; and
- Native American Health Services Amendment.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP shall permit American Indian beneficiaries to obtain covered services from out-of-network IHCPs if the beneficiaries are otherwise eligible to receive such services and shall permit an out-of-network IHCP to refer an Indian beneficiary to a network provider.

DHCS deems the MHP out-of-compliance with 42 C.F.R. § 438.14(b)(4) and 42 C.F.R. § 438.14(b)(6). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
A.VI.C1-The MHP shall have written policies and procedures for selection and retention of providers. (42 C.F.R. § 438.214(a).)

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 C.F.R. § 438.214(a). The MHP shall have written policies and procedures for selection and retention of providers.

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

- Policy #703.1 Employment.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP shall have written policies and procedures for selection and retention of providers.

DHCS deems the MHP out-of-compliance with 42 C.F.R. § 438.214(a). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
A.VI.C2-The MHP's policies and procedures for selection and retention of providers must not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment. (42 C.F.R. §§ 438.12(a)(2), 438.214(c).)

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 C.F.R. §§ 438.12(a)(2), 438.214(c). The MHP's policies and procedures for selection and retention of providers must not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment.

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

- Policy #703.1 Employment.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP's policies and procedures for selection and retention of providers must not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment.

DHCS deems the MHP out-of-compliance with 42 C.F.R. §§ 438.12(a)(2), 438.214(c). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
A.VI.C3-The MHP may not discriminate in the selection, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or certification under applicable state law, solely on the basis of that license or certification. (42 C.F.R. § 438.12(a)(1).)

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 C.F.R. § 438.12(a)(1). The MHP may not discriminate in the selection, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or certification under applicable state law, solely on the basis of that license or certification.

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

- Policy #703.1 Employment.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP may not discriminate in the selection, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or certification under applicable state law, solely on the basis of that license or certification.

DHCS deems the MHP out-of-compliance with 42 C.F.R. § 438.12(a)(1). The MHP must complete a POC addressing this finding of non-compliance.

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

REQUIREMENT
A.VI.C5-The MHP shall not employ or subcontract with providers excluded from participation in Federal health care programs under either section 1128 or section 1128A of the Act. (42 C.F.R. § 438.214(d)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 C.F.R. § 438.214(d). The MHP shall not employ or subcontract with providers excluded from participation in Federal health care programs under either section 1128 or section 1128A of the Act.

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

- Policy #703.6 Monitor Staff Licensures and continuing education units;
- Policy #703.1 Employment;
- DHCS SD/MC Provider Certification and Re-Certification Protocol; and
- Sample of EZ Site Cert.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP shall not employ or subcontract with providers excluded from participation in Federal health care programs under either section 1128 or section 1128A of the Act.

DHCS deems the MHP out-of-compliance with 42 C.F.R. § 438.214(d). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
A.VI.C6- The MHP shall give practitioners or groups of practitioners who apply to be MHP contract providers and with whom the MHP decides not to contract written notice of the reason for a decision not to contract. (42 C.F.R. § 438.12(a)(1)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 C.F.R. § 438.12(a)(1). The MHP shall give practitioners or groups of practitioners who apply to be MHP contract providers and with whom the MHP decides not to contract written notice of the reason for a decision not to contract.

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

- Policy #703.6 Monitor Staff Licensures and continuing education units;
- Policy #703.1 Employment; and
- DHCS SD/MC Provider Certification and Re-Certification Protocol.

**Plumas County Mental Health Plan
 FY 2018/2019 Medi-Cal SMHS Triennial Review
 Systems Review Findings Report**

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP shall give practitioners or groups of practitioners who apply to be MHP contract providers and with whom the MHP decides not to contract written notice of the reason for a decision not to contract.

DHCS deems the MHP out-of-compliance with 42 C.F.R. § 438.12(a)(1). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
A.VI.D3-Do all contracts or written agreements between the MHP and any network provider specify remedies in instances where the State or the MHP determine the subcontractor has not performed satisfactorily?
MHP Contract, Ex. A, Att. 1; 42 C.F.R. § 438.230

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, Ex. A, Att. 1; 42 C.F.R. § 438.230. Do all contracts or written agreements between the MHP and any network provider specify remedies in instances where the State or the MHP determine the subcontractor has not performed satisfactorily?

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

- Restpadd (Redding) Contract;
- West Hills Contract; and
- Contract Boilerplate.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that all contracts or written agreements between the MHP and any network provider specify remedies in instances where the State or the MHP determine the subcontractor has not performed satisfactorily.

DHCS deems the MHP out-of-compliance with MHP Contract, Ex. A, Att. 1; 42 C.F.R. § 438.230. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
A.VI.D7-Do all contracts or written agreements between the MHP and any network provider specify the right to audit will exist through 10 years from the final data of the contract period or from the date of completion of any audit, whichever is later?
MHP Contract, Ex. A, Att. 1; 42 C.F.R. § 438.230

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, Ex. A, Att. 1; 42 C.F.R. § 438.230. Do all contracts or written agreements between the MHP and any network provider specify the right to audit will exist through 10 years from the final data of the contract period or from the date of completion of any audit, whichever is later?

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

- Restpadd (Redding) Contract;
- West Hills Contract; and
- Contract Boilerplate.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that all contracts or written agreements between the MHP and any network provider specify the right to audit will exist through 10 years from the final data of the contract period or from the date of completion of any audit, whichever is later.

DHCS deems the MHP out-of-compliance with MHP Contract, Ex. A, Att. 1; 42 C.F.R. § 438.230. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
A.VI.D8-Do all contracts or written agreements between the MHP and any network provider specify the right to audit will exist through 10 years from the final data of the contract period or from the date of completion of any audit, whichever is later?
MHP Contract, Ex. A, Att. 1; 42 C.F.R. § 438.230

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, Ex. A, Att. 1; 42 C.F.R. § 438.230. Do all contracts or written agreements between the MHP and any network provider specify if the State, CMS, or the HHS Inspector General (Office of Inspector General) determines that there is a reasonable possibility of fraud or similar risk, the State, CMS, or the HHS Inspector General may inspect, evaluate, and audit the subcontractor at any time.

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

- Restpadd (Redding) Contract;
- West Hills Contract; and
- Contract Boilerplate.

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that all contracts or written agreements between the MHP and any network provider specify if the State, CMS, or the HHS Inspector General (Office of Inspector General) determines that there is a reasonable possibility of fraud or similar risk, the State, CMS, or the HHS Inspector General may inspect, evaluate, and audit the subcontractor at any time.

DHCS deems the MHP out-of-compliance with MHP Contract, Ex. A, Att. 1; 42 C.F.R. § 438.230. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
A.VI.E- The MHP shall certify, or use another MHP's certification documents to certify, the organizational providers that subcontract with the MHP to provide SMHS, in accordance with California Code of Regulations, title 9, section 1810.435. (MHP Contract, Ex. A, Att. 8).

FINDING

The MHP did not furnish evidence to demonstrate it complies with California Code of Regulations, title 9, section 1810.435 and MHP Contract, Ex. A, Att. 8. The MHP shall certify, or use another MHP's certification documents to certify, the organizational providers that subcontract with the MHP to provide SMHS, in accordance with California Code of Regulations, title 9, section 1810.435.

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

- MHP's Certification and Re-certification protocol;
- Onsite certification/recertification of contracted organizational providers or county owned and operated self-certified providers;
- Plumas Rural Services (PRS) Site Cert;
- EA Site Cert;
- Medi-Cal Cert Log; and
- DHCS Overdue Report.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP shall certify, or use another MHP's certification documents to certify, the organizational providers that subcontract with the MHP to provide SMHS, in accordance with California Code of Regulations, title 9, section 1810.435.

DHCS deems the MHP out-of-compliance with California Code of Regulations, title 9, section 1810.435 and MHP Contract, Ex. A, Att. 8. The MHP must complete a POC addressing this finding of non-compliance.

**Plumas County Mental Health Plan
 FY 2018/2019 Medi-Cal SMHS Triennial Review
 Systems Review Findings Report**

REQUIREMENT
A.VII.A1-The MHP shall comply with the provisions of the MHP’s Implementation Plan as approved by the Department. (MHP Contract, Exhibit A, Attachment 1; CCR, tit. 9, §§ 1810.310). The Implementation Plan shall include procedures for MHP payment authorization of specialty mental health services by the MHP, including a description of the point of authorization.

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, Exhibit A, Attachment 1; CCR, tit. 9, §§ 1810.310. The MHP shall comply with the provisions of the MHP’s Implementation Plan as approved by the Department. The Implementation Plan shall include procedures for MHP payment authorization of specialty mental health services by the MHP, including a description of the point of authorization.

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

- Implementation Plan.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP shall comply with the provisions of the MHP’s Implementation Plan as approved by the Department. The Implementation Plan shall include procedures for MHP payment authorization of specialty mental health services by the MHP, including a description of the point of authorization.

DHCS deems the MHP out-of-compliance with MHP Contract, Exhibit A, Attachment 1; CCR, tit. 9, §§ 1810.310. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
A.VII.A8-The MHP shall comply with the provisions of the MHP’s Implementation Plan as approved by the Department. (MHP Contract, Exhibit A, Attachment 1; CCR, tit. 9, §§ 1810.310). The Implementation Plan shall include a description of a process for planned admissions in non–contract hospitals if such an admission is determined to be necessary by the MHP.

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, Exhibit A, Attachment 1; CCR, tit. 9, §§ 1810.310. The MHP shall comply with the provisions of the MHP’s Implementation Plan as approved by the Department. The Implementation Plan shall include a description of a process for planned admissions in non–contract hospitals if such an admission is determined to be necessary by the MHP.

**Plumas County Mental Health Plan
 FY 2018/2019 Medi-Cal SMHS Triennial Review
 Systems Review Findings Report**

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

- Implementation Plan.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP shall comply with the provisions of the MHP’s Implementation Plan as approved by the Department. The Implementation Plan shall include a description of a process for planned admissions in non–contract hospitals if such an admission is determined to be necessary by the MHP.

DHCS deems the MHP out-of-compliance with MHP Contract, Exhibit A, Attachment 1; CCR, tit. 9, §§ 1810.310. The MHP must complete a POC addressing this finding of non-compliance.

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

REQUIREMENT
<p>C.I.F-The MHP shall implement mechanisms to monitor the safety and effectiveness of medication practices. The monitoring mechanism shall be:</p> <ol style="list-style-type: none"> 1) Under the supervision of a person licensed to prescribe or dispense medication 2) Performed at least annually 3) Inclusive of medications prescribed to adults and youth <p>(MHP Contract, EX. A, Att. 5)</p>

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, EX. A, Att. 5. The MHP shall implement mechanisms to monitor the safety and effectiveness of medication practices. The monitoring mechanism shall be performed at least annually and inclusive of medications prescribed to adults and youth.

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

- Policy #203.1 Medication Policy-Storage and Dispensing;
- UM Chart Audit tool; and
- QIC Agenda and Minutes.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP shall implement mechanisms to monitor the safety and effectiveness of medication practices. The monitoring mechanism shall be performed at least annually and inclusive of medications prescribed to adults and youth.

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

DHCS deems the MHP out-of-compliance with the contractual requirements in the MHP Contract, EX. A, Att. 5. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
<p>C.II.E-The 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 for:</p> <ol style="list-style-type: none"> 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 <p>(MHP Contract, Ex. A, Att. 5)</p>

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, EX. A, Att. 5. The 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 for responsiveness for the contractor’s 24-hour toll-free telephone number, and access to after-hours care.

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

- QAPI Work Plan 2017-2018;
- QIC agendas and/or minutes;
- Self-Assessment of Timely Access; and
- QI annual report.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the 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 for responsiveness for the contractor’s 24-hour toll-free telephone number, and access to after-hours care.

DHCS deems the MHP out-of-compliance with the contractual requirements in the MHP Contract, EX. A, Att. 5. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
<p>C.VI.A- The MHP has practice guidelines, which meet the requirements of the MHP Contract. (MHP Contract, Ex. A, Att. 5; 42 C.F.R. § 438.236(b); CCR, title 9, § 1810.326.)</p>

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, Ex. A, Att. 5; 42 C.F.R. § 438.236(b); CCR, title 9, § 1810.326. The MHP has practice guidelines, which meet the requirements of the MHP Contract.

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

- Provider contract boilerplate.

While, the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP has practice guidelines, which meet the requirements of the MHP Contract.

DHCS deems the MHP out-of-compliance with the contractual requirements in the MHP Contract, Ex. A, Att. 5; 42 C.F.R. § 438.236(b); CCR, title 9, § 1810.326. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
C.VI.B-The MHP disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries. (MHP Contract, Ex. A, Att. 5; 42 C.F.R. § 438.236(b); CCR, title 9, § 1810.326.)

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, Ex. A, Att. 5; 42 C.F.R. § 438.236(b); CCR, title 9, § 1810.326. The MHP disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries.

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

- Provider contract boilerplate.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries.

DHCS deems the MHP out-of-compliance with the contractual requirements in the MHP Contract, Ex. A, Att. 5; 42 C.F.R. § 438.236(b); CCR, title 9, § 1810.326. The MHP must complete a POC addressing this finding of non-compliance.

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

REQUIREMENT
C.VI.C- The MHP 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. (MHP Contract, Ex. A, Att. 5; 42 C.F.R. § 438.236(b); CCR, title 9, § 1810.326.)

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, Ex. A, Att. 5; 42 C.F.R. § 438.236(b); CCR, title 9, § 1810.326. The MHP 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:

- Provider contract boilerplate.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP 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.

DHCS deems the MHP out-of-compliance with the contractual requirements in the MHP Contract, Ex. A, Att. 5; 42 C.F.R. § 438.236(b); CCR, title 9, § 1810.326. The MHP must complete a POC addressing this finding of non-compliance.

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

ACCESS AND INFORMATION REQUIREMENTS

REQUIREMENT
<p>D.I.B5-Beneficiary information required in Title 42 of the Code of Federal Regulations part 438.10 (e.g., information about managed care, beneficiary handbook, provider directory) may only be provided electronically by the MHP if all of the following conditions are met:</p> <ol style="list-style-type: none">1) The format is readily accessible;2) The information is placed in a location on the MHP's website that is prominent and readily accessible;3) The information is provided in an electronic form which can be electronically retained and printed;4) The information is consistent with the content and language requirements of the MHP Contract; and5) The beneficiary is informed that the information is available in paper form without charge upon request and provides it upon request within 5 business days. <p>(42 C.F.R. 438.10(c)(6).)</p>

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 C.F.R. 438.10(c)(6). Beneficiary information required in Title 42 of the Code of Federal Regulations part 438.10 (e.g., information about managed care, beneficiary handbook, provider directory) may only be provided electronically by the MHP if the beneficiary is informed that the information is available in paper form without charge upon request and provides it upon request within 5 business days.

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

- Policy #100.2 Mental Health Materials;
- MHP Website;
- Intake Packet; and
- Beneficiary Handbook.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that beneficiary information required in Title 42 of the Code of Federal Regulations part 438.10 (e.g., information about managed care, beneficiary handbook, provider directory) may only be provided electronically by the MHP if the beneficiary is informed that the information is available in paper form without charge upon request and provides it upon request within 5 business days.

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

DHCS deems the MHP out-of-compliance with 42 C.F.R. 438.10(c)(6). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
<p>D.II.Gc-The MHP complies with the following requirements of Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973:</p> <ul style="list-style-type: none">a) Prohibiting the expectation that family members provide interpreter services.b) A client may choose to use a family member or friend as an interpreter after being informed of the availability of free interpreter services.c) Minor children should not be used as interpreters. <p>(Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973)</p>

FINDING

The MHP did not furnish evidence to demonstrate it complies with Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973. The MHP complies with the following requirements of Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973.

- a) Prohibiting the expectation that family members provide interpreter services;
- b) A client may choose to use a family member or friend as an interpreter after being informed of the availability of free interpreter services; and
- c) Minor children should not be used as interpreters.

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

- Posted notices and signs.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP complies with the following requirements of Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973.

- a) Prohibiting the expectation that family members provide interpreter services;
- b) A client may choose to use a family member or friend as an interpreter after being informed of the availability of free interpreter services; and
- c) Minor children should not be used as interpreters.

DHCS deems the MHP out-of-compliance with Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973. The MHP must complete a POC addressing this finding of non-compliance.

**Plumas County Mental Health Plan
 FY 2018/2019 Medi-Cal SMHS Triennial Review
 Systems Review Findings Report**

REQUIREMENT
D.VI.A- The MHP provides training for staff responsible for the statewide toll-free 24-hour telephone line to ensure linguistic capabilities. (CCR, title 9, chapter 11, sections 1810.410 (c) (4)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with CCR, title 9, chapter 11, sections 1810.410 (c) (4). The MHP provides training for staff responsible for the statewide toll-free 24-hour telephone line to ensure linguistic capabilities.

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

- Policy #703.1 Training; and
- Instruction for Test callers.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP provides training for staff responsible for the statewide toll-free 24-hour telephone line to ensure linguistic capabilities.

DHCS deems the MHP out-of-compliance with CCR, title 9, chapter 11, sections 1810.410 (c) (4). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
<p>D.VI.B- Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number:</p> <ol style="list-style-type: none"> 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. <p>(CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1).)</p>

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

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 it complies with California Code of Regulations, title 9, sections 1810.405(d) and 1810.410(e)(1). Each MHP must provide:

- 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;
- 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;
- The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition; and
- 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 was placed on Thursday, December 20, 2018, at 7:30 a.m. and 7:33 a.m. The call was answered after one (1) ring via a recording saying the number you called is temporarily unavailable. The caller dialed the same toll free number again and receive the same recording. The caller located another toll free number on the county's website and dialed the second toll free number and received a recording about purchasing a toll free number. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, nor was the caller provided information about services needed to treat a beneficiary's urgent condition. The call is deemed out-of-compliance with the regulatory requirements for protocol questions D.VI.B1, D.VI.B2 and D.VI.B3.

Test call #2 was placed multiple times on Wednesday, January 2, 2019, at 7:42 a.m. to 7:46 a.m. time. The call was answered after one (1) ring via a recorded message stating the call cannot be reached from the area code the caller was calling from. The caller tried to call same number again with same failing result. The caller searched the Plumas MHP's web site and found the web site listing two numbers 1-800-757-7989 and 1-800-757-7898. The caller called the second number. The call was answered after one ring via a recorded message identifying as "E toll free" and given information about reserving toll free numbers for the businesses. Then the called was ended automatically. The caller tried to call the same number again with same failing results. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, nor was the caller provided information about services needed to treat a beneficiary's urgent condition. The call is deemed out-of-compliance with the regulatory requirements for protocol questions D.VI.B1, D.VI.B2 and D.VI.B3

Test call #3 was placed several times on Tuesday, January 15, 2019, at 7:04 a.m. and 7:07 a.m. The 800 number comes up as a non-working number. The caller made one more attempt with the same result. The caller went on the Plumas County Behavioral

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

Health website and found another 800 number. The caller dialed the 800 number and an automated message with a prerecorded voice message stated “Thank you for calling E toll free” and provided information about reserving toll free number available for the businesses. Then the call ended automatically. The caller made one more attempt with the same result. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, nor was the caller provided information about services needed to treat a beneficiary’s urgent condition. The call is deemed out-of-compliance with the regulatory requirements for protocol questions D.VI.B1, D.VI.B2, and D.VI.B3.

Test call #4 was placed on Tuesday, January 22, 2019, at 11:00 a.m. The 800 number was answered by a recorded message stating that the call cannot be reached from the area code of the caller. The caller then disconnected the call. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, nor was the caller provided information about services needed to treat a beneficiary’s urgent condition. The call is deemed out-of-compliance with the regulatory requirements for protocol questions D.VI.B1, D.VI.B2, and D.VI.B3.

Test call #5 was placed on Thursday, February 7, 2019, at 2:55 p.m. The call could not connect because the toll free number is not in working order. The test caller redialed but the error message was again received. The caller could not access the MHP’s 24-hour access and therefore, could not obtain information about the availability of or how to access SMHS. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, nor was the caller provided information about services needed to treat a beneficiary’s urgent condition. The call is deemed out-of-compliance with the regulatory requirements for protocol questions D.VI.B1, D.VI.B2, and D.VI.B3.

Test call #6 was placed on Tuesday, February 12, 2019, at 7:20 a.m. and 7:22 a.m. Two calls were made to two different toll free numbers. The first call was immediately answered via a recording saying it is temporally unavailable. The second call was immediately answered via a recording about an E-Toll Free sales pitch. The caller ceased both calls after the recordings. The caller was not provided information about how to use the beneficiary problem resolution and fair hearing processes. The call is deemed out-of-compliance with the regulatory requirements for protocol questions D.VI.B1 and D-VI-B4.

Test call #7 was placed on Tuesday, February 12, 2019, at 3:15 p.m. The call was answered after one (1) ring via an answering machine stating you have reach Eco free, then hung up after the answering machine went through. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, nor was the caller provided information about services needed to treat a beneficiary’s urgent condition. The call is deemed out-of-

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

compliance with the regulatory requirements for protocol questions D.VI.B1 and D.VI.B4.

FINDING

Test call Results Summary

Protocol Question	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
D.VI.B1	OOC	OOC	OOC	OOC	OOC	OOC	OOC	0%
D.VI.B2	OOC	OOC	OOC	N/A	OOC	N/A	OOC	0%
D.VI.B3	OOC	OOC	OOC	N/A	OOC	N/A	OOC	0%
D.VI.B4	N/A	N/A	N/A	OOC	N/A	OOC	N/A	0%

In addition to conducting the seven (7) test calls, DHCS reviewed the following documentation presented by the MHP as evidence of compliance:

- Policy #100.6 Request for Service Log;
- DHCS Test call worksheet;
- Contract with Professional Exchange;
- Test call scripts;
- MHP test call results;
- Answering service response script;
- Instruction for Test callers;
- Test caller rating form; and
- Service Request log CY 2018.

While the MHP submitted evidence to demonstrate compliance with this requirement, the MHP's toll-free telephone number did not provide information to the beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met; about services needed to treat a beneficiary's urgent condition; and about how to use the beneficiary problem resolution and fair hearing processes.

The MHP must come into compliance with the provisions of CCR, title 9, chapter 11, section 1810.405(d) and 1810.410(e)(1). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
D.VI.C1- The MHP must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing. (CCR, title 9, chapter 11, section 1810.405(f)).

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

FINDING

The MHP did not furnish evidence to demonstrate it complies with CCR, title 9, chapter 11, section 1810.405(f). The MHP must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing.

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

- Policy #100.6 Request for Service Log;
- Service Request Log December 2018; and
- Service Request Log February 2019.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing.

The MHP must come into compliance with the provisions of CCR, title 9, chapter 11, section 1810.405(f). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
<p>D.VII.B2b-The MHP has evidence of policies, procedures, and practices that demonstrate the CCC activities include reports to the Quality Assurance and/or the Quality Improvement Program.</p> <p>(CCR title 9, section 1810.410)</p>

FINDING

The MHP did not furnish evidence to demonstrate it complies with CCR title 9, section 1810.410. The MHP has evidence of policies, procedures, and practices that demonstrate the CCC activities include reports to the Quality Assurance and/or the Quality Improvement Program.

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

- CCC Agendas and Meeting Minutes;
- Cultural Competence Plan; and
- QIC Agendas and Minutes.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP has evidence of policies, procedures, and practices that demonstrate the CCC activities include reports to the Quality Assurance and/or the Quality Improvement Program.

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

The MHP must come into compliance with the provisions of CCR title 9, section 1810.410. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
D.VII.C- The CCC completes its Annual Report of CCC activities as required in the CCPR. (CCR title 9, section 1810.410).

FINDING

The MHP did not furnish evidence to demonstrate it complies with CCR title 9, section 1810.410. The CCC completes its Annual Report of CCC activities as required in the CCPR.

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

- Cultural Competence Plan.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the CCC completes its Annual Report of CCC activities as required in the CCPR.

The MHP must come into compliance with the provisions of CCR title 9, section 1810.410. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
D.VII.D- Regarding the MHP’s plan for annual cultural competence training necessary to ensure the provision of culturally competent services.
1) There is a plan for cultural competency training for the administrative and management staff of the MHP.
2) There is a plan for cultural competency training for persons providing SMHS employed by or contracting with the MHP.
3) There is a process that ensures that interpreters are trained and monitored for language competence (e.g., formal testing).
(CCR, title 9, § 1810.410 (c)(4).)

FINDING

The MHP did not furnish evidence to demonstrate it complies with CCR, title 9, § 1810.410 (c)(4). Regarding the MHP’s plan for annual cultural competence training necessary to ensure the provision of culturally competent services that there is a plan for cultural competency training for persons providing SMHS employed by or contracting with the MHP and there is a process that ensures that interpreters are trained and monitored for language competence (e.g., formal testing).

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

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

- Policy #703.7 Training; and
- Cultural Competence Plan.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that there is a plan for cultural competency training for persons providing SMHS employed by or contracting with the MHP and there is a process that ensures that interpreters are trained and monitored for language competence (e.g., formal testing).

The MHP must come into compliance with the provisions of CCR, title 9, § 1810.410 (c)(4). The MHP must complete a POC addressing this finding of non-compliance.

COVERAGE AND AUTHORIZATION OF SERVICES

REQUIREMENT
E.I.C-The MHP shall have any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested be made by a health care professional who has appropriate clinical expertise in addressing the beneficiary’s behavioral health needs. (MHP Contract, Ex. A, Att 6; 42 C.F.R. § 438.210(b)(3).)

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, Ex. A, Att 6; 42 C.F.R. § 438.210(b)(3). The MHP shall have any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested be made by a health care professional who has appropriate clinical expertise in addressing the beneficiary’s behavioral health needs.

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

- Policy #200.2 Authorization for Services; and
- NOABD letters.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP shall have any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested be made by a health care professional who has appropriate clinical expertise in addressing the beneficiary’s behavioral health needs.

**Plumas County Mental Health Plan
 FY 2018/2019 Medi-Cal SMHS Triennial Review
 Systems Review Findings Report**

The MHP must come into compliance with the provisions of MHP Contract, Ex. A, Att 6; 42 C.F.R. § 438.210(b)(3). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
E.I.D-The MHP shall 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. (MHP Contract, Ex. A, Att 6; 42 C.F.R. § 438.210(c).)

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, Ex. A, Att 6; 42 C.F.R. § 438.210(c). The MHP shall 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:

- Policy #200.2 Authorization for Services; and
- Samples of NOABD letters.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP shall 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 must come into compliance with the provisions of MHP Contract, Ex. A, Att 6; 42 C.F.R. § 438.210(c). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
E.I.E- 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. (MHP Contract, Ex. A, Att 6; 42 C.F.R. § 438.210(e).)

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, Ex. A, Att 6; 42 C.F.R. § 438.210(e). Compensation to individuals or entities that conduct utilization management activities must not be structured so as to provide incentives for

**Plumas County Mental Health Plan
 FY 2018/2019 Medi-Cal SMHS Triennial Review
 Systems Review Findings Report**

the individual or entity to deny, limit, or discontinue medically necessary services to any beneficiary.

The MHP did not submit any evidence of compliance that 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 must come into compliance with the provisions of MHP Contract, Ex. A, Att 6; 42 C.F.R. § 438.210(e). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
E.I.F-The MHP shall ensure that all medically necessary covered SMHS are sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished. (42 C.F.R., § 438.210(a)(3)(i).)

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 C.F.R., § 438.210(a)(3)(i). The MHP shall ensure that all medically necessary covered SMHS are sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished.

The MHP did not submit any evidence of compliance that the MHP shall ensure that all medically necessary covered SMHS are sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished.

The MHP must come into compliance with the provisions of MHP Contract, Ex. A, Att 6; 42 C.F.R. § 438.210(e). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
E.I.G- The MHP shall not arbitrarily deny or reduce the amount, duration, or scope of medically necessary covered SMHS solely because of diagnosis, type of illness, or condition of the beneficiary. (42 C.F.R., § 438.210(a)(3)(i).)

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 C.F.R., § 438.210(a)(3)(i). The MHP shall not arbitrarily deny or reduce the amount, duration, or scope of medically necessary covered SMHS solely because of diagnosis, type of illness, or condition of the beneficiary.

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

The MHP did not submit any evidence of compliance that the MHP shall not arbitrarily deny or reduce the amount, duration, or scope of medically necessary covered SMHS solely because of diagnosis, type of illness, or condition of the beneficiary.

The MHP must come into compliance with the provisions of 42 C.F.R., § 438.210(a)(3)(i). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
E.I.H3-For cases in which a provider indicates, or the MHP determines, that following the standard timeframe could jeopardize the beneficiary's life or health or ability to attain, maintain, or regain maximum function, the MHP shall make an expedited authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and no later than 72 hours after receipt of the request for service. (42 C.F.R. § 438.210(d)(2)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 C.F.R. § 438.210(d)(2). For cases in which a provider indicates, or the MHP determines, that following the standard timeframe could jeopardize the beneficiary's life or health or ability to attain, maintain, or regain maximum function, the MHP shall make an expedited authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and no later than 72 hours after receipt of the request for service.

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

- Policy #200.2 Authorization for Services.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that for cases in which a provider indicates, or the MHP determines, that following the standard timeframe could jeopardize the beneficiary's life or health or ability to attain, maintain, or regain maximum function, the MHP shall make an expedited authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and no later than 72 hours after receipt of the request for service.

The MHP must come into compliance with the provisions of 42 C.F.R. § 438.210(d)(2). The MHP must complete a POC addressing this finding of non-compliance.

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

REQUIREMENT
E.I.H4- The MHP may extend the 72- hour time period by up to 14 calendar days if the beneficiary requests an extension, or if the MHP justifies (to DHCS upon request) a need for additional information and how the extension is in the interest of the beneficiary. (42 C.F.R. § 438.210(d)(2)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 C.F.R. § 438.210(d)(2). The MHP may extend the 72- hour time period by up to 14 calendar days if the beneficiary requests an extension, or if the MHP justifies (to DHCS upon request) a need for additional information and how the extension is in the interest of the beneficiary.

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

- Policy #200.2 Authorization for Services.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP may extend the 72-hour time period by up to 14 calendar days if the beneficiary requests an extension, or if the MHP justifies (to DHCS upon request) a need for additional information and how the extension is in the interest of the beneficiary.

The MHP must come into compliance with the provisions of 42 C.F.R. § 438.210(d)(2). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
E.I.I-The MHP shall not require prior authorization for an emergency admission for psychiatric inpatient hospital services, whether the admission is voluntary or involuntary, or to a psychiatric health facility. (MHP Contract, Ex. A, Att 6; Cal. Code Regs., tit. 9, §§ 1820.200(d) and 1820.225).

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, Ex. A, Att 6; Cal. Code Regs., tit. 9, §§ 1820.200(d) and 1820.225. The MHP shall not require prior authorization for an emergency admission for psychiatric inpatient hospital services, whether the admission is voluntary or involuntary, or to a psychiatric health facility.

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

- Policy #200.2 Authorization for Services.

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP shall not require prior authorization for an emergency admission for psychiatric inpatient hospital services, whether the admission is voluntary or involuntary, or to a psychiatric health facility.

The MHP must come into compliance with the provisions of MHP Contract, Ex. A, Att 6; Cal. Code Regs., tit. 9, §§ 1820.200(d) and 1820.225. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
E.I.J- The MHP that is the MHP of the beneficiary being admitted on an emergency basis shall approve a request for payment authorization if the beneficiary meets the criteria for medical necessity and the beneficiary, due to a mental disorder, is a current danger to self or others, or immediately unable to provide for, or utilize, food, shelter or clothing. (MHP Contract, Ex. A, Att 6; Cal Code Regs, tit. 9 §§ 1820.205 and 1820.225).

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, Ex. A, Att 6; Cal Code Regs, tit. 9 §§ 1820.205 and 1820.225. The MHP that is the MHP of the beneficiary being admitted on an emergency basis shall approve a request for payment authorization if the beneficiary meets the criteria for medical necessity and the beneficiary, due to a mental disorder, is a current danger to self or others, or immediately unable to provide for, or utilize, food, shelter or clothing.

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

- Policy #200.2 Authorization for Services.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP that is the MHP of the beneficiary being admitted on an emergency basis shall approve a request for payment authorization if the beneficiary meets the criteria for medical necessity and the beneficiary, due to a mental disorder, is a current danger to self or others, or immediately unable to provide for, or utilize, food, shelter or clothing.

The MHP must come into compliance with the provisions of MHP Contract, Ex. A, Att 6; Cal Code Regs, tit. 9 §§ 1820.205 and 1820.225. The MHP must complete a POC addressing this finding of non-compliance.

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

REQUIREMENT
E.II.A1-The MHP requires providers to request payment authorization for day treatment intensive and day rehabilitation services: In advance of service delivery when day treatment intensive or day rehabilitation will be provided more than 5 days per week. (CCR, title 9, § 1810.227; CCR, title 9, §1810.216 and 1810.253).

FINDING

The MHP did not furnish evidence to demonstrate it complies with CCR, title 9, § 1810.227; CCR, title 9, §1810.216 and 1810.253. The MHP requires providers to request payment authorization for day treatment intensive and day rehabilitation services: In advance of service delivery when day treatment intensive or day rehabilitation will be provided more than 5 days per week.

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

- Policy #200.7 Authorization for Day Rehabilitation.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP requires providers to request payment authorization for day treatment intensive and day rehabilitation services: In advance of service delivery when day treatment intensive or day rehabilitation will be provided more than 5 days per week.

The MHP must come into compliance with the provisions of CCR, title 9, § 1810.227; CCR, title 9, §1810.216 and 1810.253. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
E.II.A2- The MHP requires providers to request payment authorization for day treatment intensive services at least every 3 months for continuation of Day Treatment. (CCR, title 9, § 1810.227; CCR, title 9, §1810.216 and 1810.253).

FINDING

The MHP did not furnish evidence to demonstrate it complies with CCR, title 9, § 1810.227; CCR, title 9, §1810.216 and 1810.253. The MHP requires providers to request payment authorization for day treatment intensive services at least every 3 months for continuation of Day Treatment.

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

- Policy #200.7 Authorization for Day Rehabilitation.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP requires providers to request payment

**Plumas County Mental Health Plan
 FY 2018/2019 Medi-Cal SMHS Triennial Review
 Systems Review Findings Report**

authorization for day treatment intensive services at least every 3 months for continuation of Day Treatment.

The MHP must come into compliance with the provisions of CCR, title 9, § 1810.227; CCR, title 9, §1810.216 and 1810.253. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
E.III.D2-The MHP shall provide evidence the contact information is posted to its public website. (MHSUDS IN No., 17-032).

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHSUDS IN No., 17-032. The MHP shall provide evidence the contact information is posted to its public website.

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

- Presumptive Transfer Contact List; and
- MHP Website.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP shall provide evidence the contact information is posted to its public website.

The MHP must come into compliance with the provisions of MHSUDS IN No., 17-032. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
E.III.F-The MHP will 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. (MHSUDS IN No., 17-032).

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHSUDS IN No., 17-032. The MHP will 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:

- Policy #200.4 Foster Care, KinGap, and Adoptive Care; and
- DMH IN 09-06.

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP will 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 must come into compliance with the provisions of MHSUDS IN No., 17-032. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
E.III.G-In situations when a foster child or youth is in imminent danger to themselves or others or experiencing an emergency psychiatric condition, MHPs must provide SMHS immediately, and without prior authorization. (MHSUDS IN No., 18-027).

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHSUDS IN No., 18-027. In situations when a foster child or youth is in imminent danger to themselves or others or experiencing an emergency psychiatric condition, MHPs must provide SMHS immediately, and without prior authorization.

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

- Policy #200.4 Foster Care, KinGap, and Adoptive Care; and
- DMH IN 09-06.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that in situations when a foster child or youth is in imminent danger to themselves or others or experiencing an emergency psychiatric condition, MHPs must provide SMHS immediately, and without prior authorization.

The MHP must come into compliance with the provisions of MHSUDS IN No., 18-027. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
E.III.H-Pursuant to (W&I) Code Section 14717.1(b)(2)(F), 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. (MHSUDS IN No., 18-027; W&I Code § 14717.1(b).).

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHSUDS IN No., 18-027; W&I Code § 14717.1(b). Pursuant to (W&I) Code Section 14717.1(b)(2)(F), 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.

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

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

- Policy #200.4 Foster Care, KinGap, and Adoptive Care; and
- DMH IN 09-06.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that pursuant to (W&I) Code Section 14717.1(b)(2)(F), 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.

The MHP must come into compliance with the provisions of MHSUDS IN No., 18-027; W&I Code § 14717.1(b). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
E.III.I- 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. (Welf. & Inst. Code § 14717.1(d)(6).).

FINDING

The MHP did not furnish evidence to demonstrate it complies with Welf. & Inst. Code § 14717.1(d)(6). 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:

- Policy #200.4 Foster Care, KinGap, and Adoptive Care; and
- DMH IN 09-06.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that 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.

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

The MHP must come into compliance with the provisions of Welf. & Inst. Code § 14717.1(d)(6). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
E.IV.A6- The denial of a beneficiary's request to dispute financial liability, including cost sharing and other beneficiary financial liabilities. (42 C.F.R. § 438.400(b)(7)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 C.F.R. § 438.400(b)(7). 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:

- Sample of NOABDs
- NOABD Tracking Log

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the denial of a beneficiary's request to dispute financial liability, including cost sharing and other beneficiary financial liabilities.

The MHP must come into compliance with the provisions of 42 C.F.R. § 438.400(b)(7). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
E.V.A- 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. (MHP Contract, Ex. A, Att.2; 42 C.F.R. § 438.206(b)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, Ex. A, Att.2; 42 C.F.R. § 438.206(b). 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.

The MHP did not submit any evidence of compliance 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.

The MHP must come into compliance with the provisions of MHP Contract, Ex. A, Att.2; 42 C.F.R. § 438.206(b). The MHP must complete a POC addressing this finding of non-compliance.

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

REQUIREMENT
E.V.B-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). (MHP Contract, Ex. A, Att.2; CCR, title 9, § 1810.405(e)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, Ex. A, Att.2; CCR, title 9, § 1810.405(e). 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 did not submit any evidence of compliance that 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 must come into compliance with the provisions of MHP Contract, Ex. A, Att.2; CCR, title 9, § 1810.405(e). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
E.VI.A- The MHP maintains policies and procedures ensuring an appropriate process for the management of Forms JV 220, JV 220(A), JV 221, JV 222, and JV 223 and that related requirements are met. (Judicial Council Forms, JV 219).

FINDING

The MHP did not furnish evidence to demonstrate it complies with Judicial Council Forms, JV 219. The MHP maintains policies and procedures ensuring an appropriate process for the management of Forms JV 220, JV 220(A), JV 221, JV 222, and JV 223 and that related requirements are met.

The MHP did not submit any evidence of compliance that at the request of the beneficiary when the MHP or its network provider has determined that the MHP maintains policies and procedures ensuring an appropriate process for the management of Forms JV 220, JV 220(A), JV 221, JV 222, and JV 223 and that related requirements are met.

The MHP must come into compliance with the provisions of Judicial Council Forms, JV 219. The MHP must complete a POC addressing this finding of non-compliance.

**Plumas County Mental Health Plan
 FY 2018/2019 Medi-Cal SMHS Triennial Review
 Systems Review Findings Report**

BENEFICIARY RIGHTS AND PROTECTIONS

REQUIREMENT
F.II.A2- The MHP shall adhere to the following record keeping, monitoring, and review requirements. 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. (42 C.F.R. § 438.416(b)(1)-(6).)

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 C.F.R. § 438.416(b)(1)-(6). The MHP shall adhere to the following record keeping, monitoring, and review requirements. 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:

- Policy #300.2 Grievance & Appeals; and
- Grievance, Appeals, Expedited Appeals Log.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP shall adhere to the following record keeping, monitoring, and review requirements. 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 must come into compliance with the provisions of 42 C.F.R. § 438.416(b)(1)-(6). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
F.IV.D1- The MHP’s expedited appeal process shall, at a minimum: 1) Be used when the MHP determines or the beneficiary and/or the beneficiary’s provider certifies that taking the time for a standard appeal resolution could seriously jeopardize the beneficiary’s life, physical or mental health or ability to attain, maintain, or regain maximum function. (42 C.F.R. § 438.410(a).)

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 C.F.R. § 438.410(a). The MHP’s expedited appeal process shall, at a minimum be used when the MHP determines or the beneficiary and/or the beneficiary’s provider certifies that taking the time for a standard appeal resolution could seriously jeopardize the beneficiary’s life, physical or mental health or ability to attain, maintain, or regain maximum function.

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

- Policy #300.2 Grievance & Appeals.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP’s expedited appeal process shall, at a minimum be used when the MHP determines or the beneficiary and/or the beneficiary’s provider certifies that taking the time for a standard appeal resolution could seriously jeopardize the beneficiary’s life, physical or mental health or ability to attain, maintain, or regain maximum function.

The MHP must come into compliance with the provisions of 42 C.F.R. § 438.410(a). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
F.IV.D7b-If the MHP denies a request for an expedited appeal resolution, the MHP shall make reasonable efforts to give the beneficiary and his or her representative prompt oral notice of the denial of the request for an expedited appeal. (42 C.F.R. § 438.410(c)(1).)

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 C.F.R. § 438.410(c)(1). If the MHP denies a request for an expedited appeal resolution, the MHP shall make reasonable efforts to give the beneficiary and his or her representative prompt oral notice of the denial of the request for an expedited appeal.

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

- Policy #300.2 Grievance & Appeals.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that if the MHP denies a request for an expedited appeal resolution, the MHP shall make reasonable efforts to give the beneficiary and his or her representative prompt oral notice of the denial of the request for an expedited appeal.

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

The MHP must come into compliance with the provisions of 42 C.F.R. § 438.410(c)(1). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
<p>F.V.A- The MHP must continue the beneficiary's benefits if all of the following occur:</p> <p>a) The beneficiary files the request of an appeal timely in accordance with 42 C.F.R. § 438.402(c)(1)(ii) and (c)(2)(ii);</p> <p>b) The appeal involves the termination, suspension, or reduction of previously authorized services;</p> <p>c) The services were ordered by an authorized provider;</p> <p>d) The period covered by the original authorization has not expired; and,</p> <p>e) The beneficiary timely files for continuation of benefits.</p> <p>(42 C.F.R. § 438.420(b).)</p>

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 C.F.R. § 438.420(b). The MHP must continue the beneficiary's benefits if all of the following occur. The appeal involves the termination, suspension, or reduction of previously authorized services; the services were ordered by an authorized provider; the period covered by the original authorization has not expired.

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

- Policy #300.2 Grievance & Appeals.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP must continue the beneficiary's benefits if all of the following occur. The appeal involves the termination, suspension, or reduction of previously authorized services; the services were ordered by an authorized provider; the period covered by the original authorization has not expired.

The MHP must come into compliance with the provisions of 42 C.F.R. § 438.420(b). The MHP must complete a POC addressing this finding of non-compliance.

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

REQUIREMENT
<p>F.V.B-If, at the beneficiary's request, the MHP continues or reinstates the beneficiary's benefits while the appeal or State Hearing is pending, the benefits must be continued until one of the following occurs:</p> <ul style="list-style-type: none">a) The beneficiary withdraws the appeal or request for a State Hearing;b) The beneficiary fails to request a State Hearing and continuation of benefits within 10 calendar days after the MHP sends the notice of adverse resolution (i.e., NAR) to the beneficiary's appeal;c) A State Hearing office issues a hearing decision adverse to the beneficiary. <p>(42 C.F.R. § 438.420(c).)</p>

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 C.F.R. § 438.420(c). If, at the beneficiary's request, the MHP continues or reinstates the beneficiary's benefits while the appeal or State Hearing is pending, the benefits must be continued until one of the following occurs:

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

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

- Policy #300.2 Grievance & Appeals.

While the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that if at the beneficiary's request, the MHP continues or reinstates the beneficiary's benefits while the appeal or State Hearing is pending, the benefits must be continued until one of the following occurs:

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

The MHP must come into compliance with the provisions of 42 C.F.R. § 438.420(c). The MHP must complete a POC addressing this finding of non-compliance.

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

PROGRAM INTEGRITY

REQUIREMENT
<p>G.II.A-The MHP, or any subcontractor, to the extent that the subcontractor is delegated responsibility by the MHP for coverage of services and payment of claims under the MHP Contract, shall implement and maintain arrangements or procedures designed to detect and prevent fraud, waste and abuse that include prompt reporting to DHCS about the following:</p> <ol style="list-style-type: none"> 1) Any potential fraud, waste, or abuse. (42 C.F.R. §438.608(a)(7).) 2) All overpayments identified or recovered, specifying the overpayments due to potential fraud. (42 C.F.R. §438.608(a), (a)(2).) 3) Information about a change in a network provider's circumstances that may affect the network provider's eligibility to participate in the managed care program, including the termination of the provider agreement with the MHP. (MHP Contract, Ex. A, Att. 13; 42 C.F.R. § 438.608(a)(4).)

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, Ex. A, Att. 13; 42 C.F.R. § 438.608(a)(4). The MHP, or any subcontractor, to the extent that the subcontractor is delegated responsibility by the MHP for coverage of services and payment of claims under the MHP Contract, shall implement and maintain arrangements or procedures designed to detect and prevent fraud, waste and abuse that include prompt reporting to DHCS about the following.

- 3) Information about a change in a network provider's circumstances that may affect the network provider's eligibility to participate in the managed care program, including the termination of the provider agreement with the MHP.

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

- Policy #702.1 Compliance Program
- Policy #702.7 Compliance Program Auditing and Monitoring
- Compliance Plan

While, the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP or any subcontractor, to the extent that the subcontractor is delegated responsibility by the MHP for coverage of services and payment of claims under the MHP Contract, shall implement and maintain arrangements or procedures designed to detect and prevent fraud, waste and abuse that include prompt reporting to DHCS about the following.

**Plumas County Mental Health Plan
 FY 2018/2019 Medi-Cal SMHS Triennial Review
 Systems Review Findings Report**

3) Information about a change in a network provider's circumstances that may affect the network provider's eligibility to participate in the managed care program, including the termination of the provider agreement with the MHP.

The MHP must come into compliance with the provisions of MHP Contract, Ex. A, Att. 13; 42 C.F.R. § 438.608(a)(4). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
G.II.C- The MHP shall implement and maintain written policies for all employees of the MHP, and of any contractor or agent, that provide detailed information about the False Claims Act and other Federal and State Laws, including information about rights of employees to be protected as whistleblowers. (MHP Contract, Ex. A, Att. 13; 42 C.F.R. § 438.608(a)(6).).

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, Ex. A, Att. 13; 42 C.F.R. § 438.608(a)(6). The MHP shall implement and maintain written policies for all employees of the MHP, and of any contractor or agent, that provide detailed information about the False Claims Act and other Federal and State Laws, including information about rights of employees to be protected as whistleblowers.

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

- Policy #702.1 Compliance Program
- Policy #702.7 Compliance Program Auditing and Monitoring
- Compliance Plan

While, the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP shall implement and maintain written policies for all employees of the MHP, and of any contractor or agent, that provide detailed information about the False Claims Act and other Federal and State Laws, including information about rights of employees to be protected as whistleblowers.

The MHP must come into compliance with the provisions of MHP Contract, Ex. A, Att. 13; 42 C.F.R. § 438.608(a)(6). The MHP must complete a POC addressing this finding of non-compliance.

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

REQUIREMENT
G.II.D-The MHP shall implement and maintain arrangements or procedures that include provision for the Contractor’s suspension of payments to a network provider for which there is a credible allegation of fraud. (MHP Contract, Ex. A, Att. 13; 42 C.F.R. § 438.608(a)(8).).

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, Ex. A, Att. 13; 42 C.F.R. § 438.608(a)(8). The MHP shall implement and maintain arrangements or procedures that include provision for the Contractor’s suspension of payments to a network provider for which there is a credible allegation of fraud.

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

- Policy #702.1 Compliance Program
- Policy #702.7 Compliance Program Auditing and Monitoring
- Compliance Plan

While, the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP shall implement and maintain arrangements or procedures that include provision for the Contractor’s suspension of payments to a network provider for which there is a credible allegation of fraud.

The MHP must come into compliance with the provisions of MHP Contract, Ex. A, Att. 13; 42 C.F.R. § 438.608(a)(8). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
G.IV.A-The MHP ensures 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. (42 C.F.R. Section 455.101 and 104).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 C.F.R. Section 455.101 and 104. The MHP ensures 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.

**Plumas County Mental Health Plan
 FY 2018/2019 Medi-Cal SMHS Triennial Review
 Systems Review Findings Report**

The MHP did not submit any evidence of compliance that the MHP ensures 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 must come into compliance with the provisions of 42 C.F.R. Section 455.101 and 104. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
G.IV.B- As a condition of enrollment, the MHP must require providers to consent to criminal background checks including fingerprinting when required to do so by DHCS or by the level of screening based on risk of fraud, waste or abuse as determined for that category of provider. (42 C.F.R. § 455.434(a).).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 C.F.R. § 455.434(a). The MHP ensures 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 did not submit any evidence of compliance that the MHP ensures 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 must come into compliance with the provisions of 42 C.F.R. § 455.434(a). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
G.IV.C-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. (42 C.F.R. § 455.434(b)(1) and (2)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 C.F.R. § 455.434(b)(1) and (2). 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.

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

The MHP did not submit any evidence of compliance 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.

The MHP must come into compliance with the provisions of 42 C.F.R. § 455.434(b)(1) and (2). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
G.IV.D1-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. (MHP Contract, Ex. A, Att. 13)

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, Ex. A, Att. 13. 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 did not submit any evidence of compliance that 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 must come into compliance with the provisions of MHP Contract, Ex. A, Att. 13. The MHP must complete a POC addressing this finding of non-compliance.

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

REQUIREMENT
<p>G.IV.D2- Disclosures must include:</p> <ul style="list-style-type: none"> a) The name and address of any person (individual or corporation) with an ownership or control interest in the network provider. b) The address for corporate entities shall include, as applicable, a primary business address, every business location, and a P.O. Box address; c) Date of birth and Social Security Number (in the case of an individual); d) 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); e) 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; f) The name of any other disclosing entity in which the Contractor or subcontracting network provider has an ownership or control interest; and g) The name, address, date of birth, and Social Security Number of any managing employee of the managed care entity.

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, Ex. A, Att. 13. Disclosures must include:

- a) The name and address of any person (individual or corporation) with an ownership or control interest in the network provider.
- b) The address for corporate entities shall include, as applicable, a primary business address, every business location, and a P.O. Box address;
- c) Date of birth and Social Security Number (in the case of an individual);
- d) 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);
- f) The name of any other disclosing entity in which the Contractor or subcontracting network provider has an ownership or control interest; and
- g) The name, address, date of birth, and Social Security Number of any managing employee of the managed care entity.

The MHP did not submit any evidence of compliance that Disclosures must include:

- a) The name and address of any person (individual or corporation) with an ownership or control interest in the network provider.

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

- b) The address for corporate entities shall include, as applicable, a primary business address, every business location, and a P.O. Box address;
- c) Date of birth and Social Security Number (in the case of an individual);
- d) 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);
- f) The name of any other disclosing entity in which the Contractor or subcontracting network provider has an ownership or control interest; and
- g) The name, address, date of birth, and Social Security Number of any managing employee of the managed care entity.

The MHP must come into compliance with the provisions of MHP Contract, Ex. A, Att. 13. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
G.IV.D3-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 under 42 Code of Federal Regulations part 455.104.

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 Code of Federal Regulations part 455.104. 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 under 42 Code of Federal Regulations part 455.104.

The MHP did not submit any evidence of compliance that 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 under 42 Code of Federal Regulations part 455.104.

The MHP must come into compliance with the provisions of 42 Code of Federal Regulations part 455.104. The MHP must complete a POC addressing this finding of non-compliance.

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

REQUIREMENT
<p>G.IV.E-The MHP must submit disclosures and updated disclosures to the Department or HHS including information regarding certain business transactions within 35 days, upon request.</p> <ol style="list-style-type: none"> 1) 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; and 2) Any 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. 3) 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.

FINDING

The MHP did not furnish evidence to demonstrate it complies with the MHP must submit disclosures and updated disclosures to the Department or HHS including information regarding certain business transactions within 35 days, upon request.

- 1) 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; and
- 2) Any 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.
- 3) 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 did not submit any evidence of compliance that the MHP must submit disclosures and updated disclosures to the Department or HHS including information regarding certain business transactions within 35 days, upon request.

- 1) 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; and
- 2) Any 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.
- 3) 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 must complete a POC addressing this finding of non-compliance.

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

REQUIREMENT
<p>G.IV.F- The MHP shall submit the following disclosures to DHCS regarding the MHP's management:</p> <ol style="list-style-type: none">1) 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. (42 C.F.R. § 455.106(a)(1), (2).)2) The identity of any person who is an agent of the MHP who has been convicted of a crime related to federal health care programs. (42 C.F.R. § 455.106(a)(1), (2).) For this purpose, the word "agent" has the meaning described in 42 Code of Federal Regulations part 455.101.

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 C.F.R. § 455.106(a)(1), (2) and 42 Code of Federal Regulations part 455.101. The MHP shall submit the following disclosures to DHCS regarding the MHP's management:

- 1) 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. (42 C.F.R. § 455.106(a)(1), (2).)
- 2) The identity of any person who is an agent of the MHP who has been convicted of a crime related to federal health care programs. (42 C.F.R. § 455.106(a)(1), (2).) For this purpose, the word "agent" has the meaning described in 42 Code of Federal Regulations part 455.101.

The MHP did not submit any evidence of compliance that the MHP shall submit the following disclosures to DHCS regarding the MHP's management:

- 1) 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. (42 C.F.R. § 455.106(a)(1), (2).)
- 2) The identity of any person who is an agent of the MHP who has been convicted of a crime related to federal health care programs. (42 C.F.R. § 455.106(a)(1), (2).) For this purpose, the word "agent" has the meaning described in 42 Code of Federal Regulations part 455.101.

The MHP must come into compliance with the provisions of 42 C.F.R. § 455.106(a)(1), (2) and 42 Code of Federal Regulations part 455.101. The MHP must complete a POC addressing this finding of non-compliance.

**Plumas County Mental Health Plan
 FY 2018/2019 Medi-Cal SMHS Triennial Review
 Systems Review Findings Report**

REQUIREMENT
G.V.A2- The MHP has a process to confirm monthly that no providers is on the: a) OIG List of Excluded Individuals/Entities (LEIE). b) System of Award Management (SAM) Excluded Parties List System (EPLS). c) DHCS Medi-Cal List of Suspended or Ineligible Providers (S&I List). (42 C.F.R. §§ 438.608(d), an 455.436)

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 C.F.R. §§ 438.608(d), an 455.436. The MHP has a process to confirm monthly that no providers is on the:

- a) OIG List of Excluded Individuals/Entities (LEIE).
- b) System of Award Management (SAM) Excluded Parties List System (EPLS).
- c) DHCS Medi-Cal List of Suspended or Ineligible Providers (S&I List).

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

- Policy #703.6 Monitoring Staff Licensures and Continuing Education Units
- Zebu Compliance Solutions

While, the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that the MHP has a process to confirm monthly that no providers is on the:

- a) OIG List of Excluded Individuals/Entities (LEIE).
- b) System of Award Management (SAM) Excluded Parties List System (EPLS).
- c) DHCS Medi-Cal List of Suspended or Ineligible Providers (S&I List).

The MHP must come into compliance with the provisions of 42 C.F.R. §§ 438.608(d), an 455.436. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
G.V.A3-If the MHP finds a party that is excluded, it must promptly notify DHCS. (42 C.F.R. §438.608(a)(2),(4).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 C.F.R. §438.608(a)(2),(4). If the MHP finds a party that is excluded, it must promptly notify DHCS.

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

- Policy #703.6 Monitoring Staff Licensures and Continuing Education Units

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

While, the MHP submitted evidence to demonstrate its compliance with this requirement, the evidence did not substantiate that if the MHP finds a party that is excluded, it must promptly notify DHCS.

The MHP must come into compliance with the provisions of 42 C.F.R. §438.608(a)(2),(4). The MHP must complete a POC addressing this finding of non-compliance.

OTHER REGULATORY AND CONTRACTUAL REQUIREMENTS

REQUIREMENT
H.A-The MHP must comply with the requirements of W&I Code Sections 14705(c) and 14712(e) regarding timely submission of its annual cost reports.

FINDING

The MHP did not furnish evidence to demonstrate it complies with W&I Code Sections 14705(c) and 14712(e). The MHP must comply with the requirements of W&I Code Sections 14705(c) and 14712(e) regarding timely submission of its annual cost reports.

The MHP did not submit any evidence of compliance that the MHP must comply with the requirements of W&I Code Sections 14705(c) and 14712(e) regarding timely submission of its annual cost reports.

The MHP must come into compliance with the provisions of W&I Code Sections 14705(c) and 14712(e). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
H.B1-The MHP, and subcontractors, shall allow the Department, CMS, the Office of the Inspector General, the Comptroller General of the United States, and other authorized federal and state agencies, or their duly authorized designees, to evaluate Contractor's, and subcontractors', performance under this contract, including the quality, appropriateness, and timeliness of services provided, and to inspect, evaluate, and audit any and all records, documents, and the premises, equipment and facilities maintained by the Contractor and its subcontractors pertaining to such services at any time. (MHP Contract, Ex. E; 42 C.F.R. §§ 438.3(h), 438.230(c)(3)(i-iii).)

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, Ex. E; 42 C.F.R. §§ 438.3(h), 438.230(c)(3)(i-iii). The MHP, and subcontractors, shall allow the Department, CMS, the Office of the Inspector General, the Comptroller General of the United States, and other authorized federal and state agencies, or their duly authorized designees, to evaluate Contractor's, and subcontractors', performance under this

**Plumas County Mental Health Plan
 FY 2018/2019 Medi-Cal SMHS Triennial Review
 Systems Review Findings Report**

contract, including the quality, appropriateness, and timeliness of services provided, and to inspect, evaluate, and audit any and all records, documents, and the premises, equipment and facilities maintained by the Contractor and its subcontractors pertaining to such services at any time.

The MHP did not submit any evidence of compliance that the MHP, and subcontractors, shall allow the Department, CMS, the Office of the Inspector General, the Comptroller General of the United States, and other authorized federal and state agencies, or their duly authorized designees, to evaluate Contractor's, and subcontractors', performance under this contract, including the quality, appropriateness, and timeliness of services provided, and to inspect, evaluate, and audit any and all records, documents, and the premises, equipment and facilities maintained by the Contractor and its subcontractors pertaining to such services at any time.

The MHP must come into compliance with the provisions of MHP Contract, Ex. E; 42 C.F.R. §§ 438.3(h), 438.230(c)(3)(i-iii). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
H.B2- The MHP shall allow such inspection, evaluation and audit of its records, documents and facilities, and those of its subcontractors, for 10 years from the term end date of this Contract or in the event the Contractor has been notified that an audit or investigation of this Contract has been commenced, until such time as the matter under audit or investigation has been resolved, including the exhaustion of all legal remedies, whichever is later. (MHP Contract, Ex. E; 42 C.F.R. §§ 438.3(h), 438.230(c)(3)(i-iii).)

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, Ex. E; 42 C.F.R. §§ 438.3(h), 438.230(c)(3)(i-iii). The MHP shall allow such inspection, evaluation and audit of its records, documents and facilities, and those of its subcontractors, for 10 years from the term end date of this Contract or in the event the Contractor has been notified that an audit or investigation of this Contract has been commenced, until such time as the matter under audit or investigation has been resolved, including the exhaustion of all legal remedies, whichever is later.

The MHP did not submit any evidence of compliance that the MHP shall allow such inspection, evaluation and audit of its records, documents and facilities, and those of its subcontractors, for 10 years from the term end date of this Contract or in the event the Contractor has been notified that an audit or investigation of this Contract has been commenced, until such time as the matter under audit or investigation has been resolved, including the exhaustion of all legal remedies, whichever is later.

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

The MHP must come into compliance with the provisions of MHP Contract, Ex. E; 42 C.F.R. §§ 438.3(h), 438.230(c)(3)(i-iii). The MHP must complete a POC addressing this finding of non-compliance.

SURVEY ONLY FINDINGS

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

REQUIREMENT
A.III.F-The MHP must provide Therapeutic Foster Care (TFC) services to all children and youth who meet medical necessity criteria for TFC. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3 rd Edition, January 2018).

FINDING

The MHP furnish evidence to demonstrate it complies with 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 provide Therapeutic Foster Care (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 #100.5 Therapeutic Behavioral Services
- Policy #200.4 Foster Care, KinGap, and Adoptive Care

SUGGESTED ACTION

DHCS is not requiring no further action at this time.

REQUIREMENT
A.III.G- The MHP has an affirmative responsibility to determine if children and youth who meet medical necessity criteria need TFC. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3 rd Edition, January 2018).

FINDING

The MHP furnish evidence to demonstrate it complies with 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 has 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:

**Plumas County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

- Policy #100.5 Therapeutic Behavioral Services

SUGGESTED ACTION

DHCS is not requiring no further action at this time.

CARE COORDINATION AND CONTINUITY OF CARE

REQUIREMENT
B.III.C-The MHP shall implement a transition of care policy that is consistent with federal requirements and complies with the Department's transition of care policy. (MHP Contract, Ex. A, Att.10; 42 C.F.R. § 438.62(b)(1)-(2).).

FINDING

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, Ex. A, Att.10; 42 C.F.R. § 438.62(b)(1)-(2). The MHP shall implement a transition of care policy that is consistent with federal requirements and complies with the Department's transition of care policy. (MHP Contract, Ex. A, Att.10; 42 C.F.R. § 438.62(b)(1)-(2).).

SUGGESTED ACTION

DHCS recommends, at a minimum, the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements, or to strengthen current processes in this area to ensure compliance in future reviews:

- Develop policies and procedures to address the requirements

COVERAGE AND AUTHORIZATION OF SERVICES

REQUIREMENT
E.I.H2-The MHPs must review and make a decision regarding a provider's request for prior authorization within five (5) business days after receiving the request.

FINDING

The MHP furnish evidence to demonstrate it complies that the MHPs must review and make a decision regarding a provider's request for prior authorization within five (5) business days after receiving the request.

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

- Policy #200.2 Authorization for Services

SUGGESTED ACTION

DHCS is not requiring no further action at this time.