

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2019/2020

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

SYSTEM FINDINGS REPORT

Review Dates: August 26, 2020 to August 27, 2020

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EXECUTIVE SUMMARY

The California Department of Health Care Services' (DHCS) mission is to provide Californians with access to affordable, integrated, high-quality health care including medical, dental, mental health, substance use treatment services, and long-term care. Our vision is to preserve and improve the overall health and well-being of all Californians.

DHCS helps provide Californians access to quality health care services that are delivered effectively and efficiently. As the single state Medicaid agency, DHCS administers California's Medicaid program (Medi-Cal). DHCS is responsible for administering the Medi-Cal Specialty Mental Health Services (SMHS) Waiver Program. SMHS are "carved-out" of the broader Medi-Cal program. The SMHS program operates under the authority of a waiver approved by the Centers for Medicare and Medicaid Services (CMS) under Section 1915(b) of the Social Security Act.

Medi-Cal is a federal/state partnership providing comprehensive health care to individuals and families who meet defined eligibility requirements. Medi-Cal coordinates and directs the delivery of important services to approximately 13.2 million Californians.

The SMHS program which provides SMHS to Medi-Cal beneficiaries through county Mental Health Plans (MHPs). The MHPs are required to provide or arrange for the provision of SMHS to beneficiaries' in their counties that meet SMHS medical necessity criteria, consistent with the beneficiaries' mental health treatment needs and goals as documented in the beneficiaries client plan.

In accordance with the California Code of Regulations, title 9, chapter 11, § 1810.380, DHCS conducts monitoring and oversight activities such as the Medi-Cal SMHS Triennial System and Chart Reviews to determine if the county MHPs are in compliance with state and federal laws and regulations and/or the contract between DHCS and the MHP.

DHCS conducted an onsite review of the Trinity County MHP's Medi-Cal SMHS programs on August 26, 2020 to August 27, 2020. 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) 2019/2020 Annual Review Protocol for SMHS and Other Funded Programs (Protocol) to conduct the review.

The Medi-Cal SMHS Triennial System Review evaluated the MHP's performance in the following categories:

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

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- 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

This report details the findings from the Medi-Cal SMHS Triennial System Review of the Trinity County MHP. The report is organized according to the findings from each section of the FY 2019/2020 Protocol and the Attestation deemed out of compliance (OOC), or in partial compliance, with regulations and/or the terms of the contract between the MHP and DHCS.

For informational purposes, this findings report also includes additional information that may be useful for the MHP (e.g., a description of calls testing compliance of the MHP's 24/7 toll-free telephone line).

The MHP will have an opportunity to review the report for accuracy and appeal any of the findings of non-compliance (for both system review and chart review). The appeal must be submitted to DHCS in writing within 15 business days of receipt of the findings report. DHCS will adjudicate any appeals and/or technical corrections (e.g., calculation errors, etc.) submitted by the MHP and, if appropriate, send an amended report.

A Corrective Action Plan (CAP) is required for all items determined to be OOC or in partial compliance. The MHP is required to submit a CAP to DHCS within 60-days of receipt of the findings report for all system and chart review items deemed OOC. The CAP should include the following information:

- (1) Description of corrective actions, including milestones;
- (2) Timeline for implementation and/or completion of corrective actions;
- (3) Proposed (or actual) evidence of correction that will be submitted to DHCS;
- (4) Mechanisms for monitoring the effectiveness of corrective actions over time. If the CAP is determined to be ineffective, the MHP should inform their county liaison of any additional corrective actions taken to ensure compliance; and
- (5) A description of corrective actions required of the MHP's contracted providers to address findings.

Review Findings Overview

During the DHCS review, the Trinity County MHP demonstrated numerous strengths, including but not limited to the following examples:

- Patient monitoring in the Emergency Room. Providing companionship to the families while they wait for a hospital bed
- Collaborative working relationship with Child Welfare

DHCS identified opportunities for improvement in various areas, including:

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- 24/7 access line and call log
- Enhanced development of Tracking and Monitoring Mechanisms for system-wide activities
- Continue to update your policies and procedures

Questions about this report may be directed to DHCS via email to MCBHDMonitoring@dhcs.ca.gov.

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NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

QUESTION A.III.F

FINDING

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

- The MHP did not provide evidence that it is able to provide TFC services to all children and youth who meet medical necessity criteria for TFC.

Per the facilitated discussion, the MHP has not identified any providers to provide TFC services.

DHCS deems the MHP out of compliance with the Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care Services (TFC) for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must complete a CAP addressing this finding of non-compliance.

QUESTION A.III.G

FINDING

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

- The MHP did not provide evidence that it determines if children and youth who meet medical necessity criteria need TFC.

DHCS deems the MHP out of compliance with the Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must complete a CAP addressing this finding of non-compliance.

QUESTION A.VI.E

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 8. The MHP must certify, or use another MHP's certification documents to certify, the organizational providers that subcontract with the MHP to

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provide SMHS, in accordance with California Code of Regulations, title 9, section 1810, subsection 435.

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

- Selection and Monitoring of Providers

Internal documents:

- Provider Monitoring Report.

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP certified their subcontractors. The DHCS Provider Monitoring Report revealed five (5) of the 12 providers were overdue. Per our facilitated discussion, the MHP is aware of the overdue providers.

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

CARE COORDINATION AND CONTINUITY OF CARE

QUESTION B.I.A

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP Contract, exhibit A, attachment 10, and Federal Code of Regulations, title 42, section 438, subdivision 208(b)(1). The MHP must ensure that each beneficiary has an ongoing source of care appropriate to his or her needs and a person or entity formally designated as primarily responsible for coordinating the services accessed by the beneficiary, and the beneficiary shall be provided information on how to contact their designated person or entity.

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

- Policy 3204 Consumer Care-Crisis: Hospital Discharge Procedure

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP shall ensure that each beneficiary has an ongoing source of care appropriate to his or her needs and a person or entity formally designated as primarily responsible for coordinating the services accessed by the beneficiary. This was not evident as the MHP does not include this requirement in their policy and procedure and did not submit evidence of practice.

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Per the facilitated discussion, the MHP was to submit an Anasazi report identified as “Days Hospitalization Log”. The MHP did not submit this document as supporting evidence.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 10, and Federal Code of Regulations, title 42, section 438, subdivision 208(b)(1). The MHP must complete a CAP addressing this finding of non-compliance.

QUESTION B.I.B

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 10, Federal Code of Regulations, title 42, subdivision 208(b)(2)(i)-(iv), and California Code of Regulations, title 9, section 1810, subdivision 415. The MHP must coordinate the services the MHP furnishes to the beneficiary between settings of care, including appropriate discharge planning for short term and long-term hospital and institutional stays.

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

- Policy 3311 Continuity of Care Coordination

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP coordinates the services the MHP furnishes to the beneficiary between settings of care, including appropriate discharge planning for short term and long-term hospital and institutional stays. This was not evident as the MHP does not include this requirement in their policy and procedure and did not submit evidence of practice.

Per the facilitated discussion, the MHP is in the process of updating the policy to include the required language.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 10, Federal Code of Regulations, title 42, subdivision 208(b)(2)(i)-(iv), and California Code of Regulations, title 9, section 1810, subdivision 415. The MHP must complete a CAP addressing this finding of non-compliance.

QUESTION B.IV.C

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 370(a)(1). The MHP must ensure the MOU addresses the referral protocol between the MHP and MCP.

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

- Policy 3311 Continuity of Care Coordination

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP is providing beneficiaries with services necessary for the treatment of mental illness covered by the MHP when those necessary services are covered by the MCP. This was not evident as the MHP does not include this requirement in the policy and procedure and did not submit evidence of practice.

Per the facilitated discussion, the MHP is in the process of updating the policy to include the required language to meet compliance.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 370(a)(1). The MHP must complete a CAP addressing this finding of non-compliance.

ACCESS AND INFORMATION REQUIREMENTS

QUESTION D.II.D

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(d)(5)(i) and (iii), California Code of Regulations, title 9, section 1810, subdivision 410(e)(4). The MHP must notify beneficiaries that written translation is available in prevalent languages free of cost and shall notify beneficiaries how to access those materials.

- The MHP did not submit evidence that beneficiaries were notified that written translation is available free of cost and shall notify beneficiaries how to access those materials.

Per the facilitated discussion, the MHP would provide evidence of posted notices and signage to meet compliance. However, this evidence was not submitted.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(d)(5)(i) and (iii), California Code of Regulations, title 9, section 1810, subdivision 410(e)(4). The MHP must complete a CAP addressing this finding of non-compliance

QUESTION A.IV.D

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(h)(1)(v), California Code of

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Regulations, title 9, chapter 11, section 1810, subdivision 410, and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-020. The MHP provider directory must contain all the elements required above.

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

- Individual Provider List-July 2020

While the MHP submitted evidence to demonstrate compliance, at the time of the review the provider directory did not contain the following required elements during the triennial period reviewed:

- National Provider Identifier
- An indication of whether the provider has completed cultural competence training.

Per the facilitated discussion, the MHP has updated the provider directory to include required elements to meet compliance.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(h)(1)(v), California Code of Regulations, title 9, chapter 11, section 1810, subdivision 410, and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-020. The MHP must complete a CAP addressing this finding of non-compliance.

QUESTION D.VI.B1-4

FINDING

DHCS' review team made seven (7) calls to test the MHP's statewide 24/7 toll-free number. The seven (7) test calls must demonstrate compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1). The toll-free telephone number provides information to beneficiaries about 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. The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes. The seven (7) test calls are summarized below.

TEST CALL #1

Test call was placed on Friday, March 13, 2020, at 1:23 p.m. The call was answered after five (5) rings via a live operator. The DHCS test caller requested information about accessing mental health services in the county. The operator ask the caller if he/she was in crisis. The caller replied in the negative. The operator asked the caller a series of questions including the names of the caller and his/her son, their address and past

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history with SMHS. The caller provided requested names; but declined to give address and stated that there was no previous history with SMHS. The operator provided the caller with a phone number to set up an appointment and provided caller with information regarding the access process. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met.

FINDING

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

TEST CALL #2

Test call was placed on Monday, March 16, 2020, at 7:23 a.m. and 7:24 a.m. The call was answered after two (2) rings via a recording. The recording stated that the number or code you have dialed is not connecting and to try again. The DHCS test caller dialed the toll free number again and received the same recording. 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.

FINDING

The call is deemed out of compliance with the regulatory requirements with CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1).

TEST CALL #3

Test call was placed on Tuesday, March 17, 2020, at 10:08 a.m., 10:31 a.m., 10:34 a.m., 10:40 a.m., 11:17 a.m., and 12:40 p.m. The DHCS test caller reached a busy signal for each call. The caller was unable to reach a live operator or an automated recording. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and provided information about services needed to treat a beneficiary's urgent condition.

FINDING

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

TEST CALL #4

Test call was placed on Friday, March 13, 2020, at 1:08 a.m. The call was answered after four (4) rings via a live operator. The DHCS test caller requested information about accessing mental health services in the county. The operator requested the caller's name and inquired if they were in crisis. The caller replied in the negative. The operator advised caller to come to the MHP's office and provided the address and hours of operation. The caller was provided information about how to access SMHS, including

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SMHS required to assess whether medical necessity criteria are met and provided information about services needed to treat a beneficiary's urgent condition.

FINDING

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

TEST CALL #5

Test call was placed on Thursday, March 12, 2020, at 9:31 a.m. The call was answered after four (4) rings via a live operator. The caller requested information about accessing mental health services in the county. The operator asked the caller to provide his/her name. The operator advised the caller of the assessment process and provided the phone number and hours of operation. The operator assessed current condition and provided information on how to immediately obtain medication. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met and provided information about services needed to treat a beneficiary's urgent condition.

FINDING

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

TEST CALL #6

Test call was placed on Saturday, March 7, 2020, at 9:52 p.m. The call was answered after one (1) ring via a live operator. The DHCS test caller requested information about obtaining information regarding the grievance process. The operator provided the caller with information regarding the grievance and appeal process including the phone number and hours of operation of the grievance coordinator. The caller was also given the address for two clinics to obtain complaint forms located in the lobby. The operator inquired if the caller would like to share information regarding the complaint and the caller declined to share. The operator assessed the caller for crisis by inquiring if the caller felt suicidal or felt like hurting self or others. The caller replied in the negative. The caller was provided information about how to use the beneficiary resolution and fair hearing process.

FINDING

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

TEST CALL #7

Test call was placed on Tuesday, March 17, 2020, at 8:46 a.m., 8:47 a.m. and 9:11 a.m. The caller received a busy signal on the three call attempts. The caller was not provided information about how to use the beneficiary problem resolution and fair hearing processes.

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FINDING

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

SUMMARY OF TEST CALL FINDINGS

Required Elements	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
2	IN	OOC	OOC	IN	IN	N/A	N/A	60%
3	IN	OOC	OOC	IN	IN	N/A	N/A	60%
4	N/A	N/A	N/A	N/A	N/A	IN	OOC	50%

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

Repeat deficiency Yes

QUESTION D.VI.C2

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code for Regulations, title 9, chapter 11, section 1810, subdivision 405(f). The MHP must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing. The written log(s) must contain name of the beneficiary, date of the request, and initial disposition of the request.

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

- Trinity Access Call Log (excerpt: March 2020)
- Contract: Crisis Support Services of Alameda County
- Night Watch Training material

While the MHP submitted evidence to demonstrate compliance with this requirement, two (2) of five (5) required DHCS test calls were not logged on the MHP's written log of initial request. The three (3) calls that were logged were logged under a different date than the date of the original call. The logged calls matched the caller's name and disposition. The DHCS team discussed this error and the MHP is aware that more attention to detail is required when logging each call. The MHP will also perform additional test calls and provide training to staff. The table below summarizes DHCS' findings pertaining to its test calls:

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Test Call #	Date of Call	Time of Call	Log Results		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
1	3/23/2020	1:23 p.m.	IN	IN	IN
2	3/16/2020	7:23 a.m.	OOC	OOC	OOC
3	3/17/2020	10:08 a.m. 10:31 a.m. 10:34 a.m.	OOC	OOC	OOC
4	3/13/2020	1:08 p.m.	IN	IN	IN
5	3/12/2020	7:31 a.m.	IN	IN	IN
Compliance Percentage			60%	60%	60%

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

DHCS deems the MHP in partial compliance with California Code of Regulations, title 9, section 1810, subdivision 405(f). The MHP must complete a CAP addressing this finding of partial compliance.

Repeat deficiency Yes

QUESTION D.VII.D1

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 410(c)(4). There is a plan for cultural competency training for the administrative and management staff of the MHP.

- The MHP did not submit evidence of a plan for cultural competency training for the administrative and management staff of the MHP.

During the facilitated conversation, the MHP stated that they would provide evidence of their annual cultural competence training tracking mechanism. However, this evidence was not submitted.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 410(c)(4). The MHP must complete a CAP addressing this finding of non-compliance.

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COVERAGE AND AUTHORIZATION OF SERVICES

QUESTION E.I.B

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(b)(3). The MHP must 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:

- Sample of 25 Service Authorization Requests
- Sample of 13 Treatment Authorization Requests
- Policy 3206 Consumer Care - Crisis
- Signature Page

In addition, DHCS inspected a sample of service authorizations to verify compliance with regulatory requirements. The service authorization samples review findings are detailed below:

Requirement	# of Services Authorizations in compliance	# of Service Authorizations out of compliance	Compliance Percentage
Service authorization approved or denied by licensed mental health or waived/registered professionals	38	9	76%
Adverse decisions based on criteria for medical necessity or emergency admission approved by a physician (or psychologist, per regulations)	N/A	N/A	N/A

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP authorized decision and notification within 14 calendar days for non-extended and/or non-expedited request and date stamped authorization request.

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DHCS deems the MHP in partial compliance with the MHP contract, exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(b)(3). The MHP must complete a CAP addressing this finding of partial compliance.

Repeat deficiency Yes

QUESTION E.II.G3

FINDING

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

- Policy 3206 Consumer Care – Crisis, Concurrent Review and Inpatient Treatment Authorization Requests

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that 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. This was not evident as the MHP does not include this requirement in their policy and procedure and did not submit evidence of practice.

Per the facilitated discussion, the MHP stated that they are in the process of updating the policy to include the required language to meet compliance.

DHCS deems the MHP out of compliance with Fed. Code Regs., tit. 42, § 438, subd. 210(d)(2)). The MHP must complete a CAP addressing this finding of non-compliance.

QUESTION E.III.C

FINDING

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

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

- Policy 3201 Consumer Care-Crisis

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP in the county of original jurisdiction has completed an assessment of needed services for the foster child, the MHP in the county in which the

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foster child resides shall accept that assessment. This was not evident as the MHP does not include this requirement in the policy and procedure and did not submit evidence of practice.

Per the facilitated discussion, the MHP is in the process of updating the policy to include the required language to meet compliance.

DHCS deems the MHP out of compliance with California Welfare and Institution Code, section 14717, subdivision 1(f). The MHP must complete a CAP addressing this finding of non-compliance.

QUESTION E.III.D

FINDING

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No.17-032. The MHP must provide evidence of a single point of contact or a unit with a dedicated phone number and/ or email address for the purpose of Presumptive Transfer, and evidence the contact information is posted to its public website.

- The MHP did not provide evidence of a single point of contact or a unit with a dedicated phone number and/ or email address for the purpose of Presumptive Transfer.

Per the facilitated discussion, the MHP will update the policy to reflect requirement. The website did not include any information regarding Presumptive Transfer.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice, No.17-032. The MHP must complete a CAP addressing this finding of non-compliance.

QUESTION E.III.K

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i). The MHP must meet, and require its providers to meet, the DHCS standards for timely access to care and services for children/youth presumptively transferred to the MHP's responsibility.

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

- Policy 3201 Consumer Care Crisis

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP meets, and requires its providers to meet, Department

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standards for timely access to care and services for children/youth presumptively transferred to the MHP's responsibility. This is not evident as the MHP does not include this requirement in their policy and procedure and did not submit evidence of practice. In addition, Trinity County is unable to provide the time lines for access to care for children that are being served out of county, as they do not have a tracking mechanism.

Per the facilitated discussion, the MHP stated that they would update the policy to reflect requirement and develop a tracking mechanism.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i). The MHP must comply with the CAP requirements per Network Adequacy Findings Report addressing this finding of non-compliance.

QUESTION E.III.M

FINDING

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

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

- Policy 3201 Consumer Care Crisis

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides SMHS immediately, and without prior authorization in situations when a foster child or youth is in imminent danger to themselves or others or experiencing an emergency psychiatric condition. This was not evident as the MHP does not include this requirement in their policy and procedure and did not submit evidence of practice.

Per the facilitated discussion, the MHP will update the policy to reflect this requirement.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services., Information Notice, No. 18-027. The MHP must complete a CAP addressing this finding of non-compliance.

QUESTION IV.A4

FINDING

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

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

- Service Request Log – January 1, 2018 – March 13, 2020
- NOABD Log (FY 2018-19 & FY 2019-20)
- Policy 3005: Consumer Care Access to Services (NOABDS)

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provided beneficiaries with a NOABD upon failure to provide services in a timely manner. The Notice of Adverse Benefit Determination (NOABD) column on the service request log does not reflect whether a NOABD was sent for timeliness. The NOABD logs for fiscal year 2018- 2019 and 2019-20 did not reflect that any NOABD's were sent.

Per the facilitated discussion, the MHP is aware that they do not comply with this requirement.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 400. The MHP must complete a CAP addressing this finding of non-compliance.

BENEFICIARY RIGHTS AND PROTECTIONS

QUESTION F.I.E1

FINDING

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

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

- Beneficiary Problem Resolution Procedure
- MHP's FY19-20 Grievance Log
- Grievance and Appeals sample packets

Internal Documents

- Grievance and Appeals worksheet
- ABGAR Reports

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

	# OF SAMPLE REVIEWED	ACKNOWLEDGMENT		COMPLIANCE PERCENTAGE
		# IN	# OOC	
GRIEVANCES	8	7	1	88%
APPEALS	1	1	0	100%
EXPEDITED APPEALS	N/A	N/A	N/A	N/A

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

SURVEY ONLY FINDINGS

AUTHORIZATION REQUIREMENTS FOR CONCURRENT REVIEW AND PRIOR AUTHORIZATION

QUESTION E.II.B

FINDING

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

- Policy 3201 Consumer Care Crisis

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP notifies DHCS and contracting providers in writing of all services that require prior or concurrent authorization and ensure that all contracting providers are aware of the procedures and timeframes necessary to obtain authorization for these services.

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:

- Update policy to reflect the above requirements

QUESTION E.II.G 1,3

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FINDING

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

- Policy 3206 Consumer Care –Crisis; Concurrent Review & Inpatient Treatment
- Policy 3007 Consumer Care-Access to Services

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP:

- Establishes and implements policies regarding prior authorization and/or MHP referral requirements for outpatient SMHS
- Makes an expedited authorization decision and provides notice as expeditiously as the beneficiary's health condition requires and no later than 72 hours after receipt of the request for service.

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:

- Update policy to reflect the above requirements.